

*Validation Checklist*  
**1:1 ALS Program Orientation / Competencies**  
**Nasopharyngeal Airway (NPA)**

NAME: \_\_\_\_\_  
(Please Print)

ID# \_\_\_\_\_

JOB POSITION: \_\_\_\_\_ INITIAL:  RENEWAL:  DATE: \_\_\_\_\_

PREPARATION			
Performance Criteria	YES	NO	Comments
Establishes appropriate BSI precautions			
INSERTION OF NASOPHARYNGEAL AIRWAY			
Performance Criteria	YES	NO	Comments
Selects the largest and least deviated or obstructed nostril			
Selects appropriate size nasopharyngeal airway by measuring:	Diameter		
	Length		
Lubricates with water soluble lubricant			
Pushes the tip of the nose upward and maintains the head in a neutral position			
Inserts the NPA with the bevel towards nasal septum:			
Advances NPA by directing tip along floor of nasal cavity until flange is seated outside of nostril or at marked area			
Confirms proper position of the NPA			
Reassess airway patency and breathing			
REMOVAL OF NASOPHARYNGEAL AIRWAY			
Performance Criteria	YES	NO	Comments
Removes airway by grasping the flange and guiding it down toward the chin			
Administers oxygen via appropriate method			
Reassess airway and breathing			
ADDITIONAL CRITERIA			
Performance Criteria	YES	NO	Comments
Disposed of contaminated equipment appropriately			
Performed procedures in a safe and appropriate manner			

**Validator Attestation Statement for NPA Competency: *My signature below indicates that I have reviewed/validated each line item and that completion by the employee occurred on the date stated at the top of this document.***

**VALIDATOR NAME / SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Print Name & Sign)

- I understand the content and have completed the above competency assessment and verification process. I believe that I am a competent provider of this service as a result of training, experience and / or competency verification.
- I understand that I have not met the criteria needed to verify that I am competent provider of this service. I agree to participate in additional leaning activities as assigned in order to meet criteria.
- I also understand that this form will be kept in my education file and is available upon request.

**EMPLOYEE NAME / SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Print Name & Sign)