

**ATTACHMENT 4 – SPECIALTY RN  
ORIENTATION CHECKLISTS**

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: 2S Progressive Care Unit

<b>Method of Instruction Key:</b> M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	<b>Method of Evaluation Key:</b> D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Validation of Competency							
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)				
<b>A. GETTING INTO THE SYSTEM</b>												
Attends New Employee Orientation and Patient Care Orientation												
<ul style="list-style-type: none"> <li>Takes BKAT Modules as assigned by Learning Resource Center - signed up for initial trainings needed (ECCO, etc.)</li> </ul>					E			D O V P				
<ul style="list-style-type: none"> <li>Attends appropriate computer training (CPRS, ICIP, BCMA, TMS, Swank, Omnicell, etc.)</li> </ul>					E			D O V				
Meets with Manager for Initial meeting/paperwork												
<ul style="list-style-type: none"> <li>Functional Statement, unit expectations, unit standards of care</li> </ul>					M			D V				
<ul style="list-style-type: none"> <li>Locker assignment, unit door access codes</li> </ul>					M			D V				
<ul style="list-style-type: none"> <li>Schedule, assignment of preceptor, orientation expectations</li> </ul>					M			D V				
<ul style="list-style-type: none"> <li>Tour of unit and brief hospital tour</li> </ul>					M			D V				
<ul style="list-style-type: none"> <li>Provides copy of ACLS/BLS card, manager reviews requirements and expectations (ie, NO LAPSE)</li> </ul>					M			D V				
Unit Communications												
<ul style="list-style-type: none"> <li>Chain of command for nursing and physicians</li> </ul>					M			D V				
<ul style="list-style-type: none"> <li>Telephone, copier, fax, VA &amp; UK pager systems</li> </ul>					C			D V				
<ul style="list-style-type: none"> <li>MD ON Call schedule (Location)</li> </ul>					C			D V				
<ul style="list-style-type: none"> <li>Nurse Call system</li> </ul>					C D			D V				
<ul style="list-style-type: none"> <li>Unit staffing schedule, requesting time off, unit meeting schedule/minutes</li> </ul>					M			D V				
<ul style="list-style-type: none"> <li>Process Improvement (PI) board and activities</li> </ul>					M			D V				
Clinical Privileges look up for resident and attending physicians					C D			D V				
Accessing facility and service memorandums, Mosby procedure/skills manuals and Krames educational materials					C D			D V				

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		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Report of Contact (VA form 119)					C D			D V
Patient compliant procedure-resolve at the point of service, then follow chain of command for resolutions prior to referring to the patient advocate (ICARE Principles) Integrity, Commitment, Advocacy, Respect, Excellence					C D			D V
Verbal/telephone order memorandum and procedures (read back)					PP			D V
Advanced Directives (CPRS face sheet location, VISTA Imaging location)					PP			D V
<b>B. SAFETY/INFECTON CONTROL</b>								
Patient identification procedure (full name, full social)					PP C			D O V
Universal Protocol – PPE carts, Isolation signs					PP C VT			D O V
Code Cart, RRT procedures (code cart location and QA checks)					PP C			D O V
Completion of respiratory fit testing					PP C			D O V
Suicide Precautions (1:1 observation within arm length)					C D			D O V
AMA Process					PP C			D O V
Review of Emergency Operation Procedures (red book)					PP C			D O V
MSDS sheet review (locate book on unit)					PP C			D O V
Oxygen cut off valve location and procedure					PP C			D O V
Infection Control (manual location and unit procedures for isolation) MRSA swabbing procedures, hand washing expectations, NO hand gel, SOAP ONLY for CDiff					PP C			D O V
Fire alarm and extinguisher locations and procedures (RACE, PASS, Evacuation locations and fire rated doors)					PP C			D O V
Arm Band Color notifications					PP C			D O V
ePER & Assist Reporting					PP C			D O V
Temp Trak (refrigerator in med room)					C, D			D O V

