

Bubble Continuous Positive Airway Pressure Checklist

Bubble CPAP Checklist		Date: ____ __ __	
	Shift:		
1. Blinder: air/oxygen supply is as per MD order. (Document FiO₂)			
2. Flowmeter: flow rate is at 5-7 liters/min. (Document flow rate)			
3a. Humidifier: water level is correct			
3b. Humidifier: mode is Invasive (I) or Non-invasive (NI)			
4a. Respiratory tubes: excess rainout is drained			
4b. Respiratory tubes: are on each side of head (away from eyes)			
5. Head position: head is in midline with mild extension (neck roll)			
6. Hat: hat is fitting snugly and stable over the head			
7. Cannulaide: size and position are correct. (Document change time)			
8a. Velcro Moustache: across upper lip, thin with no sharp edges			
8b. Velcro Moustache: edges are not touching septum or nares			
9a. Nasal prongs: size is correct. (Document size)			
9b. Nasal prongs: are not touching septum or deviating to the side			
10. Nasal Septum changes (check all the apply):	<input type="checkbox"/> Intact <input type="checkbox"/> Pale <input type="checkbox"/> Erythema <input type="checkbox"/> Erosion <input type="checkbox"/> Necrosis	<input type="checkbox"/> Intact <input type="checkbox"/> Pale <input type="checkbox"/> Erythema <input type="checkbox"/> Erosion <input type="checkbox"/> Necrosis	<input type="checkbox"/> Intact <input type="checkbox"/> Pale <input type="checkbox"/> Erythema <input type="checkbox"/> Erosion <input type="checkbox"/> Necrosis
11. Nares changes (check all that apply)	<input type="checkbox"/> Intact <input type="checkbox"/> Pale <input type="checkbox"/> Erythema <input type="checkbox"/> Erosion <input type="checkbox"/> Necrosis <input type="checkbox"/> Obstructed L R	<input type="checkbox"/> Intact <input type="checkbox"/> Pale <input type="checkbox"/> Erythema <input type="checkbox"/> Erosion <input type="checkbox"/> Necrosis <input type="checkbox"/> Obstructed L R	<input type="checkbox"/> Intact <input type="checkbox"/> Pale <input type="checkbox"/> Erythema <input type="checkbox"/> Erosion <input type="checkbox"/> Necrosis <input type="checkbox"/> Obstructed L R
12. Secretions: clear to white (C) - yellow to greenish (G) – bloody (B)			
13a. Bubbler: pressure is as per MD order. (Document pressure)			
13b. Bubbler: fluid/acetic acid level at fill line			
13c. Bubbler: gas is continuously bubbling			
14. Oxygen saturation probe: preductal (P) – post-ductal (S)			
15. Date CPAP prongs are due for a change (as per institution policy)			
16. Date CPAP circuit is due for change (as per institution policy)			
17. Chin strap: position is correct and tight enough			
18. Visual scalp assessment: (Document findings)			

All items in this checklist are to be documented every shift by the bedside nurse.
 Answers to each item is either Yes (Y) or No (N), except if otherwise indicated

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