

UCHC Competency Checklist: ORIENTATION

Position Title: Registered Nurse, JDH Employee Name: _____

Unit: Neag Cancer Center

Cluster Area: Neag Comprehensive Cancer Center – Treatment Room

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		
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials
All Level 1 Competencies reviewed and documented in Central Orientation							
A. GETTING INTO THE SYSTEM							
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		
B. SAFETY/INFECTION CONTROL							
Locates fire alarms, extinguishers and exits					E		
Demonstrates appropriate use of Red-Bag Waste					E		
Identifies and locates personal protective equipment					E		
Reviews Safety Plan for unit					E		
Verbalizes the use and online location of Material Safety Data Sheets (MSDS)					E		
Locates and uses chemotherapy spill kits appropriately							
Handles and disposes of chemotherapy agents appropriately							
C. EQUIPMENT							
LEVEL 1: DEPARTMENTAL COMPETENCIES							
Locates equipment manuals							
Initials	Signature	Initials	Signature		Initials	Signature	

UCHC Competency Checklist: ORIENTATION

Position Title: Registered Nurse, JDH Employee Name: _____

Unit: Neag Cancer Center

Cluster Area: Neag Comprehensive Cancer Center – Treatment Room

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		
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials
LEVEL 2: CLUSTER SPECIFIC COMPETENCIES – Operates the following according to the operator’s manual							
Bard Infusion Pump							
Blood Pressure Cuff							
Blood Warmer							
Copy/Fax Machine							
Defibrillator							
12 Lead ECG Machine							
Feeding Tubes (NG, G-tube, J-tube)							
Incentive Spirometer							
Infusion Pumps: Alaris Medley Medication Safety System							
IV Pressure Bag							
Needleless IV System							
Noninvasive Blood Pressure Machine							
Oxygen Set-up and Delivery							
Oxygen Flowmeter							
Nasal Cannula							
Mask (Ventimask, Non-rebreather, Trach)							
Ambu Bag							
Pulse Oximeter							
Pyxis Medication Administration System							
Stretcher							
Suction: Continuous/Intermittent							
TED Stockings							

Initials	Signature	Initials	Signature	Initials	Signature

UCHC Competency Checklist: ORIENTATION

Position Title: Registered Nurse, JDH Employee Name: _____

Unit: Neag Cancer Center

Cluster Area: Neag Comprehensive Cancer Center – Treatment Room

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		
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials
Completes MAR, chart audit form, care plan, clinical resume/W-10 as appropriate for unit							
Reviews chemotherapy orders prior to administering							
Accurately documents on or reviews documentation/use of:							
Charge Sheet							
Ambulatory Summary List							
Ambulatory Assessment Sheet							
E. PROVISION OF CARE							
HOSPITAL ADMINISTRATIVE MANUAL– aware of content and/or provides care according to the following protocols/procedures:							
Informed Consent for Treatment							
Informed Consent for Transfusion of Blood or Blood Related Products							
Verbal/Telephone Orders							
Refusal of Blood and/or Blood Products							
Do Not Resuscitate/Comfort Measures Only							
Latex Allergy							
Medication Administration: Adverse Drug Reaction (ADR) Reporting System							
Medication Reconciliation / Summary List							
Report / Handoff							
NURSING PRACTICE MANUAL – aware of content and/or provides care according to the following protocols/procedures:							
Allergies: Identification of Patient Allergies							
Assessment: Scope of Nursing Practice							
Initials	Signature	Initials	Signature		Initials	Signature	

UCHC Competency Checklist: ORIENTATION

Position Title: Registered Nurse, JDH Employee Name: _____

Unit: Neag Cancer Center

Cluster Area: Neag Comprehensive Cancer Center – Treatment Room

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		
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials
Blood Components: Acquisition from Blood Bank							
Blood Components: Administration							
Blood Components: Emergency Release							
Blood Components: Transfusion Reaction							
Blood Components: Type & Screen/ Type & Cross-Match							
Central Lines: Alteplase (Cathflo Activase®) Instillation for Catheter Clearance							
Central Lines: Blood Drawing							
Central Lines (and Implanted Ports): Heparin/Normal Saline Flush							
Central Lines (and Implanted Ports): Intravenous Fluid Administration							
Central Lines: Dressing/Catheter Site Care							
Central Lines: Implanted Port: Accessing Port with Huber Needle							
Central Lines: Patient Care							
Chart Review & Audits							
Coumadin Therapy							
Diabetes Mellitus Management: Periprocedural Care							
Discharge Planning: Nursing Responsibilities							
Documentation: Progress Notes							
Documentation: Standard Care Plan							
Factor VIII Administration							
Falls: Risk Identification and Prevention Management							
Immune Globulin							
Intravenous Fluids with Additives/Medications							
IV Push Medications							

Initials	Signature	Initials	Signature	Initials	Signature

UCHC Competency Checklist: ORIENTATION

Position Title: Registered Nurse, JDH Employee Name: _____

Unit: Neag Cancer Center

Cluster Area: Neag Comprehensive Cancer Center – Treatment Room

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		
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials
Medication Administration: Investigational Drugs							
Medication Administration: Pyxis for Controlled Substance Security							
Medication Administration: Student Nurses							
Medication Administration: Therapeutic Interchange of Medications							
Medication Administration & Use of the Outpatient Medication Administration Record							
Medications: Double Check Chemo / Insulin							
Nutrition, Altered: Greater Than							
Nutrition, Altered: Less Than							
Ostomy Care (Protocol, Teaching Plan, & Patient Education Handouts)							
Pain: Care of the Adult							
Pain Scale							
Peripheral Intravenous Therapy							
Potassium: IV Infusion (Adult)							
Respiratory Compromise							
Seizures							
Skin Care							
Skin Tests							
Tube Feedings: Adult							
Vaccinations: Adult Pneumococcal and Influenza Vaccination							
UNIT PRACTICE MANUAL – MED/SURG – aware of content and/or provides care according to the following protocols/procedures:							
Bowel Management							
Deep Vein Thrombosis (DVT)							

Initials	Signature	Initials	Signature	Initials	Signature

UCHC Competency Checklist: ORIENTATION

Position Title: Registered Nurse, JDH Employee Name: _____

Unit: Neag Cancer Center

Cluster Area: Neag Comprehensive Cancer Center – Treatment Room

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		
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials

Initials	Signature	Initials	Signature	Initials	Signature