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
AND(Allow Natural Death)/DNR procedures (including procedures for resident or attending orders)					PP C			D O V
Reusable Medical Equipment (RME) Procedures including non critical cleaning schedule & O2 Tank Security Procedure					PP C			D O V
PT/OT Algorithm					PP C E			D O V
Intentional Rounding, Fall Prevention, Sitter Algorithm, Restraints					PP C E			D O V
Ticket to Ride process					PP C E			D O V
Handoff Communications					PP C E			D O V
SBAR Report					PP C E			D O V
New admit/post procedure vitals process					PP C			D O V
Blood product administration (memorandum and procedures)					PP C			D O V
Use of restraints (ICU and PCU only)					C D VT			D O V
Patient Transfer (In house, Inter Facility and Outside)					PP C E			D O V
<b>C. EQUIPMENT, TUBES, DRAINS</b>								
Blood glucose monitor procedures (includes hypoglycemia, protocol expectations)					PP E C D VT			D O V
Wireless Phone/phones/phone extensions					C D			D O V
Bladder Scanner					C D			D O V
Wound Vac					C D VT			D O V
Philips Monitors (in room and central station)					C D			D O V
Ventilators (long term only)					C D VT			D O P
IV Pumps/PCA module/ETCO2 module (Swank courses #5226 & #5227)					C D VT			D O V
Epidural pump/lock box					C D			D O V
Pressure lines (CVP & arterial monitoring only)					C D VT			D O V

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Warming/cooling blanket (Bair Hugger)					C D			D O V
Enteral Feeding Pump					C D VT			D O V
Hill-Rom bed operation					C D			D O V
AccuVein					C D VT			D O V
Reusable Medical Equipment – floor grade					C D VT			D O V
Reusable Medical Equipment - Rhinolaryngoscope					C D VT			D O V
EKG 12 Lead					C D VT			D O V
Code Cart					C D			D O V
Low Air Loss Mattress (P-500)					C D			D O V
Doppler					C D			D O V
Compression Device - SCD pump					C D			D O V
Sara Steady					C D			D O V
Sky Lift					C D VT			D O V
ARJO Lift					C D VT			D O V
Hover Mat					C D VT			D O V
Thermometers (temporal (VT) & rectal)					C D VT			D O V
Tracheostomy					C D			D O V
Chest Tube					C D VT			D O V
Bowel Management System (rectal tube)					C D VT			D O V
Ostomy care					C D			D O V
Pneumostat Device					C D VT			D O V
Jackson Pratt Drain					C D			D O V
Ileal Conduit					C D			D O V
EZ-IO intraosseous access device (care of & removal only)					C D VT			D O V

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Hot Line Blood Warmer (device is stored in the OR)					C D VT			D O V
<b>D. NURSING PROCESS/DOCUMENTATION</b>								
Initial Nursing Assessment 1 & 2					PP C D			D O
Nursing Plan of Care					PP C D			D O
Critical Care flowsheet/documentation (ICCA)					E C D			D O
Reassessment (per unit specific standards of care)					PP C D			D O
Consults					C D			D O
PRN Effectiveness					PP C D			D O
View Alerts					C D			D O
Telephone Orders					C D			D O
Progress Notes					PP C D			D O
Foley Note					C D			D O
D/C Instructions					C D			D O
Central line note					C D			D O
MSRA- Orders/Document					C D			D O
Immunization Flu/ Pneumonia					C D			D O
Post Fall Note					C D			D O
Vital Signs & Weights					C D			D O
Pre-procedure note					C D			D O
Documentation of EKG strips (transfer from folder to flowsheet)					C D			D O
Skin Initial and Re-assessment Notes					C D			D O

