## Supplementary File 2: LISA Statement Questionnaire

NAME: DATE:

STATEMENTS – please indicate your level of agreement with the statements.

Score using only whole numbers from the table below.

Tick whether your answer is based on Experience, Evidence or both.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unable to answer** | **Strongly disagree** | **Disagree** | **Moderately disagree** | **Mildly disagree** | **Undecided** | **Mildly agree** | **Moderately agree** | **Agree** | **Strongly agree** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

**BACKGROUND AND EVIDENCE**

1. LISA means Less Invasive Surfactant Administration

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_

1. LISA and MIST are interchangeable terms referring to the intra-tracheal instillation of surfactant in a spontaneously breathing infant.

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Wherever possible, equipment designed for the purpose of LISA should be used

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. There is insufficient evidence to recommend LISA over the INSURE procedure

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. The evidence that LISA is preferred to INSURE is persuasive

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. It would now be unethical to perform an RCT of LISA versus INSURE

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. LISA has been shown to reduce IVH compared with INSURE

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. LISA has not been shown to reduce BPD compared with INSURE

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. LISA has been shown to increase the risk of pneumothorax

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. LISA has been shown to increase spontaneous intestinal perforations

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. LISA is currently the preferred method for giving surfactant in non-invasively ventilated babies

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. A consideration of the use of laryngeal mask airways for LISA should be part of this guideline

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. LISA requires more technical skill than INSURE

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. LISA is likely to be replaced by nebulised surfactant administration in the next 2 years

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. The use of surfactant via an LMA should be considered in preference to LISA for babies over 1.2kg

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. LISA is likely to result in increased use of surfactant in a neonatal unit

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

**PATIENT SELECTION**

1. The target population for LISA are neonatal patients who require the administration of surfactant

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. LISA can be used at any postnatal gestational age

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. The indication for surfactant by LISA is given by recent published guidelines (European/UK Consensus)

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. LISA should not be performed more than 48 hours after birth

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Radiological confirmation of RDS is necessary before LISA is commenced

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. The dose of surfactant by LISA is the same as that given by INSURE or in ventilated patients

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. All neonatal units should be able to undertake LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. LISA can be performed in the delivery room

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Failure to establish regular respiration is a contraindication to LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Repeat doses of surfactant can be given by LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. An FiO2 of >60% to achieve normal SpO2 targets is a contraindication to LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. A maximum of 2 attempts at LISA are recommended in a single procedure

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. A failed LISA procedure should always be followed by an INSURE procedure

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Presence of a significant cranio-facial anomaly is a contraindication to performing LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Previous intubation and ventilation is a contraindication to receiving LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Imminent intubation and ventilation is a contraindication to receiving LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Over 50% of babies treated with LISA require a second dose

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. LISA is most effective if performed in a baby with RDS within an hour of birth

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

**EQUIPMENT**

1. A semi-rigid fine catheter (such as LISAcath) should always be used for LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. A semi-rigid catheter (such as LISAcath) is preferred to soft catheters for LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. A laryngoscope should always be used for LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Magill forceps should never be used for LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. A video laryngoscope should always be used for LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. A naso-gastric/oro-gastric tube should always be in place prior to the LISA procedure commencing

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. A short naso/oro-gastric tube place mid oesophagus and regularly aspirated during LISA is a good way to check for surfactant reflux

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

**PREPARATION FOR LISA**

1. All babies undergoing LISA should be swaddled

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Sucrose is an analgesic

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. All babies undergoing LISA should receive oral/buccal sucrose

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Sucrose can be given by the naso/oro-gastric tube instead of the oral/buccal route

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. All babies should receive routine sedation/analgesia

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. There is no single medication which can be recommended for routine sedation/analgesia in LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Fentanyl is the most effective choice for sedation and analgesia in LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Propofol is the most effective choice for sedation in LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Ketamine is the most effective choice for sedation and analgesia in LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Midazolam is the most effective choice for sedation in LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. In order to minimise discomfort, a sedative should be combined with an analgesic for LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. The side-effects of sedative/analgesic drugs in the developing brain are well known

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. LISA is usually a stressful procedure for the neonate

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. The stress from LISA is likely to result in long-term neurodevelopmental harm

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. All babies undergoing LISA should have intravenous access secured

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. It is acceptable to manage the majority of babies receiving LISA with swaddling +/- sucrose

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Naloxone should always be prepared if intravenous opiates are used for premedication in LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Naloxone should be routinely given in a baby given opiates after LISA to ensure adequate respiration

