

UCHC Competency Checklist: FLOAT ORIENTATION: RN

Position Title: Registered Nurse, JDH Employee Name: _____

Unit: FSC Perianesthesia Unit

Float Area: FSC to JDH Procedures Center / PACU

| 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 |
| A. GETTING INTO THE SYSTEM | | | | | | | |
| Not applicable | | | | E | | | |
| B. SAFETY/INFECTION CONTROL | | | | | | | |
| Identifies and locates personal protective equipment | | | | E | | | |
| Locates fire alarms, extinguishers and exits | | | | E | | | |
| C. EQUIPMENT | | | | | | | |
| LEVEL 1 & 2: DEPARTMENTAL & CLUSTER SPECIFIC COMPETENCIES | | | | | | | |
| Not applicable | | | | | | | |
| LEVEL 3: UNIT-SPECIFIC COMPETENCIES - Operates the following according to the operator's manual: | | | | | | | |
| Airway supply box (PACU) | | | | | | | |
| Code Cart | | | | | | | |
| Defibrillator – Code Master (PACU Code Cart) | | | | | | | |
| Monitors (Datex Ohmeda) | | | | | | | |
| Latex-free supply box | | | | | | | |
| Malignant Hyperthermia supply boxes | | | | | | | |
| Non-invasive BP machine (Procedures Center) | | | | | | | |
| Nurse Call System | | | | | | | |
| Oxygen Tanks – Grab-n-Go | | | | | | | |
| Pyxis Medication Administration Units | | | | | | | |
| Regional Block Cart | | | | | | | |
| Syringe Lockboxes | | | | | | | |
| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature |
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| | | Never Done | Needs Review/ Practice | Competent | Method of Instruction (Use Instruction Key on Left) | Date | Initials |
| D. DOCUMENTATION/COMMUNICATION | | | | | | | |
| LEVEL 1: DEPARTMENTAL COMPETENCIES & LEVEL 2: CLUSTER SPECIFIC COMPETENCIES | | | | | | | |
| Not applicable | | | | | | | |
| LEVEL 3: UNIT SPECIFIC COMPETENCIES | | | | | | | |
| Completes documentation on-line in SIS application via appropriate wizards | | | | | | | |
| Locates Locker Assignment Notation & Lockers | | | | | | | |
| Locates Face Sheet Locker Assignment Notation | | | | | | | |
| Patient & Family Discharge Education Records | | | | | | | |
| E. PROVISION OF CARE | | | | | | | |
| HOSPITAL ADMINISTRATIVE & NURSING PRACTICE MANUALS– aware of content and/or provides care according to the following protocols/procedures: | | | | | | | |
| Not applicable | | | | | | | |
| UNIT PRACTICE MANUAL - aware of content and/or provides care according to the following protocols/procedures: | | | | | | | |
| Admission to PACU | | | | | | | |
| Chart Preparation: Preoperative Admit Day of Surgery & Ambulatory Patients | | | | | | | |
| Day of Procedure Care | | | | | | | |
| DOC Patients in Perioperative Area | | | | | | | |
| PRACTICUMS & SKILL VALIDATIONS | | | | | | | |
| Not applicable | | | | | | | |

| Initials | Signature | Initials | Signature | Initials | Signature |
|----------|-----------|----------|-----------|----------|-----------|
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