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Epidural /PCA documentation					C D			D O
Heparin drip initial and continuation notes					C D			D O
Independent Double verification in BCMA (specific drugs – see PCS SOP 001)					PP C D			D O
<b>E. MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES</b>								
Medication Use Manual					PP C D			D O V
Medication Administration Policy (Pharmacy Med Use Manual location)					PP C D			D O V
Blood Administration (PCS SWT 118-002; MCM 113-01, 113-02, & 113-03)					PP C D VT			D O V
Nurse Driven Protocols (C-diff, etc.)					C			D O V
Pressure Ulcer Management Protocol					C			D O V
Fall Prevention Protocol					C			D O V
Chart Check Unit Process					C			D O V
Sitter Algorithm – contact CHS to request sitter					C			D O V
Central Line Bundle					C			D O V
PICC/Implantable Device					C VT			D O V
Heparin Protocol					C			D O V
Continuous SubQ infusion					C VT			D O V
IV Bag & Tubing Change					C			D O V
Hypoglycemia protocol					C			D O V
CAUTI bundle					C			D O V
High risk, High alert Medication Precautions (like sounding drugs not stored together, TALL man lettering)					C D			D O V
Preventing misconnections (trace back prior to connecting any tubing)					C D			D O V
Phlebotomy (general)					C D VT			D O V

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Phlebotomy (Blood cultures)					C D VT			D O V
TPN					C D			D O V
Insulin protocol					C D			D O V
Stroke protocol – NIH Stroke Scale education (on-line)					E C D			D O V
CAM – ICU assessment & documentation in ICIP					C D			D O V
CIWA-Ar(Clinical Institute Withdrawal Assessment–Alcohol–revised) Swank #414					S C D			D O V
Moderate Sedation (TMS course #32979)					E C D			D O V
End of Life Care (ELNEC) Palliative Care for Critical Care (Computer training)					E C D			D O V
EKG interpretation (test)					S C P			P = test

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date \_\_\_\_\_



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Unit: 3 North

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		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
<b>A. GETTING INTO THE SYSTEM</b>								
Attends New Employee Orientation and Patient Care Orientation								
<ul style="list-style-type: none"> <li>Takes BKAT/Med-Surg Modules as assigned by Learning Resource Center signed up for initial training needed (Dysrhythmia, ect.)</li> </ul>					E			D O V P
<ul style="list-style-type: none"> <li>Attends appropriate computer training (CPRS, TMS, Swank, Omnicell, ect.)</li> </ul>					E			D O V
Meets with Manager for Initial meeting/paperwork								
<ul style="list-style-type: none"> <li>Functional Statement, unit expectations</li> </ul>					M			D V
<ul style="list-style-type: none"> <li>Locker assignments, keys, key pad accesses</li> </ul>					M			D V
<ul style="list-style-type: none"> <li>Schedule, assignment of preceptor, orientation expectations</li> </ul>					M			D V
<ul style="list-style-type: none"> <li>Tour</li> </ul>					M			D V
<ul style="list-style-type: none"> <li>Provides copy of ACLS/BLS card, manager reviews requirements and expectations (ie, NO LAPSE)</li> </ul>					M			D V
Unit Communications								
<ul style="list-style-type: none"> <li>Chain of command for nursing and physicians</li> </ul>					M			D V
<ul style="list-style-type: none"> <li>Telephone, copier, fax, VA &amp; UK pager systems</li> </ul>					C			D V
<ul style="list-style-type: none"> <li>ON Call schedule (Location)</li> </ul>					C			D V
<ul style="list-style-type: none"> <li>Nurse Call system (Responder Net)</li> </ul>					C D			D V
<ul style="list-style-type: none"> <li>Unit staffing schedule, requesting time off</li> </ul>					M			D V
<ul style="list-style-type: none"> <li>PI board and activities</li> </ul>					M			D V
Clinical Privileges look up for resident and attending physicians					C D			D V
Accessing facility and service memorandums, Lippincott, Mosby procedure manuals and Krames					C D			D V

