Has this infant previously been in	tant Administration (LIS tubated or received LISA? If so, please mothorax been Loading dose of ed? Caffeine citrate needed Y / N	check their records. IV antibiotics? Consultant aware	Baby's Name: Hospital number: DOB:
Equipment	Patient	Team/Roles	Post LISA Notes
<ul> <li>Laryngoscope (Video and Direct</li> <li>Fine tracheal catheter</li> <li>Surfactant prescribed and ready</li> <li>Facemask, T-piece with correct PIP/PEEP settings.</li> <li>Working suction and catheter</li> <li>Intubation equipment available</li> <li>OG tube and syringe for aspiration</li> <li>Timer</li> <li>McGills Forceps (if used)</li> <li>Atropine prescribed and ready (if used)</li> <li>Sedative and Naloxone drugs prescribed and ready (if applicab</li> </ul>	<ul> <li>Parents aware</li> <li>Non-invasive respiratory support (eg.CPAP/ nHFT)</li> <li>Position baby/swaddle</li> <li>Analgesia/sedation</li> <li>Thermoregulation</li> <li>IV access</li> <li>ECG and saturation monitoring</li> <li>OG aspirated</li> </ul>	<ul> <li>Team Leader: to check sedative plan and vocalise escalation plan</li> <li>Airway: insert Surfactant catheter</li> <li>Drug administration: administer sedative drugs (if used) and assist in Surfactant administration</li> <li>Patient comfort: non-pharmacological comfort measures and suction</li> <li>Patient observation: monitor observations and OG aspiration</li> </ul>	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:



Appendix F - Less Invasive Surfactant Administration (LISA) Checklist, © BAPM, 2024