Less Invasive Surfactant Administration (LISA) Checklist

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

Does the baby meet the criteria for ventilation rather than LISA? Y / N

Has pneumothorax been Loading dose of considered?

Y / N

Caffeine citrate needed?

Y / N

IV antibiotics? Consultant aware? (if applicable)

Y / N

Y / N

Baby's Name: Hospital number: DOB:

Equipment	Patient	Team/Roles	Post LISA Notes
□ Laryngoscope (Video and Direct)□ Fine tracheal catheter□ Surfactant prescribed and ready	☐ Identify patient and check ID☐ Parents aware☐ Non-invasive respiratory support	Team Leader: to check sedative plan and vocalise escalation plan	Catheter inserted by (name and role):
 □ Facemask, T-piece with correct PIP/PEEP settings. □ Working suction and catheter □ Intubation equipment available □ Syringe for OG aspiration □ Timer 	(eg.CPAP/ nHFT) ☐ Position baby/swaddle ☐ Analgesia/sedation ☐ Thermoregulation ☐ IV access ☐ ECG and saturation monitoring	Airway: insert Surfactant catheter Drug administration: administer sedative drugs (if used) and assist in Surfactant administration	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.
☐ McGills Forceps ☐ Atropine prescribed and ready (if used)	□ OG aspirated	Patient comfort: non-pharmacological comfort measures and suction	Amount of Surfactant aspirated from the OG tube in mL: Any complications occurring during
☐ Sedative and Naloxone drugs prescribed and ready (if applicable)		Patient observation: monitor observations and OG aspiration	the procedure to be documented here:

Checklist completed by (name & role):

Signature:

Date:



Appendix F - Less Invasive Surfactant Administration (LISA) Checklist, © BAPM, 2023