



## INITIAL SKILL/EQUIPMENT COMPETENCY CHECKLIST (CLINICAL/NON-CLINICAL)

Associate \_\_\_\_\_ Department \_\_\_\_\_

Job Title RN Evaluation Period \_\_\_\_\_

**Instructions:** Record each activity to be evaluated. Assessment of “Meets Expectations” indicates the individual meets the performance expectations for the skill/competency. A rating of “Does Not Meet” requires documentation of an action plan for correction, a repeat evaluation, and a competency demonstration within 30-90 days. Note any relevant comments in the adjacent column.

SKILL/PROCEDURE/EQUIPMENT	DATE OBSERVED/ REVIEWED BY** (Initials)	M = MEETS EXPECTATIONS DNM = DOES NOT MEET EXPECTATIONS R = REVIEWED, ABLE TO FIND RESOURCES N/A = NOT APPLICABLE	COMMENTS/ACTION PLAN
<b>I. <u>VERBALIZES/DEMONSTRATES THE NURSING PROCESS:</u></b>			
A. Assessment/Interventions of Assigned Patients 1. Provides care based on: a. Physical Assessment b. Psychosocial assessment c. Spiritual Assessment d. Changes in patient’s condition 2. Completes Population Served & Patient Rights Competency Checklist (located in pathways)		M    DNM    R    N/A M    DNM    R    N/A M    DNM    R    N/A M    DNM    R    N/A M    DNM    R    N/A	
B. Develops & modifies patient specific care plan & education, and evaluates outcomes.		M    DNM    R    N/A	
<b>II. <u>COMMUNICATES AND DIRECTS PERTINENT INFORMATION TO THE HEALTH CARE TEAM:</u></b>			
A. Interacts with patients, visitors, physicians, co-workers, Nurse Managers and interdisciplinary team in professional manner utilizing the AIDET® communication model.		M    DNM    R    N/A	
B. Reports changes in patient’s condition to charge nurse/team leader, supervisor, and MD		M    DNM    R    N/A	
C. Rapid Response Team: 1. Identifies when and how to call 2. Instructs family on initiation of Rapid Response		M    DNM    R    N/A M    DNM    R    N/A	
D. Code Blue Policy/Procedure: 1. Identifies when and how to call 2. Completes Code Blue Update 2015 CBL		M    DNM    R    N/A M    DNM    R    N/A	

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E. Stroke Order Sets (unit specific)						
1. SEH ED Stroke		M	DNM	R	N/A	
2. SEH IP Neuro Stroke T-PA		M	DNM	R	N/A	
3. SEH IP Neuro Hemorrhagic Stroke Nursing protocol		M	DNM	R	N/A	
4. SEH IP Neuro Hemorrhagic Stroke Orders		M	DNM	R	N/A	
5. SEH IP Neuro Ischemic Stroke/TIA Routine		M	DNM	R	N/A	
6. SEH IP Neruo Ischemic Stroke/TIA Routine Nursing Protocol		M	DNM	R	N/A	
7. SEH IP Neuro Inpatient Code Stroke		M	DNM	R	N/A	
F. Communication:						
1. Utilizes SBAR model when giving report to a member of the healthcare team		M	DNM	R	N/A	
2. Utilizes AIDET model in daily interactions with patients, customers, and associates.		M	DNM	R	N/A	
3. Participates in bedside reporting at change of shift involving patient and incorporating the care plan.		M	DNM	R	N/A	
4. Utilizes Ticket to Ride		M	DNM	R	N/A	
5. Delegates appropriately		M	DNM	R	N/A	
6. Utilizes Bedboard System effectively		M	DNM	R	N/A	
<b>III. DEMONSTRATES PROFESSIONAL RESPONSIBILITY UTILIZING VISION &amp; VALUES BY OBSERVING:</b>						
A. Chain of command		M	DNM	R	N/A	
B. Charge Nurse/Team Leader Role		M	DNM	R	N/A	
C. Confidentiality						
1. Disclosure of protected health information (PHI)		M	DNM	R	N/A	
2. Disposal of PHI		M	DNM	R	N/A	
3. Limited EPIC access to business based reasons		M	DNM	R	N/A	
D. Dress Code		M	DNM	R	N/A	
E. P.I. studies						
1. Identifies unit based and organization- wide studies.		M	DNM	R	N/A	

