Less Invasive Surfactant Administration (LISA) Checklist

Has this infant previously been intubated or received LISA? If so, please check their records.

Baby's Name:
Hospital number:
DOB:

Does the baby meet the criteria for ventilation rather than LISA?	**Has pneumothorax been considered?**	**Loading dose of Caffeine citrate needed?**	**IV antibiotics?**	**Consultant aware? (if applicable)**
Y / N	**Y / N**	**Y / N**	**Y / N**	**Y / N**

Equipment

- ☐ Laryngoscope (Video and Direct)
- ☐ Fine tracheal catheter
- ☐ Surfactant prescribed and ready
- ☐ Facemask, T-piece with correct PIP/PEEP settings.
- ☐ Working suction and catheter
- ☐ Intubation equipment available
- ☐ OG tube and syringe for aspiration
- ☐ Timer
- ☐ McGills Forceps (if used)
- ☐ Atropine prescribed and ready (if used)
- ☐ Sedative and Naloxone drugs prescribed and ready (if applicable)

Patient

- ☐ Identify patient and check ID
- ☐ Parents aware
- ☐ Non-invasive respiratory support (eg.CPAP/ nHFT)
- ☐ Position baby/swaddle
- ☐ Analgesia/sedation
- ☐ Thermoregulation
- ☐ IV access
- ☐ ECG and saturation monitoring
- ☐ OG aspirated

Team/Roles

Team Leader: to check sedative plan and vocalise escalation plan

Airway: insert Surfactant catheter

Drug administration: administer sedative drugs (if used) and assist in Surfactant administration

Patient comfort: non-pharmacological comfort measures and suction

Patient observation: monitor observations and OG aspiration

Post LISA Notes

Catheter inserted by (name and role):

Catheter insertion length post vocal cords:
1.5cm for babies < 27 weeks
2cm for babies >27 weeks
Note: Black tip on surfcath is 2cm, Ensure 0.5cm black tip visible above vocal cords in babies <27 weeks.

Amount of Surfactant aspirated from the OG tube in mL:

Any complications occurring during the procedure to be documented here:

Checklist completed by (name & role):

Signature:

Date:

British Association of Perinatal Medicine