

UCHC Competency Checklist: Orientation

Position Title: Inpatient Nurse Employee Name: \_\_\_\_\_

Unit: NICU/SCN

Cluster Area: NICU/NBN/SCN

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Self-Assessment by Employee			Validation of Competency		
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<b>All Level 1 Competencies reviewed and documented in Central Orientation</b>							
<b>A. GETTING INTO THE SYSTEM</b>							
Locates Hard Copy Manuals on Unit					E		
Locates On-Line Manuals					E		
Obtains network, LCR, Pyxis, & Unit-Specific Access					E		
Recalls Proper Call-Out Procedures					E		
Identifies unit-based orientation plan and timing of evaluations					E		
Receives PREF for Position					E		
Locates Educational Activity Records Binder / File					E		
Identifies Performance Improvement Indicators					E		
Places contact information onto disaster call tree					E		
Reviews evacuation plan and responsibilities during an evacuation					E		
Completes form for Electronic Signature for Medical Records (Policy 2006-05)					E		
Has tour of adjacent clinical and support areas, including OB and L&D units					E		
Locates Bedside Resource and Communication Book					E		
<b>B. SAFETY/INFECTION CONTROL</b>							
Locates fire alarms, extinguishers and exits					E		
Demonstrates appropriate use of Red-Bag Waste					E		
Identifies and locates personal protective equipment					E		
Reviews procedures for hand washing in the nurseries					C, P		
Wears gloves when handling infants prior to first bath					C		
Demonstrates correct hand washing hygiene through:					C		

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• initial three minute scrub					C		
• hand washing between infants (15 seconds) or hand sanitizer					C		
• removal of jewelry and watches					C		
• adherence to fingernail policy					C		
• keeping sleeves rolled up during patient care					C		
Cleans common equipment between infants					C		
Handles lab specimens and blood components to eliminate splashes					C		
• avoids flicking or tapping syringes					C		
Performs surveillance of visitors/siblings for illness					C		
Instructs parents/families/visitors about the importance of hand hygiene					E		
Reviews Safety Plan for unit					E		
Verbalizes the use and online location of Material Safety Data Sheets (MSDS)					E		
<b>C. EQUIPMENT</b>							
<b>LEVEL 1: DEPARTMENTAL COMPETENCIES</b>							
Locates equipment manuals (Resuscitation room #1)							
Operates all equipment according to the operator's manual *							
<b>LEVEL 2: CLUSTER SPECIFIC COMPETENCIES – Operates the following according to the operator's manual – See Provision of Care</b>							
<b>LEVEL 3: UNIT-SPECIFIC COMPETENCIES - Operates the following according to the operator's manual: - See Provision of Care</b>							
<b>D. DOCUMENTATION/COMMUNICATION</b>							
<b>LEVEL 1: DEPARTMENTAL COMPETENCIES</b>							
Accesses patient information in LCR							
Accesses email account							

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Locates link to Patient Safety Net								
<b>LEVEL 2: CLUSTER SPECIFIC COMPETENCIES</b>								
Completes Inpatient Database (all elements)								
Writes progress notes in DAR format								
Documents progress notes at time frames specified in procedure for Documentation: Progress Notes								
States proper time frames for completion of various documentation forms								
Initiates and documents ongoing teaching on Patient and Family Teaching Record								
Completes learning barriers on Patient and Family Teaching Record within 24 hours of admission								
Locates death packet								
Locates Unapproved Abbreviation List								
<b>LEVEL 3: UNIT SPECIFIC COMPETENCIES</b>								
Completes admission paperwork								
<ul style="list-style-type: none"> <li>• Opens correct standard care plan</li> </ul>								
<ul style="list-style-type: none"> <li>• Initiates active problems and protocols / interventions on the SCP</li> </ul>								
<ul style="list-style-type: none"> <li>• Writes admission progress note that addresses all active problems</li> </ul>								
<ul style="list-style-type: none"> <li>• Initiates nursing kardex</li> </ul>								
Completes transfer paperwork								
<ul style="list-style-type: none"> <li>• Completes "Infant's Hospital Course" (Transfer Summary) to reflect status at transfer</li> </ul>								
<ul style="list-style-type: none"> <li>• Updates SCP – resolves problems as appropriate</li> </ul>								

