UCHC Competency Checklist: ORIENTATION: RN Position Title: Registered Nurse, JDH Employee Name: Unit: <u>JDH PACU</u> Cluster Area: Critical Care: ICU, CSDU, ED, PACU & ICU Float Pool Float Cluster: FSC Perianesthesia Start Date: Method of Instruction Key: **Method of Evaluation Key: Self-Assessment by Employee Validation of Competency P** = Protocol/Procedure Review **O** = Observation (in clinical setting) Method of **Evaluation E** = Education Session **RD** = Return Demonstration Instruction Method Needs Never **T** = Written Test **S** = Self Learning Package Competent Review/ (Use Date Initials (Use Done C = Clinical Practice V = Verbal Review Instruction **Practice** Evaluation Key on Left) Key on Left) **D** = Demonstration All Level 1 Competencies reviewed and documented in Central Orientation A. GETTING INTO THE SYSTEM Locates Hard Copy Manuals / Binders on Unit Ε V V Locates On-Line Manuals (Dept. of Nursing Website) E V Obtains LCR, email, Pyxis, SIS & Bed Management System Access Ε Ε V Recalls Proper Call-Out Procedure F V Identifies unit-based orientation plan and timing of evaluations Locates Educational Activity Records Binder / File Ε Identifies Performance Improvement Initiatives Ε **B. SAFETY/INFECTION CONTROL** Completes radiation dosimetry badge request, if desired E V Ε Places contact information onto disaster call tree Ε Identifies and locates personal protective equipment Ε Locates fire alarms, extinguishers and exits V Reviews Safety Plan for unit with Safety Trainer F C. EQUIPMENT **LEVEL 1: DEPARTMENTAL COMPETENCIES** Accesses OneSource for manufacturer equipment information LEVEL 2: CLUSTER SPECIFIC COMPETENCIES - Operates the following according to the operator's manual Defibrillator Doppler Infusion pumps: single- & double-chamber, primary & secondary tubing **Signature** Initials **Initials** Signature **Initials Signature**

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Cluster Area: Critical Care: ICU, CSDU, ED, PACU & ICU Float Pool Float Cluster: FSC Perianesthesia Start Date:

	nod of Instruction Key: Method of Evaluation Key:		Self-Assessment by Employee			Validation of Competency		
 P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration 	 O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review 	Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Infusion pumps: syringe								
Oxygen delivery: cannula, flow meter, i	mask, re-breather, oxygen flow meter							
Pulse Oximeter								
Pyxis Machine(s)								
Suction: Continuous/Intermittent								
Twelve Lead ECG Machine								
LEVEL 3: JDH UNIT-SPECIFIC COM	PETENCIES - Operates the following ac	cording to th	ne operator	's manual:				
Bair Hugger								
Code Cart								
Hemodynamic monitoring: arterial line								
Hemodynamic monitoring: central vend	ous pressure							
Intubation Box								
Latex-free supply box								
Malignant Hyperthermia supply boxes								
Medication Lockboxes								
Monitors – GE Carescape B650								
Outside Entry Door								
Pediatric Anesthesia Cart								
Pulsatile Anti-embolism Pumps								
Pumps - Epidural								
Pumps - PCA								
Radial Hemostasis Bands								

Initials	Signature	Initials	Signature	Initials	Signature

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UCHC Competency Checklist: ORIENTATION: RN

Position Title: Registered Nurse, JDH	Employee Name:	Unit: <u>JDH PACU</u>
Cluster Area: Critical Care: ICU, CSDU, ED, PAC	CU & ICU Float Pool Float Cluster: FSC Perianesthesia	Start Date:

Method of Instruction Key:	Method of Evaluation Key:	Self-Asse	ssment by	Employee		Valida	tion of Co	mpetency
P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	 O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review 	Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Regional Anesthesia Cart								
Ventilators								
D. DOCUMENTATION/COMMUN	ICATION							
LEVEL 1: DEPARTMENTAL COMPETE	NCIES	_					1	
Accesses email account								
Accesses patient information in LCR								
Aware of patient information in eHIMS								
Locates link to Patient Safety Net								
Adheres to customer service values of U	, , , ,							
LEVEL 2: CLUSTER SPECIFIC COMPE			T	T			T	
Initiates and documents discharge teach	-							
States proper time frames for completion								
LEVEL 3: UNIT SPECIFIC COMPETEN	CIES							
Accesses information from Physician Pos	stop Note/Orders & Progress Notes				V / O			
Completes documentation on-line in SIS	application				V/O			
Completes forms/requisitions					V/O			
Completes ISBAR forms (2) appropriately					V / O			
Explains use of W-10 Clinical Resume' for PACU discharges					V / O			
Generates medication reconciliation forms and report reprints from SIS					V / O			_
Identifies correctly completed History & Physical					V / O			
Identifies correctly completed Informed C	Consent – Procedure & Transfusion				V / O			