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		M	DNM	R	N/A	
F. HCAHPS 1. Identifies unit specific and system wide efforts related to customer satisfaction.		M	DNM	R	N/A	
G. Professional Practice 1. Accepts accountability for care of the patients. 2. Recognizes how the Forces of Magnetism apply in the work environment. 3. Incorporates the Dynamic Caring Model in every aspect of patient care. 4. Able to discuss the SEH Councilor Model of Shared Leadership. 5. Identifies Patient Care Delivery Model (unit specific) 6. Articulates the method of making assignments as related to acuity and competency. 7. Recognizes Nurse Sensitive Quality Indicators.		M	DNM	R	N/A	
H. Core Measures (as appropriate for pt): 1. Perinatal 2. Acute MI 3. SCIP 4. Influenza 5. VTE 6. Stroke 7. ED Throughput 8. Tobacco/Screening/Counseling/Treatment		M	DNM	R	N/A	
I. Staffing Guidelines		M	DNM	R	N/A	
J. Ethics Committee (purpose and process)		M	DNM	R	N/A	
<b>IV. <u>LOCATES AND UTILIZES:</u></b>						
A. Policy (Compliance 360)		M	DNM	R	N/A	
B. Procedures (Mosby's Skills)		M	DNM	R	N/A	

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		M	DNM	R	N/A	
C. Intranet Access for: 1. Diet Manual 2. ICARE 3. MedEx Forms 4. Netlearning 5. Pathways 6. Self Serve 7. Success Factors 8. Midas RDE 9. Corporate Compliance 10. oneSOURCE (manufacturer's document site) 11. Employee Injury Report 12. OPIM Exposure Incident Report 13. Biomed/Clinical Engineering Work Request Application		M	DNM	R	N/A	
D. Time Clock Processes		M	DNM	R	N/A	
E. Staff Meetings		M	DNM	R	N/A	
F. Unit Specific Reference Materials		M	DNM	R	N/A	
G. Outlook		M	DNM	R	N/A	
H. Pneumatic Tube System		M	DNM	R	N/A	
I. Imprivata		M	DNM	R	N/A	
<b>V. DEMONSTRATES PROPER USAGE, APPLICATION, &amp; TROUBLESHOOTING EQUIPMENT:</b>						
A. Phone System		M	DNM	R	N/A	
B. Intercom/Nurse Call/Pocket Pagers/Wireless Phones		M	DNM	R	N/A	
C. Kangaroo Pump		M	DNM	R	N/A	
D. Oxygen Delivery Systems: 1. O <sub>2</sub> Flowmeter 2. Nasal Cannula 3. High flow 4. Venturi Mask 5. Non Rebreather Mask 6. Bi-Pap/CPAP Model _____ 7. Bag Valve Mask (BVM)		M	DNM	R	N/A	

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E. Respiratory Equipment						
1. Pulse Oximeter						
Spot check – Model _____		M	DNM	R	N/A	
Continuous – Model _____		M	DNM	R	N/A	
2. Incentive Spirometry						
Model _____		M	DNM	R	N/A	
3. Flutter Valve		M	DNM	R	N/A	
4. Spacer		M	DNM	R	N/A	
5. Emergency O2 Tank		M	DNM	R	N/A	
F. Heat Therapy System						
Model: _____		M	DNM	R	N/A	
G. Athrombic Pump (Sequential Compression Devices)						
Model: _____		M	DNM	R	N/A	
H. Antiembolism Stockings						
		M	DNM	R	N/A	
I. I.V. Pump						
		M	DNM	R	N/A	
J. PCA Pump (Review procedure)						
		M	DNM	R	N/A	
K. Epidural Pump/Catheter (Review procedure)						
1. Model: _____		M	DNM	R	N/A	
2. Observe removal of catheter		M	DNM	R	N/A	
3. Demonstrate removal of catheter		M	DNM	R	N/A	
L. Ambit Pump/On Q for pain (Return demo)						
		M	DNM	R	N/A	
M. Paravertebral Catheter						
		M	DNM	R	N/A	
N. Foley Catheter						
1. Insertion Male		M	DNM	R	N/A	
2. Insertion Female		M	DNM	R	N/A	
3. Securement device		M	DNM	R	N/A	
4. Leg Bag		M	DNM	R	N/A	
5. Emptying Foley Drainage Bag		M	DNM	R	N/A	
6. Removal (Urinary Catheter Removal Protocol)		M	DNM	R	N/A	
O. Continuous/Intermittent Bladder Irrigation						
		M	DNM	R	N/A	
P. Suprapubic Catheter						
		M	DNM	R	N/A	
Q. Nephrostomy Tube						
		M	DNM	R	N/A	