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Report of Contact					C D			D V
Patient compliant procedure-resolve at the point of service, then follow chain of command for resolutions prior to referring to the patient advocate (ICARE) Integrity, Commitment, Advocacy, Respect, Excellence					C D			D V
Verbal/telephone order memorandum and procedures (read back)					PP			D V
Advanced Directives (CPRS face sheet location, VISTA Imaging location)					PP			D V
<b>B. SAFETY/INFECTON CONTROL</b>								
Patient identification procedure (full name, full social)					PP C			D O V
Pre-OP check list-Universal Protocol					PP C VT			D O V
Code Cart, RRT procedures (code cart location and QA checks)					PP C			D O V
Completion of respiratory fit testing					PP C			D O V
AMA Process					PP C			D O V
Review of Emergency Operation Procedures (red book)					PP C			D O V
MSDS sheet review (locate and search)					PP C			D O V
Oxygen cut off valve location and procedure					PP C			D O V
Infection Control (manual location and unit procedures for isolation) MRSA swabbing procedures, hand washing expectations NO hand gel, SOAP ONLY for CDiff					PP C			D O V
Fire alarm and extinguisher locations and procedures (RACE, PASS, Evacuation locations and fire rated doors)					PP C			D O V
Arm Band Color notifications (Wander Guard)					PP C			D O V
Incident Reporting, (ASSIST)					PP C			D O V
DNR procedures (including procedures for resident or attending orders)					PP C			D O V
Reusable Medical Equipment Procedures including non critical cleaning schedule					PP C			D O V

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& O2 Tank Security Procedure									
PT/OT Algorithm					PP C E			D O V	
Intentional Rounding, Fall Prevention, Sitter Algorithm					PP C E			D O V	
Ticket to Ride process					PP C E			D O V	
Suicide precautions: (1:1 observation within arm length)					C, D			D O V	
Temp Trak					C, D			D O V	
Handoff Communications					PP C E			D O V	
ISBAR Report					PP C E			D O V	
Post Procedure vitals process					PP C			D O V	
Blood product administration (memorandum and procedures)					PP C			D O V	
Patient Transfer (In house, Inter Facility and Outside)					PP C E			D O V	
<b>C. EQUIPMENT, TUBES, DRAINS</b>									
Blood glucose monitor procedures (includes hypoglycemia, protocol expectations)					PP E C D VT			D O V	
Wireless Phone					C D			D O V	
Bladder Scanner					C D			D O V	
Wound Vac					C D			D O V	
Blood Pressure Machine/Monitor					C D			D O V	
IV Pumps					VT			D O V	
Green Lock Box					CD			D O V	
PCA Pump					VT			D O V	
Epidural Pump					VT			D O V	
Stryker Stretcher					CD			D O V	
Feeding Pump					VT			D O V	

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Trapeze Traction					CD			D O V
Bed Scale					VT			D O V
EKG 12 Lead					VT			D O V
Code Cart-ZOLL					VT			D O V
Low Air Loss Mattress					CD			D O V
Doppler					CD			D O V
Compression Device-SCDS					CD			D O V
Sara Steady					VT			D O V
Sky Lift					VT			D O V
ARJO Lift					VT			D O V
Hover Mat					VT			D O V
Continuous Bladder Irrigation					VT			D O V
Denver Drain					VT			D O V
Chest Tube					VT			D O V P
Bowel Management System					VT			D O V
Suprapubic catheter					CD			D O V
Pneumostat Device					VT			D O V
Jackson Pratt Drain					CD			D O V
Ileal Conduit					C D			D O V
Tracheostomy					C D			D O V
<b>D. NURSING PROCESS/DOCUMENTATION</b>								
Initial Nursing Assessment 1 & 2					PP C D			D O
Nurse Plan of Care					PP C D			D O

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Intentional Rounding Sheets					C D			D O
Med/Surg Reassessment					PP C D			D O
Consults					C D			D O
Skin assessments					C D			D O
View Alerts					C D			D O
Telephone Orders					C D			D O
Progress Notes					PP C D			D O
Foley Note					C D			D O
D/C Instructions					C D			D O
Central line notes					C D			D O
MSRA- Orders/Document					C D			D O
Immunization Flu/ Pneumonia					C D			D O
EPIR- Post Fall Note					C D			D O
Vital Signs & Weights					C D			D O
Bedside Nursing Flowsheets					C D			D O
Intake & Output Sheets					C D			D O
Withdrawal Check Sheets					C D			D O
VANOD Skin Initial and Re-assessment Notes					C D			D O
Epidural /PCA documentation Sheets					C D			D O
PRN Effectiveness					PP C D			D O
Heparin drip/Insulin drip double verified					PP C D			D O