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<ul style="list-style-type: none"> <li>Ensures that security sensor is placed on infant</li> </ul>								
<ul style="list-style-type: none"> <li>Writes "transfer" progress note</li> </ul>								
<ul style="list-style-type: none"> <li>Writes "transfer acceptance" progress note on receipt of a transferred infant</li> </ul>								
Coordinates the timing of transfer with staff in the receiving unit								
Completes discharge paperwork								
<ul style="list-style-type: none"> <li>Fills in all items of Nursery Discharge Sheet or Clinical Resume (NBN) using lay terms</li> </ul>								
<ul style="list-style-type: none"> <li>Reviews discharge instructions with parent</li> </ul>								
<ul style="list-style-type: none"> <li>Ensures that discharge sheet is signed by parent and either MD or APRN</li> </ul>								
<ul style="list-style-type: none"> <li>Closes out SCP or Carepath. Discharge note addresses plan for unresolved clinical problems.</li> </ul>								
<ul style="list-style-type: none"> <li>Writes discharge progress notes</li> </ul>								
Completes the following:								
<ul style="list-style-type: none"> <li>NICU Flowsheet</li> </ul>								
<ul style="list-style-type: none"> <li>Intermediate NICU / Newborn Flowsheet</li> </ul>								
<ul style="list-style-type: none"> <li>Chart Audit Form</li> </ul>								
<ul style="list-style-type: none"> <li>Patient Charge Sheet</li> </ul>								
<ul style="list-style-type: none"> <li>Patient Acuity Assessment (Medicus)</li> </ul>								
<ul style="list-style-type: none"> <li>Requisitions</li> </ul>								
Reviews and updates the following:								
<ul style="list-style-type: none"> <li>SCP – resolves problems as appropriate</li> </ul>								

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• Nursing kardex								
• MAR								
<b>E. PROVISION OF CARE</b>								
<b>HOSPITAL ADMINISTRATIVE MANUAL – aware of content and/or provides care according to the following protocols/procedures:</b>								
Informed Consent								
Verbal/Telephone Orders								
Organ-Tissue / Body Donation								
Conscious Sedation / Documents on Frequent Vital Signs Flowsheet								
Do Not Resuscitate/Comfort Measures Only								
Universal Protocol/Correct Surgical Site / Documents on Universal Protocol Procedural Checklist								
Report / Handoff								
<b>NURSING PRACTICE MANUAL – aware of content and/or provides care according to the following protocols/procedures:</b>								
Abuse: Child								
Abuse: Domestic Violence								
Blood Components: Acquisition from Blood Bank								
Blood Components: Administration								
Blood Components: Emergency Release								
Blood Components: Transfusion Reaction								
Blood Components: Type & Screen/ Type & Cross-Match								
Chart Review & Audits (Inpatient)								
Discharge Planning: Nursing Responsibilities								

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Documentation: Admission								
Documentation: Discharge								
Documentation: Progress Notes								
Documentation: Standard Care Plan								
IV Push Medications								
Medication Administration: Pyxis for Controlled Substance Security								
Medication Administration & Use of the Inpatient Medication Administration Record								
Medications: Double Check								
Post-Mortem Care								
Solution and Blanket Warmers (Protocol & Warmer Log appendix)								
Transfer Process: In-house								
<b>UNIT PRACTICE MANUAL - aware of content and/or provides care according to the following protocols/procedures:</b>								
Structure Standards								
Scope of Services								
<b>PRACTICUMS &amp; SKILL VALIDATIONS</b>								
<b>LEVEL 2: CLUSTER SPECIFIC COMPETENCIES</b>								
<b><i>Provides care according to the following standards:</i></b>								
1. Takes, records, interprets vital signs								
2. Obtains weights – records in pounds and in kilograms/grams (using infant scale*)								
3. Obtains lengths – records in centimeters (at birth and weekly)								
4. Obtains OFC – records in centimeters (at birth, weekly and prn)								
5. Procedure for: Blood Pressure Monitoring								
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a. Indirect measurement using available device (Philips, Hewlett-Packard, Dinamap)									
b. Selects appropriate cuff size by extremity measurement									
c. Selects appropriate site									
d. Follows procedure for Blood Pressure Monitoring									
6. Protocol for: Cardiorespiratory Monitor									
a. Operates cardiorespiratory monitor*									
7. Accurately performs and documents physical assessment on database (admission) and flowsheet									
a. Communicates abnormal findings									
8. Bathes infants as indicated by clinical condition and gestational age									
a. Timing of first bath									
b. Technique for first bath									
c. Identifies timing and frequency of future baths									
d. Identifies situations in which baths should be postponed									
9. Protocol for: Skin Care, Neonatal									
a. Performs umbilical cord assessment and care									
b. Assesses for evidence of dehydration									
c. Treats diaper dermatitis according to protocol									
d. Uses topical agents sparingly and removes to minimize absorption									
e. Minimizes exposure to adhesives; avoids Band-aids; uses barrier between skin and tape									
f. Uses preventative measures to avoid pressure injury									
g. Intervenes to protect the infant <750 grams									
h. Discusses use of topical ointment									
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15. Protocol for: Discharge Planning, Neonatal								
a. Infant positioning principles: Back to Sleep								
b. Procedure for: Car Seat Monitoring								
c. Car seat education								
d. Collaborates with primary team to ensure timely completion of discharge teaching								
e. Collaborates with case manager about timing of discharge and planning for continuity of care								
f. Assesses family's learning needs using "Getting Ready for Discharge Checklist"								
16. Protocol for: Thermoregulation								
a. Uses NTE Chart to determine appropriate incubator temperature ranges								
b. Provides humidified environment according to protocol								
c. Uses Dewette humidity system per guidelines*								
d. Intervenes to prevent heat loss by 4 mechanisms								
e. Takes multiple factors into account before deciding to move to open crib								
f. Operates electronic thermometer*								
g. Intervenes appropriately for abnormal infant or environmental temperatures								
h. Operates radiant warmers*								
1) Correctly places temperature probe								
2) Uses non-servo (manual) control in a safe manner								
i. Operates incubators*								
1) Differentiates indications for servo and non-servo control								
j. Assesses appropriateness of thermal environment for weight, gestational								
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d. Assesses correct tube placement								
e. Administers intermittent feeds by regulated gravity flow								
f. Defines assessments during bolus and continuous pump feeds								
g. Positions syringe pumps containing breast milk to maximize nutrient delivery								
h. Interacts with infants / provides non-nutritive sucking								
i. Identifies/reports signs of feeding intolerance								
j. Operates Feeding Kangaroo Pump*								
k. Uses only enteral feeding tubing								
l. Changes feeding tubing/receptacle at required intervals								
22. Protocol for: Gastrostomy Tube (reviews)								
23. Protocol for: Feeding Intolerance / Abdominal Distention								
24. Procedure for: IV Therapy								
a. Operates infusion pump (Gemini or Alaris)*								
b. Operates syringe pump*								
c. Uses filters on IV fluids as needed								
d. Assesses IV sites. Takes corrective action for IV complications.								
e. Documents intake hourly								
f. Documents flush volumes								
g. Flushes saline locks								
h. Assesses pain during IV starts								
i. Uses the D50 chart to make different dextrose concentrations								
25. Medication Administration								
a. Determines appropriateness of dose for weight using unit resources								

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b. Confirms doses, calculations, drug, amount in syringe and infusion rate (if available)									
c. Labels medication syringes									
d. Enteral administration									
1) Nipple									
2) Oral syringe									
3) NG/OG									
e. IM Administration									
f. IV Administration									
1) Demonstrates aseptic establishment of closed IV medication system									
2) Follows procedure for Medications: Closed IV Medication System									
g. Reconstitutes drips for continuous infusion									
1) Sodium bicarbonate									
2) Vasopressors									
3) Use of appropriate base solution									
h. Administers drops for eye exams									
i. Locates resources for compatibility of meds and IV solutions/additives									
j. SC Administration									
k. Documents medications on MAR									
l. Documents continuous medications and other infusions on IV Infusion Record									
m. Transcribes medication orders to MAR									
n. Documents transcription check on MAR									
o. Checks medication times as part of transcription check (e.g. q 18 hr dosing)									
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26. Lab work:								
a. Reviews use of Laboratory Specimen Manual								
b. Locates resources for needed blood volumes (Lab Specimen Manual)								
c. Procedure for Blood Drawing: Capillary								
d. Procedure for Blood Gas Sampling and Disposition								
e. Performs newborn metabolic screening (NBMS) and cystic fibrosis (CF) screening								
1) Identifies time frames for drawing specimens – before transfusion								
2) Identifies tests that are performed in the metabolic screen								
3) Identifies the nurse's legal responsibility for ensuring that the metabolic screen is performed in a timely fashion.								
4) Identifies actions for parental refusal								
5) Ensures that amino acid solutions are discontinued prior to drawing NBMS specimen								
6) Completes green card for NBMS – verifies that barcode and addressograph labels match								
7) Verifies consent sent before drawing CF screen; completes specimen consent								
f. Assists with arterial blood draws								
g. Sends specimens to lab via tube system								
h. Cord blood disposition – RN labels and verifies patient identity								
i. Reviews procedure for Urine Collection: Non-sterile Clean Catch Bag Specimen								
j. Obtains diaper specimens								
k. Assist with/reviews procedure for assisting with lumbar procedure								