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R. Restraint Use & Documentation (Violent/Self-Destructive & Non- violent/Non-Self-Destructive)						
1. Alternatives & preventative strategies attempted		M	DNM	R	N/A	
2. Utilizes & documents protective devices (not a restraint) per policy/procedure		M	DNM	R	N/A	
3. Handcuffs (not a restraint) documented under peripheral vascular assessment		M	DNM	R	N/A	
4. Restraints:						
a. Side Rails X4		M	DNM	R	N/A	
b. Soft Hand Mitts		M	DNM	R	N/A	
c. Joint Immobilizers		M	DNM	R	N/A	
d. Disposable Quick Release Limb Holder		M	DNM	R	N/A	
e. Body Holder		M	DNM	R	N/A	
f. Twice as Tough (wrist/ankle) (unlocked)		M	DNM	R	N/A	
g. Physical Hold (violent/self-destructive)		M	DNM	R	N/A	
h. 3or4 point (unlocked – violent/self-destructive)		M	DNM	R	N/A	
i. BH Only						
1)3or4 point (locked)		M	DNM	R	N/A	
2)Swedish belt (locked)		M	DNM	R	N/A	
3)Twice as Tough (wrist/ankle) (locked)		M	DNM	R	N/A	
S. Feeding Tube/ NG Salem Sump/ Mark IV Moss Tube/PEG/J tube						
1. Insertion (NG Salem Sump/Keofed)		M	DNM	R	N/A	
2. Use of securement device (Bridle)		M	DNM	R	N/A	
3. Continuous vs Bolus orders		M	DNM	R	N/A	
4. Irrigation & Residual/Placement Check		M	DNM	R	N/A	
5. Routine Tubing & Feeding Change		M	DNM	R	N/A	
6. Suction		M	DNM	R	N/A	
7. Removal (NG Salem Sump/Keofed)		M	DNM	R	N/A	
T. Suction						
1. Wall		M	DNM	R	N/A	
2. Portable		M	DNM	R	N/A	

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		M	DNM	R	N/A	
U. SMART Mobility Equipment assessment, usage, and documentation 1. Maxi Slide 2. Stedy 3. Sara Plus 4. Maxi Move a. Repositioning bar 5. Maxi Sky 600/1000 6. Tenor		M	DNM	R	N/A	
V. Assistive Devices		M	DNM	R	N/A	
W. Fluid/Blood Warmers		M	DNM	R	N/A	
X. Doppler Model: _____		M	DNM	R	N/A	
Y. Precision Meter		M	DNM	R	N/A	
A. Blood Pressure Cuff a. Automatic Model: _____ b. Manual		M	DNM	R	N/A	
B. Pyxis		M	DNM	R	N/A	
C. BearHugger		M	DNM	R	N/A	
D. Drains 1. Surgivac/Hemovac 2. Jackson Pratt 3. T-Tube 4. PleurX 5. Other _____		M	DNM	R	N/A	
E. Tracheostomy 1. Disposable Inner Cannula 2. Trach Care kit/cleaning		M	DNM	R	N/A	
F. Chest Tubes 1. Insertion 2. Installation of meds 3. Drainage System 4. Suction 5. Heimlich Valve		M	DNM	R	N/A	

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<b>G. Bed Operation</b>						
Type of Bed: _____ Type of Bed: _____						
1. Bed Positioning		M	DNM	R	N/A	
2. Code Blue position		M	DNM	R	N/A	
3. Specialty Bed & instructions manual		M	DNM	R	N/A	
4. Bed Alarm		M	DNM	R	N/A	
5. Overhead frame with Trapeze		M	DNM	R	N/A	
6. Traction		M	DNM	R	N/A	
<b>H. Scales</b>						
1. In Bed Scale/Zeroing		M	DNM	R	N/A	
2. SMART equipment scales		M	DNM	R	N/A	
3. Standing scale		M	DNM	R	N/A	
4. Other (specify) _____		M	DNM	R	N/A	
<b>I. Telemetry (unit specific)</b>						
1. Box		M	DNM	R	N/A	
2. Leads		M	DNM	R	N/A	
<b>J. Thermometer:</b>						
Type/Model: _____/_____		M	DNM	R	N/A	
Type/Model: _____/_____		M	DNM	R	N/A	
<b>K. Assistive Listening Device</b>						
Model: _____		M	DNM	R	N/A	
<b>L. Additional unit equipment:</b>						
1. Other (specify) _____		M	DNM	R	N/A	
2. Other (specify) _____		M	DNM	R	N/A	
<b>VI. <u>COMPLETES DOCUMENTATION PER POLICY/PROCEDURE</u></b>						
<b>A. Admission navigator</b>						
1. PTA Meds		M	DNM	R	N/A	
a. Document per patient/family input		M	DNM	R	N/A	
b. Verify addressed by MD		M	DNM	R	N/A	
2. Advanced Directives		M	DNM	R	N/A	
3. Valuables		M	DNM	R	N/A	
<b>B. Manage Orders</b>						
1. Verifies correct order mode (per protocol co-sign vs no co-sign required)		M	DNM	R	N/A	
2. Verifies correct ordering/authorizing provider		M	DNM	R	N/A	
<b>C. Acknowledges Orders</b>						
		M	DNM	R	N/A	
<b>D. Utilizes Sidebar in flowsheets to view information from Index page</b>						
		M	DNM	R	N/A	