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<b>E. MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES</b>								
Medication Use Manual					PP C D			D O V
Medication Administration Policy (118-x)					PP C D			D O V
Blood Administration (Memorandum number here)					PP C D			D O V
Nurse Driven Protocols								
VANOD Skin Care Protocols					C			D O V
Fall Prevention Protocol					C			D O V
Chart Check Unit Process					C			D O V
Sitter Algorithm					C			D O V
Central Line Bundle					C			D O V
PICC/Implantable Device					C VT			D O V
Epidural					C VT			D O V
PCA					C VT			D O V
Continuous SubQ					C VT			D O V
IV Bag Tubing Change					C			D O V
Hypoglycemia					C			D O V
Blood draws					C			D O V
High risk, High alert Medication Precautions (like sounding drugs not stored together, TALL man lettering)					C D			D O V
Preventing misconnections (trace back prior to connecting any tubing)					C D			D O V

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Position Title: Registered Nurse Employee Name: \_\_\_\_\_ Unit: 3 North

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: 5 Tele

<b>D/CD/Method of Instruction Key:</b> M=Manager Discussion <b>PP</b> = Protocol/Procedure/ Memorandum Review <b>E</b> = Education Session <b>S</b> = Self Learning Package (TMS, Swank) <b>C</b> = Clinical Practice <b>D</b> = Demonstration/simulation <b>V T</b> = Validation Tool required	<b>Method of Evaluation Key:</b> <b>D</b> = demonstration <b>O</b> = observed <b>V</b> = verbalized <b>P</b> = Post test	Self-Assessment by Employee			Validation of Competency			
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
<b>A. GETTING INTO THE SYSTEM</b>								
Attends New Employee Orientation and Patient Care Orientation								
<ul style="list-style-type: none"> <li>Takes BKAT/Med-Surg Modules as assigned by Learning Resource Center signed up for initial training needed (Dysrhythmia, ect.)</li> </ul>					E                D O V P			
<ul style="list-style-type: none"> <li>Attends appropriate computer training (CPRS, TMS, Swank, Omnicell, ect.)</li> </ul>					E                D O V			
Meets with Manager for Initial meeting/paperwork								
<ul style="list-style-type: none"> <li>Functional Statement, unit expectations</li> </ul>					M                D V			
<ul style="list-style-type: none"> <li>Locker assignments, keys, key pad accesses</li> </ul>					M                D V			
<ul style="list-style-type: none"> <li>Schedule, assignment of preceptor, orientation expectations</li> </ul>					M                D V			
<ul style="list-style-type: none"> <li>Tour</li> </ul>					M                D V			
<ul style="list-style-type: none"> <li>Provides copy of ACLS/BLS card, manager reviews requirements and expectations (ie, NO LAPSE)</li> </ul>					M                D V			
Unit Communications								
<ul style="list-style-type: none"> <li>Chain of command for nursing and physicians</li> </ul>					M                D V			
<ul style="list-style-type: none"> <li>Telephone, copier, fax, VA &amp; UK pager systems</li> </ul>					C                D V			
<ul style="list-style-type: none"> <li>ON Call schedule (Location)</li> </ul>					C                D V			
<ul style="list-style-type: none"> <li>Nurse Call system (Responder Net)</li> </ul>					C D                D V			
<ul style="list-style-type: none"> <li>Unit staffing schedule, requesting time off</li> </ul>					M                D V			
<ul style="list-style-type: none"> <li>PI board and activities</li> </ul>					M                D V			
Clinical Privileges look up for resident and attending physicians					C D                D V			
Accessing facility and service memorandums, Lippincott, Mosby procedure manuals and Krames					C D                D V			



Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: 5 Tele

<b>D/CD/Method of Instruction Key:</b> M=Manager Discussion <b>PP</b> = Protocol/Procedure/ Memorandum Review <b>E</b> = Education Session <b>S</b> = Self Learning Package (TMS, Swank) <b>C</b> = Clinical Practice <b>D</b> = Demonstration/simulation <b>V T</b> = Validation Tool required	<b>Method of Evaluation Key:</b> <b>D</b> = demonstration <b>O</b> = observed <b>V</b> = verbalized <b>P</b> = Post test	Self-Assessment by Employee				Validation of Competency		
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Report of Contact					C D			D V
Patient compliant procedure-resolve at the point of service, then follow chain of command for resolutions prior to referring to the patient advocate. ICARE Principles- Integrity, Commitment, Advocacy, respect, Excellence					C D			D V
Verbal/telephone order memorandum and procedures (read back)					PP			D V
Advanced Directives (CPRS face sheet location, VISTA Imaging location)					PP			D V
<b>B. SAFETY/INFECTON CONTROL</b>								
Patient identification procedure (full name, full social)					PP C			D O V
Pre-OP check list-Universal Protocol					PP C VT			D O V
Code Cart, RRT procedures (code cart location and QA checks)					PP C			D O V
Temp Trak					C D			D O V
Suicide precautions (1:1 observation within arm length)					C D			D O V
Completion of respiratory fit testing					PP C			D O V
AMA Process					PP C			D O V
Review of Emergency Operation Procedures (red book)					PP C			D O V
MSDS sheet review (locate and search)					PP C			D O V
Oxygen cut off valve location and procedure					PP C			D O V
Infection Control (manual location and unit procedures for isolation) MRSA swabbing procedures, hand washing expectations-NO hand gel, SOAP ONLY for CDIFF					PP C			D O V
Fire alarm and extinguisher locations and procedures (RACE, PASS, Evacuation locations and fire rated doors)					PP C			D O V
Arm Band Color notifications (Wander Guard)					PP C			D O V
Incident Reporting, (ASSIST)					PP C			D O V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: 5 Tele

D/CD/Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
DNR procedures (including procedures for resident or attending orders)					PP C			D O V
Reusable Medical Equipment Procedures including non critical cleaning schedule & O2 Tank Security Procedure					PP C			D O V
PT/OT Algorithm					PP C E			D O V
Intentional Rounding, Fall Prevention, Sitter Algorithm					PP C E			D O V
Ticket to Ride process					PP C E			D O V
Handoff Communications					PP C E			D O V
ISBAR Report					PP C E			D O V
Post Procedure vitals process					PP C			D O V
Blood product administration (memorandum and procedures)					PP C			D O V
Patient Transfer (In house, Inter Facility and Outside)					PP C E			D O V
<b>C. EQUIPMENT, TUBES, DRAINS</b>								
Blood glucose monitor procedures (includes hypoglycemia, protocol expectations)					PP E C D VT			D O V
Wireless Phone					C D			D O V
Bladder Scanner					C D			D O V
Wound Vac					C D			D O V
Blood Pressure Machine/Monitor					C D			D O V
Telemetry					PP C D			D O P
IV Pumps					VT			D O V
Green Lock Box					CD			D O V
PCA Pump					VT			D O V
Epidural Pump					VT			D O V
Stryker Stretcher					CD			D O V

