



Nasopharyngeal Airway - Parent Education Record

NAME:	URMN:
DOB:	
AIRWAY SIZE:	LENGTH CUT:

Resuscitation Skills Booked	Date:
Resuscitation Skills Session Attended	Date:
Nurse Signature (print name and designation)	
Parent Signature	
Parent Signature	

PREPARATION OF AIRWAY

Observed Demonstration	Date:
Nurse Signature (print name and designation)	
Parent Signature	

Supervised/Assisted	Date:
Nurse Signature (print name and designation)	
Parent Signature	

Supervision no longer required Deemed competent	Date:
Nurse Signature (print name and designation)	
Parent Signature	

INSERTION OF AIRWAY

Observed Demonstration	Date:
Nurse Signature (print name and designation)	
Parent Signature	

Supervised/Assisted	Date:
Nurse Signature (print name and designation)	
Parent Signature	

Supervision no longer required Deemed competent	Date:
Nurse Signature (print name and designation)	
Parent Signature	

AIRWAY SUCTIONING

Observed Demonstration	Date:
Nurse Signature (print name and designation)	
Parent Signature	

Supervised/Assisted	Date:
Nurse Signature (print name and designation)	
Parent Signature	

Supervision no longer required Deemed competent	Date:
Nurse Signature (print name and designation)	
Parent Signature	

I/we have been given the above training and are willing to take on the responsibility of caring for my/our baby in my/our own home.

Parent/Carer Signature:

Date: