

UCHC Competency Checklist: ANNUAL

Position Title: Registered Nurse, JDH Employee Name: _____

Unit: ECT

Cluster Area: Psychiatric Services: Psych 1, Psych 3, ECT

| Method of Validation Key: O = Observation (in clinical setting) RD = Return Demonstration/simulated T = Written Test V = Verbal Test | | Validation of Competency | | |
|---|------------------|---|----------------------|------|
| | | Validation Method (Use evaluation Key on Left) | Validator's Initials | Date |
| A. EQUIPMENT | | | | |
| LEVEL 2: CLUSTER SPECIFIC COMPETENCIES | | | | |
| Alaris Pump-use of guardrails, secondary infusion tubing | | | | |
| LEVEL 3: UNIT SPECIFIC COMPETENCIES | | | | |
| ECT Machine and monitors | | | | |
| B. DOCUMENTATION/COMMUNICATION | | | | |
| LEVEL 1: ROLE COMPETENCIES | | | | |
| Identifies reportable conditions via Patient Safety Net | | | | |
| LEVEL 2: CLUSTER SPECIFIC COMPETENCIES | | | | |
| Dates and times all entries in the medical record | | | | |
| Initiates patient care plan per patient diagnosis/problems | | | | |
| Accurately documents on Restraint/1:1 Flowsheet | | | | |
| Writes a timely, appropriate progress notes when needed, in DAR format | | | | |
| Completes Interdisciplinary Database / High Risk Assessment / Initial Treatment Plan / Kardex / Interdisciplinary Treatment Plan / Nursing Treatment Plan Unit Flowsheet / MAR / Progress Notes according to protocol and standards | | | | |
| LEVEL 3: UNIT SPECIFIC COMPETENCIES | | | | |
| Assesses PEC for completeness | | | | |
| Pre- ECT Nursing Assessment | | | | |
| ECT Treatment Record | | | | |
| ECT Nursing Recovery Phase | | | | |
| ECT Check list | | | | |
| ECT Geriatric Depression Scale/Beck Inventory | | | | |
| Consent for ECT | | | | |
| Special Instructions for Persons Receiving Outpatient ECT | | | | |
| ECT Discharge Instructions | | | | |
| C. PROVISION OF CARE | | | | |
| HOSPITAL ADMINISTRATIVE MANUAL | | | | |
| Provides care according to the following protocols/procedures: | | | | |
| Verbal/Telephone Orders | | | | |
| Report / Handoff | | | | |
| NURSING PRACTICE MANUAL | | | | |
| Initials | Signature | Initials | Signature | |
| | | | | |
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| Provides care according to the following protocols/procedures: | | | |
| Blood Components: Type & Screen / Type & Cross-Match (labeling of specimens) | | | |
| Delirium: Risk Identification and Management of Patients with delirium | | | |
| Falls: Risk Identification and Management | | | |
| 1:1 Observation / Constant Observation | | | |
| Medications: Double Check | | | |
| Ostomy Care – protocol, teaching plan, & patient education handouts | | | |
| Pain: Care of the Adult Patient | | | |
| Pain (Acute): Narcotic Administration | | | |
| Pain Scale: Use of | | | |
| Peripheral Intravenous Therapy (infiltration / phlebitis) | | | |
| Restraints – behavioral & medical-surgical (non-behavioral) | | | |
| Skin Care | | | |
| Vaccinations: Adult Pneumococcal and Influenza Vaccination | | | |
| UNIT PRACTICE MANUALS (In Patient Psychiatry and ECT) | | | |
| Provides care according to the following protocols/procedures: | | | |
| AWOL (Absent Without Leave): Assessment of Risk and Management of | | | |
| Department of Corrections (DOC) Patients in the ECT Department | | | |
| ECT Administration Without Patient's Consent | | | |
| ECT Care of the Inpatient | | | |
| ECT Care of the Patient Receiving | | | |
| Pre-ECT Evaluation/Preparation for Outpatients for ECT | | | |
| Seizure Lasting More Than 3 Minutes During or Post-ECT | | | |
| Neuroleptic Malignant Syndrome (NMS) / Tardive Dyskinesia: Care of the Patient with | | | |
| Violence, Risk: Directed at Others: Care of the Patient | | | |
| Violence, Risk: Self Directed: Care of the Patient | | | |
| UNIT SPECIFIC | | | |
| Provides care according to these specific unit competencies: | | | |
| Demonstrates a working understanding of the legal procedures required for admission to inpatient i.e. Volunteer vs. PEC, Probable Cause Hearings, Patients Rights, Medication/ECT: Administration Without Patients Consent; Involuntary Commitment | | | |
| Demonstrates the ability to develop and implement an individualized treatment plan | | | |
| Demonstrates knowledge of a variety of interventions, support strategies, unit protocols to support the treatment plan | | | |

| Initials | Signature | Initials | Signature |
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| Describes symptoms and or management of withdrawal from Alcohol, Benzodiazepines, and Opiates utilizing CIWA-Ar/NAS per protocol. | | | |
| Describes symptoms and management of abuse of substances: amphetamines, cocaine, cannabis and designer drugs. | | | |
| D. PERFORMANCE MEASUREMENT INITIATIVES | | | |
| Unit Specific Initiatives | | | |

| Initials | Signature | Initials | Signature |
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