Lexington VA **Orientation** Competency Checklist

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Unit: 5 Tele

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Feeding Pump					VT			D O V
Trapeze Traction					CD			D O V
Bed Scale					VT			D O V
EKG 12 Lead					VT			D O V
Code Cart-ZOLL					VT			D O V
Low Air Loss Mattress					CD			D O V
Doppler					CD			D O V
Compression Device-SCDS					CD			D O V
Sara Steady					VT			D O V
Sky Lift					VT			D O V
ARJO Lift					VT			D O V
Hover Mat					VT			D O V
Continuous Bladder Irrigation					VT			D O V
Denver Drain					VT			D O V
Chest Tube					VT			D O V P
Bowel Management System					VT			D O V
Suprapubic catheter					CD			D O V
Pneumostat Device					VT			D O V
Jackson Pratt Drain					CD			D O V
Ileal Conduit					C D			D O V
Tracheostomy					C D			D O V
<b>D. NURSING PROCESS/DOCUMENTATION</b>								
Initial Nursing Assessment 1 & 2					PP C D			D O

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: 5 Tele

D/CD/Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Nursing Plan of Care					PP C D			D O
Intentional Rounding Sheets					C D			D O
Med/Surg Reassessment					PP C D			D O
Consults					C D			D O
Skin assessments					C D			D O
View Alerts					C D			D O
Telephone Orders					C D			D O
Progress Notes					PP C D			D O
Foley Note					C D			D O
D/C Instructions					C D			D O
Central line notes					C D			D O
MSRA- Orders/Document					C D			D O
Immunization Flu/ Pneumonia					C D			D O
EPIR- Post Fall Note					C D			D O
Vital Signs & Weights					C D			D O
Bedside Nursing Flowsheets					C D			D O
Intake & Output Sheets					C D			D O
Withdrawal Check Sheets					C D			D O
VANOD Skin Initial and Re-assessment Notes					C D			D O
Epidural /PCA documentation Sheets					C D			D O
PRN Effectiveness					PP C D			D O

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: 5 Tele

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Heparin drip/Insulin drip double verified					PP C D			D O
<b>E. MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES</b>								
Medication Use Manual					PP C D			D O V
Medication Administration Policy (118-x)					PP C D			D O V
Blood Administration (Memorandum number here)					PP C D			D O V
Nurse Driven Protocols								
VANOD Skin Care Protocols					C			D O V
Fall Prevention Protocol					C			D O V
Chart Check Unit Process					C			D O V
Sitter Algorithm					C			D O V
Central Line Bundle					C			D O V
PICC/Implantable Device					C VT			D O V
Epidural					C VT			D O V
PCA					C VT			D O V
Heparin Protocol					C VT			D O V
Tikosyn					C			D O V
Continuous SubQ					C VT			D O V
IV Bag Tubing Change					C			D O V
Hypoglycemia					C			D O V
Blood draws					C			D O V
High risk, High alert Medication Precautions (like sounding drugs not stored together, TALL man lettering)					C D			D O V
Preventing misconnections (trace back prior to connecting any tubing)					C D			D O V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: 5 Tele

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

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: 6S Intensive Care Unit

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency			Evaluation Method (Use Evaluation Key on Left)				
		Never Done	Needs Review/ Practice	Competent		Date	Initials						
<b>A. GETTING INTO THE SYSTEM</b>													
Attends New Employee Orientation and Patient Care Orientation													
<ul style="list-style-type: none"> <li>Takes BKAT Modules as assigned by Learning Resource Center - signed up for initial training needed (ECCO, etc.) / BKAT score: _____</li> </ul>					E				D O V P				
<ul style="list-style-type: none"> <li>Attends appropriate computer training (CPRS, ICIP, BCMA, TMS, Swank, Omnicell, etc.)</li> </ul>					E				D O V				
Meets with Manager for Initial meeting/paperwork													
<ul style="list-style-type: none"> <li>Functional Statement, unit expectations, unit standards of care</li> </ul>					M				D V				
<ul style="list-style-type: none"> <li>Locker assignment, unit door access codes</li> </ul>					M				D V				
<ul style="list-style-type: none"> <li>Schedule, assignment of preceptor, orientation expectations</li> </ul>					M				D V				
<ul style="list-style-type: none"> <li>Tour of unit and brief hospital tour</li> </ul>					M				D V				
<ul style="list-style-type: none"> <li>Provides copy of ACLS/BLS card, manager reviews requirements and expectations (ie, NO LAPSE)</li> </ul>					M				D V				
Unit Communications													
<ul style="list-style-type: none"> <li>Chain of command for nursing and physicians</li> </ul>					M				D V				
<ul style="list-style-type: none"> <li>Telephone, copier, fax, VA &amp; UK pager systems</li> </ul>					C				D V				
<ul style="list-style-type: none"> <li>MD ON Call schedule (Location)</li> </ul>					C				D V				
<ul style="list-style-type: none"> <li>Nurse Call system</li> </ul>					C D				D V				
<ul style="list-style-type: none"> <li>Unit staffing schedule, requesting time off, unit meeting schedule/minutes</li> </ul>					M				D V				
<ul style="list-style-type: none"> <li>Process Improvement (PI) board and activities</li> </ul>					M				D V				
Clinical Privileges look up for resident and attending physicians					C D				D V				
Accessing facility and service memorandums, Mosby procedure manuals and Krames educational materials					C D				D V				