Initials	Signature	Initials	Signature	Initials	Signature

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UCHC Competency Checklist: ORIENTATION: RN Position Title: Registered Nurse, JDH Employee Name: Unit: JDH PACU Float Cluster: FSC Perianesthesia Cluster Area: Critical Care: ICU, CSDU, ED, PACU & ICU Float Pool Start Date: Method of Instruction Key: **Method of Evaluation Key:** Self-Assessment by Employee **Validation of Competency P =** Protocol/Procedure Review **O** = Observation (in clinical setting) Method of **Evaluation E** = Education Session **RD** = Return Demonstration Instruction Method Needs Never **S** = Self Learning Package T = Written Test Review/ Competent (Use Date Initials (Use Done C = Clinical Practice **V** = Verbal Review **Practice** Instruction Evaluation Key on Left) Key on Left) **D** = Demonstration V/O Locates Face Sheet – Locker Assignment Notation V/O Recognizes printed orders / accesses POE orders correctly V/O Refers to Patient Belongings Log - Valuables Checklist V/O States proper time frames for completion of various documentation **E. PROVISION OF CARE HOSPITAL ADMINISTRATIVE MANUAL** aware of content and/or provides care according to the following protocols/procedures: Consent – Procedural (6-002) Consent / Refusal of Blood and/or Blood Products (06-002) History & Physical (6-017) Medical Orders (6-019) Universal Protocol (8-048) NURSING PRACTICE MANUAL – aware of content and/or provides care according to the following protocols/procedures: Blanket / Solution Warmers Central Lines - (Blood Draws, Flush, IV Fluid Administration, & Dressing Care) Chest Tube CPAP and BiPAP Units: for use during Hospital Stay Diabetes Mellitus Management: Periprocedural Care Hemodynamic Monitoring

Initials	Signature	Initials	Signature	Initials	Signature

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IV Therapy: Peripheral
IV Push Medications

Medications: Double Check

Neurologic Assessment of the Adult Inpatient

Jewelry: Wearing of Jewelry and Body Piercings during ... Procedures

UCHC Competency Checklist: ORIENTATION: RN_
Position Title: Registered Nurse, JDH _____ Employee Name: ______ Unit: __JDH PACU

Cluster Area: Critical Care: ICU, CSDU, ED, PACU & ICU Float Pool Float Cluster: FSC Perianesthesia Start Date:

	struction Key:	Method of Ev			Self-Asse	ssment by	Employee		Validation of Competency		
E = Educatio	rning Package Practice				Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Pain: Care	of the Adult										
Pain: Continuous Narcotic Infusion											
Pain: Epidu	ral Narcotic Infusion and Patie	ent Controlled	Epidural Ana	algesia							
Pain: Narco	tics via PCA Pump										
Post-Morter	n Care										
Restraints:	Acute Medical/Surgical (Non-	behavioral)									
Transportati	ion: Inpatients										
UNIT PRAC	CTICE MANUAL - aware of c	ontent and/o	r provides c	are according	to the follo	wing proto	cols/proced	dures:			
Anesthesia, Spinal & Epidural: Perioperative Care											
Cardiovascular Monitoring: Perioperative Care											
DOC Patients in Perioperative Area											
Discharge fi	rom PACU: Ambulatory Patie	nts (Phase 2)									
Discharge fi	rom PACU: Inpatients (Phase	: 1)									
Documenta	tion: Perioperative Electronic	and Back-up									
Extended P.	<u> </u>										
	perative Risk Identification										
Flolan: Perio	operative Care										
Hysteroscop	py: Perioperative Care										
Implanted E	Electronic Cardiac Devices										
IV Catheter Removal: MA											
IV Catheters: Problem Insertion											
IV Push Medications: Perianesthetic Approved											
	Latex Allergy Care										
Malignant H	lyperthermia: Perioperative C	are									
Initials	Signature		Initials	Signature			Initi	als Signa	ture		

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UCHC Competency Checklist: ORIENTATION: RN

Cluster Area: Critical Care: ICU, CSDU, ED, PACU & ICU Float Pool Float Cluster: FSC Perianesthesia Start Date:

Method of Instruction Key:	Method of Evaluation Key:	Self-Asse	ssment by	Employee		Valida	tion of Co	mpetency
 P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration 	 O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review 	Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Nausea & Vomiting: Perioperative Care								
Nerve Blockade, Regional and Periphera	l							
PACU Admission								
Pain and Comfort Management: Perioper	rative							
Respiratory Compromise Management: Perioperative Care								
Skin Care: Perioperative Care								
Thermoregulation and Prevention of Unp	lanned Hypothermia							
Tonsillectomy: Postoperative Care								
Visitors & Observers in the Perioperative	Area							
PRACTICUMS & SKILL VALIDATIONS								
Anesthesia Observation								
Arrhythmia Course (or passing exam in C	GNO)							
ICU Rotation (inexperienced staff)								
Phlebotomy practicum								
Preoperative Experience								
IV Insertion #1								
IV Insertion #2								
IV Insertion #3								

JDH PACU to FSC PACU Float Experience

B. SAFETY/INFECTION CONTROL

Initials	Signature	Initials	Signature	Initials	Signature

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Identifies and locates personal protective equipment	E				
Locates fire alarms, extinguishers and exits	E				
C. EQUIPMENT					
Code Cart					
IV Cart					
Latex-free supply box					
Monitors – Dash					
Narcotics Security System					
Nurse Call System					
Regional Block Cart					
Scale - electronic					

Initials	Signature	Initials	Signature	Initials	Signature

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