

# National Emergency Medicine Training Programme



## Work Place Based Assessments

### Airway Management

Name of trainee:		Year of Training CSTEM Yr. 1/2/3	
Assessor:		IMC No:	
Grade of assessor: Consultant / SPR		Date	/ /
Procedure observed (Airway Management):			

*Checklist – Please tick to indicate the trainees performance	Yes	No	N/A
1. Demonstrates how to maintain a clear airway in an unconscious patient			
2. Demonstrates safe use of airway adjuncts			
3. Demonstrates safe use of the laryngeal mask airway			
4. Demonstrates effective bag & mask ventilation			
5. Prepares ventilator for use, with basic set of safe settings			
6. Selects, prepares drugs and equipment for intubation in acute hypoxaemia			
7. Describes, demonstrates methods for minimizing gastric aspiration risk			
8. Describes actions required for methods for accidental displacement of endotracheal tube			
9. Describes or demonstrates procedure for displacement of, and elective replacement of, a tracheostomy tube			

Indicate the strengths of Trainee's Performance:	
Indicate the weaknesses of Trainee's Performance:	
Additional Comments:	
Assessor Signature:	Trainee Signature:

\*Please return forms to Orla Mockler, Emergency Medicine Training, RCSI, 121 St. Stephens Green, Dublin 2 or [omockler@rcsi.ie](mailto:omockler@rcsi.ie)