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E. Skin integrity 1. Braden Scale 2. Wound Care protocols a. Add LDA for wound		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
F. Mobility assessment & scoring		M	DNM	R	N/A	
G. Care Plan 1. Initiates individualized plan – addresses 3 initial questions 2. Enters only actual pt specific problems & interventions 3. Enters end date 4. Evaluates outcomes for each goal		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
H. Education 1. Completes learning assessment 2. Utilizes teachback 3. Utilizes patient education resources (Mosby & Medex)		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
I. Flowsheets		M	DNM	R	N/A	
J. IV MAR		M	DNM	R	N/A	
K. Progress Notes		M	DNM	R	N/A	
L. MAR: 1. Dual sign-off of medications 2. Medication override 3. MAR linking		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
M. Pain Assessment		M	DNM	R	N/A	
N. Pre-Op Checklist		M	DNM	R	N/A	
O. Discharge Navigator		M	DNM	R	N/A	
P. Transfer Forms: 1. Interhospital Transfer Form 2. Transfer Document		M	DNM	R	N/A	
		M	DNM	R	N/A	
Q. AMA Document		M	DNM	R	N/A	

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R. Meaningful use –						
1. Ensures Provider & Locations entered in Next Level of Care		M	DNM	R	N/A	
2. Notifies IS if provider/location not in system		M	DNM	R	N/A	
3. Ensures completion of Continuity of Care flowsheet (if applicable)		M	DNM	R	N/A	
4. Medication Reconciliation						
a. Checks for duplication of meds before printing AVS		M	DNM	R	N/A	
b. Completes all info on AVS electronically (no handwritten information) before printing		M	DNM	R	N/A	
c. Encourages e-prescribing of DC meds		M	DNM	R	N/A	
5. Encourages patient use of MyChart		M	DNM	R	N/A	
S. Code Narrator (for rapid responses & codes)		M	DNM	R	N/A	
T. Crash Cart/Defibrillator Checklist		M	DNM	R	N/A	
U. Consent Forms		M	DNM	R	N/A	
V. Calorie counts		M	DNM	R	N/A	
W. Critical Lab Note/Process		M	DNM	R	N/A	
X. Downtime Process		M	DNM	R	N/A	
Y. DNR Treatment Plan/Orders		M	DNM	R	N/A	
<b>VII. <u>OBSERVES SAFETY BY COMPLYING WITH POLICY/PROCEDURE &amp; RELATED INTERVENTIONS FOR:</u></b>						
A. Smoking Regulations		M	DNM	R	N/A	
B. Verifies two patient identifiers – when performing tasks/procedures		M	DNM	R	N/A	
C. Seizure Precautions		M	DNM	R	N/A	
D. Disaster Procedures		M	DNM	R	N/A	

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E. Fall Protection Program 1. Reviews Policy 2. Utilizes alarms as indicated for patient safety a. Bed alarm b. Chair alarm c. Toilet alarm d. Other		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
F. Behavioral Precautions Observation Record (Reviews Policy)		M	DNM	R	N/A	
G. Handling & Disposal of Sharps		M	DNM	R	N/A	
H. Spill Kits 1. Cytotoxic (from security or 2AO) 2. Formalin (from security) 3. Other_____		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
I. Readback & Verify phone orders		M	DNM	R	N/A	
J. "Time Out"		M	DNM	R	N/A	
<b>VIII. <u>OBSERVES INFECTION CONTROL PRACTICES:</u></b>						
A. Hand Hygiene 1. When hands are visibly dirty 2. Before eating & after using a restroom 3. Before direct contact with a patient 4. After contact with a patient's intact skin 5. Before donning sterile gloves 6. After removing gloves or other PPE 7. After contact with body fluids or secretions, mucous membranes, non-intact skin and wound dressings 8. When moving from a contaminated body site to a clean body site during patient care 9. After contact with inanimate objects in the immediate vicinity of the patient (e.g. items likely to be touched by the patient)		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
B. Standard Precautions		M	DNM	R	N/A	
C. Contact Precautions		M	DNM	R	N/A	
D. Droplet Precautions		M	DNM	R	N/A	
E. Airborne Precautions		M	DNM	R	N/A	
F. Cleaning of Equipment		M	DNM	R	N/A	