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37. Assesses pain and documents on the pain assessment tool								
a. Performs pain screening on a regular basis								
b. Identifies situations in which the pain assessment tool needs to be initiated								
38. Protocol for Pain Screening and Assessment								
39. Reviews Protocol for Seizures								
a. Documents findings on the Neurological Assessment/Seizure Assessment Flowsheet								
40. Reviews Protocol for Abstinence Syndrome								
a. Documents on the Neonatal Abstinence Scoring Record								
41. Reviews Protocol for Myelomeningocele								
42. Reviews Protocol for Latex Exposure								
a. Locates the latex-free cart								
43. Protocol for Phototherapy Lights and Biliblanket*								
a. Uses eye shields for phototherapy and biliblanket								
b. Demonstrates correct application or biliblanket – lighted section in contact with the skin								
c. Correlates readings of light intensity with phototherapy light set-up while using the Bilimeter (Radiometer)								
d. Maximizes skin exposure for most effective treatment								
e. Differentiates treatment parameters for “standard” and “intensive” phototherapy								
44. Procedure for: Identification and Security of Newborns								
a. ID bands and footprints done in resuscitation room								
b. Footprint sheet signed by nursery RN after verifying correct information								

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45. Protocol for Safety and Security of Newborns								
a. Application of sensors when indicated								
b. Use of Infant Security System								
c. Family education regarding safety and security								
d. Verifies family identification before giving telephone information								
e. States actions to be taken in the event of a Code Pink								
46. Procedure for Immunizations: Hepatitis B								
a. Documents vaccines and distribution of Vaccine Information Sheets (VISs) on the Vaccine Record								
47. Procedure for: Immunizations: Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenzae Type B and Respiratory Syncytial Virus (RSV)								
48. Gives accurate concise report at end of shift								
49. Prepares infant for return transport								
a. Reviews procedure for Transport: Back to Home Hospital (Return)								
50. Checks emergency equipment and documents checks								
a. Opens emergency cart and becomes familiar with contents and functions of supplies and equipment								
b. Checks contents of intubation trays								
c. Demonstrates ability to assemble laryngoscope and blade								
d. Demonstrates ability to prepare ET tube (correct size, correct length, stylet insertion)								
e. Demonstrate bag and mask ventilation with manikin (validation by NRP instructor)								
f. Documents checks of emergency bedside equipment; verifies correct mask size								

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g. Identifies the location of Code/CPR Sheets								
51. Performs neonatal resuscitation as per AHA/AAP guidelines								
52. Describes nursery philosophy regarding use of restraints								
53. Provides care according to Protocol for: Developmental Assessment and Care								
54. Provides care according to Protocol for: Kangaroo Care								
<b>LEVEL 3: UNIT SPECIFIC COMPETENCIES</b>								
<b>Provides care according to the following standards or reviews the following:</b>								
1. Protocol for Admission: NICU								
2. Procedure for Blood Pressure Monitoring								
a. Sets up transducer for direct BP measurement								
b. Calibrates transducer								
c. Keeps transducer at level of right atrium								
d. Sets scale and alarms								
e. Obtains HR from pressure tracing								
f. Troubleshoots damped BP wave form								
3. Procedure for: Central Lines								
a. Maintains asepsis during all aspects of central line care								
b. Performs IV tubing change using aseptic technique								
c. Monitors infants during placement (if medicated) according to policy for conscious sedation								
d. Reviews procedure for Central Venous Line Insertion (Surgical): Assisting with								
e. When new central line inserted, sets up sterile infusion								
f. Demonstrates ability to maintain air-free system								

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g. Assists with PICC dressing change								
h. Changes central line dressing (surgical)								
i. Identifies when central line dressing must be changed								
j. Draws blood from central catheters (surgical)								
k. Maintains patency of heplocked central catheters								
l. Assesses for catheter complications								
4. Protocol for: Umbilical Catheter								
a. Samples blood using aseptic technique								
b. Troubleshoots/assesses for complications								
c. Assesses line placement and security								
d. Demonstrates bridging of catheter to ensure security								
e. Demonstrates CVP set-up								
f. Identifies infusion contra-indications								
g. Identifies precautions to be taken if parents hold baby								
5. Reviews or performs care according to Protocol for: Arterial Line: Peripheral								
a. Samples through T-connector hub								
6. Verifies Hyperalimentation solutions against order								
a. Locates early PN solution								
b. Hangs early PN solution								
7. Reviews protocol for Hyperglycemia and Insulin Transfusion								
8. Respiratory Care:								
a. Protocol for: Supplemental Oxygen								
1) Oxyhood								
2) Nasal cannula								