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. There is no need to pre-warm surfactant prior to instillation

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. All babies should be routinely assessed for comfort

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. We recommend increasing the pressure on CPAP or the flow rate on HF for a few minutes prior to starting LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. All babies undergoing LISA should have received caffeine as a premedication

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Respiratory depression as a side-effect of sedation is common

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Hypothermia is rarely a problem during LISA as it is a short procedure

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Atropine is recommended to reduce the likelihood of bradycardia during the LISA procedure

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Pre-oxygenation is recommended to reduce the likelihood of hypoxia during the LISA procedure

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Breast milk can be successfully used to provide analgesia in LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. As a minimum, the oxygen saturation, pulse rate should be monitored continuously during LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Invasive continuous blood pressure measurement is recommended during LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Blood gas should be performed prior to LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. It is good practice to introduce a ‘time out’ prior to the commencement of the procedure

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. A suggestion for a ‘time out’ checklist should form part of this guideline

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Babies over 32 weeks should have a CXR prior to LISA to confirm the diagnosis of RDS

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

**NURSING**

1. Competencies for nurses assisting with the LISA procedure are recommended

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Units should have a nursing checklist for babies who require LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. The LISA procedure always requires the assistance of a nurse

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Nursing staff should be involved in the development and agreement of local clinical guidelines

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. If a ‘time out’ is used prior to LISA, this should be normally conducted by the baby’s nurse (or deputy if not available)

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

**THE LISA PROCEDURE**

1. Parental consent should be routinely obtained for LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. The use of a ‘neck roll’ for positioning is routinely recommended to improve vocal cord visualisation

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. It is possible to use a ‘0’ sized laryngoscopy blade in any size of baby

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. The administration catheter should only be passed 1.5–2 cm below the vocal cords

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Surfactant should be very slowly administered over 2–5 minutes

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Respiratory nasal cannulae may need to be removed temporarily to enable laryngoscopy

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Reflux of surfactant is easy to evaluate by observation

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. The stomach should be routinely aspirated after each LISA procedure to evaluate reflux of surfactant

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Placement of an oesophageal tube with repeated aspiration during the procedure is a useful way to evaluate reflux of surfactant

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Administration of 0.5–1.0 ml per minute is a recommended rate for LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Oxygen requirements usually fall quickly after a LISA procedure

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Oxygen requirements may continue to fall for a few hours after a LISA procedure

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. A second LISA procedure should not be performed within 6 hours of the first one

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Time of decision to administer surfactant to actual time of administration should be <30 minutes

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

**TRAINING AND AUDIT**

1. Those who perform LISA should have specific training or have met agreed competencies

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Neonatal units who undertake LISA should have an agreed guideline

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Neonatal endotracheal Intubation and LISA are different procedures in terms of training and purpose

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Only Consultants should perform LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Experience and competence in endotracheal intubation is necessary before developing LISA competencies

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. The use of video laryngoscopy is a useful adjunct to LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Audit of compliance with local guidelines is not routinely necessary

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Neonatal units who are introducing LISA should develop a local plan for introducing LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. A graded approach for introducing LISA to a neonatal unit, starting with more mature babies, is not recommended as the more mature babies are often more difficult to perform LISA in

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Time from decision to administer surfactant to time procedure completed should be audited

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Audit is recommended to evaluate local compliance and complication rates

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Mannequin training for LISA has been shown to improve the success rates for LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Structured training should be implemented nationally

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. The Learn-See-Practice-Prove-Do-Maintain training approach would be a suitable recommendation for developing competency in LISA ( <https://www.ncbi.nlm.nih.gov/pubmed/25881645> )

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. Local neonatal units and special care units with lower rates of intubation procedures should develop competency in use of surfactant via LMA for babies >1.2 kg

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

**POSITION STATEMENTS**

1. LISA is now a standard of care and should replace INSURE as the first-line treatment for neonatal RDS

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. LISA is an example of a procedure where a holistic approach to the infant is critical to success

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. LISA should be integrated into a non-invasive, family centred strategy of neonatal care

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. All staff involved in the administration of surfactant should develop competencies in LISA through structured training

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

1. No individual surfactant preparation has demonstrated superiority when administered by LISA

SCORE = \_\_\_ EXPERIENCE\_\_\_ EVIDENCE\_\_\_ BOTH EXPERIENCE AND EVIDENCE \_\_\_

**THANK YOU. PLEASE REVIEW AND CHECK THAT YOU HAVE SCORED AND TICKED EVERY QUESTION.**