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2. Stool a. Blood/WBC/C-Dif b. O & P c. Culture		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
3. Sputum a. C&S		M	DNM	R	N/A	
4. Wound Culture a. Anaerobic b. Aerobic		M	DNM	R	N/A	
		M	DNM	R	N/A	
5. Blood Draw		M	DNM	R	N/A	
I. Suction 1. Oral 2. Nasal 3. Tracheostomy		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
J. Peripheral IV Care 1. Catheter insertion 2. Flush Protocol 3. Monitor every 2hrs and prn 4. Tubing changes 5. D/C IV		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
K. Central Vascular Access Device (CVAD) 1. Insertion 2. Sorbaview Contour (securement device) for jugular lines 3. Dualcap (port caps) (all ports of CVAD & peripheral when Central line in place) 4. Dressing Change 5. PICC 6. Port-a-Cath a. Access b. Deaccess		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
L. Blood Product Administration 1. Consent 2. Barcode scanning 3. Documentation a. EPIC b. Transfusion Document 4. Refusal 5. Reactions		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	
		M	DNM	R	N/A	

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<b>X. PROVIDES SAFE MEDICATION ADMINISTRATION:</b>			
A. Barcode Med Administration (BCMA) 1. Uses two patient identifiers 2. Uses scanner/rover for all meds 3. Maintains the Six Rights of Medication Safety 4. Administers time critical meds within 30 min of scheduled time		M    DNM    R    N/A M    DNM    R    N/A M    DNM    R    N/A M    DNM    R    N/A	
B. IV Fluid Administration 1. Maintenance 2. IVPB 3. IVP 4. Add/Mixing IVs 5. Vesicants a. Frequency of checking site b. Extravasation algorithms c. MIDAS reporting for infiltrates		M    DNM    R    N/A M    DNM    R    N/A M    DNM    R    N/A M    DNM    R    N/A M    DNM    R    N/A M    DNM    R    N/A M    DNM    R    N/A	
C. Peripheral Parenteral Nutrition (PPN)		M    DNM    R    N/A	
D. Hyperalimentation (TPN) 1. Central Parenteral Nutrition 2. Lipid/Amino Acid Administration		M    DNM    R    N/A M    DNM    R    N/A	
E. Intradermal Skin Test		M    DNM    R    N/A	
F. IM		M    DNM    R    N/A	
G. Subcutaneous		M    DNM    R    N/A	
H. NG		M    DNM    R    N/A	
I. PEG		M    DNM    R    N/A	
J. PO meds		M    DNM    R    N/A	
K. Use of Safety Needles		M    DNM    R    N/A	
L. Pyxis Discrepancy Report		M    DNM    R    N/A	
M. Clinician Hold		M    DNM    R    N/A	

## INITIAL SKILL/EQUIPMENT COMPETENCY CHECKLIST (CLINICAL/NON-CLINICAL)

SKILL/PROCEDURE/EQUIPMENT	DATE OBSERVED/ REVIEWED BY** (Initials)	M = MEETS EXPECTATIONS DNM = DOES NOT MEET EXPECTATIONS R = REVIEWED, ABLE TO FIND RESOURCES N/A = NOT APPLICABLE	COMMENTS/ACTION PLAN
N. Insulin 1. Telcor 2. Blood Glucose Algorithm/Basal Prandial Orders 3. Dose double checked 4. Diabetes Education		M    DNM    R    N/A M    DNM    R    N/A M    DNM    R    N/A M    DNM    R    N/A	
O. Pre-procedure/Pre-surgical 1. Meds administered 2. Signed & Held Orders reviewed		M    DNM    R    N/A M    DNM    R    N/A	
P. Post-procedure/Post-surgical 1. Signed & Held Orders		M    DNM    R    N/A	

\*Skills specific to licensure are to be reviewed by someone of like discipline.

Initials	Signature	Title

Initials	Signature	Title

**Date:** \_\_\_\_\_ **Associate Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Manager Signature:** \_\_\_\_\_