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Cluster Area: NICU/NBN/SCN

<b>Method of Instruction Key:</b> P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	<b>Method of Evaluation Key:</b> O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Self-Assessment by Employee			<b>Method of Instruction</b> (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
a) Maintains security and skin integrity								
3) Oxygen to incubator								
b. Operates oxygen blender*								
c. Operates and calibrates oxygen analyzer*								
d. Protocol for CPAP: Nasal								
1) Prong size and placement								
2) Skin care considerations								
3) System assessment and maintenance								
4) Infant-flow CPAP use								
a) Masks versus prongs								
b) Positioning generator to avoid trauma								
5) Procedure for: Cannulaide Application and Use								
6) Documents on the Nasal CPAP Flowsheet								
e. Protocol for Ventilator								
1) Relates ventilator changes to patient condition and blood gases								
2) Correctly interprets blood gas results								
3) Assists with reintubation								
4) Demonstrates taping or retaping ET tube								
5) Demonstrates taping ET tube using infant manikin								
6) Assesses respiratory distress								
7) Responds appropriately to changes in infant's condition								
8) Responds appropriately to ventilator alarms								
9) Identifies action to be taken in event of ventilator malfunction								
10) Provides bag to ET tube ventilation								

Initials	Signature	Initials	Signature	Initials	Signature



UCHC Competency Checklist: Orientation

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experience)								
g) Nitric Oxide Therapy (only with prior experience)								
1) Use of Inovent								
h) Protocol for Transcutaneous O <sub>2</sub> / CO <sub>2</sub> monitor								
1) Operates transcutaneous O <sub>2</sub> / CO <sub>2</sub> monitor*								
i) Procedure for Suctioning:								
1) Endotracheal								
2) Obtains tracheal aspirate specimen for culture								
j) Sets up or reviews set-up of chest drainage system								
k) Reviews or performs care according to protocol for chest tube								
1) Patient assessment and documentation								
2) Assessment of system function								
3) Troubleshooting / managing complications								
4) Positions infant with chest tube to promote evacuation of air or fluid								
5) Describes set-up for underwater seal								
l) Procedure for Chest Percussion, Vibration and Postural Drainage								
m) Review protocol or administer surfactant according to protocol								
1) Uses correct technique for warming surfactant								
2) Positions infant and supports during surfactant administration								
3) Documents vital signs and assessments at correct intervals on the surfactant flowsheet								
4) Mobilizes other staff so that triggered ventilation modes are implemented immediately								
n) Protocol for Extubated Infant: from IMV/HFOV to room air,								

  

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supplemental oxygen or nasal cannula								
o) Protocol for Diuretics								
p) Protocol for Steroids								
q) Procedure for Medications: Inhalation								
1) Gives nebs using FiO <sub>2</sub> on blender that approximates required FiO <sub>2</sub>								
2) Ensures that infant's state will optimize medication delivery								
3) Gives MDI into ventilator circuit (intubated)								
4) Gives MDI by face mask (non-intubated)								
r) Protocol for Pulse Oximeter*								
1) Sets SpO <sub>2</sub> alarms appropriately								
2) Documents SpO <sub>2</sub> trends – where SpO <sub>2</sub> falls most of the time								
3) Changes SpO <sub>2</sub> alarm limits according to gestational age, chronological age, disease process								
s) Documents on Care Path: Discharge Home with BPD								
t) Reviews Care Path: Discharge Home with BPD on Oxygen								
9. Protocol for Pain and/or Sedation: Infusion of Medications for								
10. Protocol for Paralyzed Infant (review)								
11. Protocol for PDA								
12. Protocol for Prostaglandin E <sub>1</sub> (PgE <sub>1</sub> ) (review)								
13. Protocol for Vassopressors								
a. Documents on Frequent Vital Signs Flowsheet								
14. Protocol for Replogle Tube (review) for both NG and esophageal pouch								
a. Insertion								

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a. Verbalizes differences in transport isolettes – match incubator to purpose (external vs. internal)								
b. Repacks transport packs								
c. Locates reference book for stocking								
d. Locates and restocks equipment								
21. Reviews Protocol for Tracheostomy Care								
22. Verbalizes use of the emergency call system								
23. Preparation for Delivery								
a. Resuscitation room:								
1) Prepares warmer/supplies per NRP guidelines								
2) Locates meconium aspirators								
3) Reviews operation of Neopuff*								
b. Birthing room set-up:								
1) Locates supplies needed for resuscitation								
2) Operates oxygen and wall suction								
3) Locates medication pack on OB emergency cart								

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