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: 6S Intensive Care Unit

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Report of Contact (VA form 119)					C D			D V
Patient compliant procedure-resolve at the point of service, then follow chain of command for resolutions prior to referring to the patient advocate- ICARE- Integrity, Commitment, Advocacy, Respect, Excellence					C D			D V
Verbal/telephone order memorandum and procedures (read back)					PP			D V
Advanced Directives (CPRS face sheet location, VISTA Imaging location)					PP			D V
<b>B. SAFETY/INFECTON CONTROL</b>								
Patient identification procedure (full name, full social)					PP C			D O V
Universal Protocol – PPE carts, Isolation signs					PP C VT			D O V
Code Cart, RRT procedures (code cart location and QI checks)					PP C			D O V
Completion of respiratory fit testing					PP C			D O V
AMA Process					PP C			D O V
Review of Emergency Operation Procedures (red book)					PP C			D O V
MSDS sheet review (locate book on unit)					PP C			D O V
Oxygen cut off valve location and procedure					PP C			D O V
Infection Control (manual location and unit procedures for isolation) MRSA swabbing procedures, hand washing expectations (NO hand gel, SOAP ONLY for CDIFF)					PP C			D O V
Fire alarm and extinguisher locations and procedures (RACE, PASS, Evacuation locations and fire rated doors)					PP C			D O V
Arm Band Color notifications					PP C			D O V
ePER & Assist Reporting					PP C			D O V
AND(Allow Natural Death)/DNR procedure (including procedure for resident or attending orders)					PP C			D O V



Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: 6S Intensive Care Unit

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Reusable Medical Equipment (RME) Procedures including non critical cleaning schedule & O2 Tank Security Procedure					PP C			D O V
Intentional Rounding, Fall Prevention, Sitters, Restraints					PP C E			D O V
Ticket to Ride process					PP C E			D O V
Temp Trak (refrigerator in med room)					C D			D O V
Suicide precaution (1:1 observation within arm length)					C D			D O V
Handoff Communications					PP C E			D O V
SBAR Report					PP C E			D O V
New admit/post procedure vitals process					PP C			D O V
Blood product administration (memorandum and procedures)					PP C			D O V
Patient Transfer (In house, Inter Facility and Outside)					PP C E			D O V
<b>C. EQUIPMENT, TUBES, DRAINS</b>								
Blood glucose monitor procedures (includes hypoglycemia, protocol expectations)					PP E C D VT			D O V
Wireless Phone/phones/phone extensions					C D			D O V
Bladder Scanner					C D			D O V
Wound Vac					C D VT			D O V
Philips Monitors (in room and central station)					C D			D O V
Ventilator					C D VT			D O P
IV Pumps/PCA module/ETCO2 module (Swank courses #5226 & #5227)					C D VT			D O V
Epidural pump/lock box					C D			D O V
Invasive monitoring pressure lines (CVP, swan ganz, art line, etc.)					C D VT			D O V
Warming/cooling blanket (Bair Hugger)					C D			D O V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: 6S Intensive Care Unit

<b>Method of Instruction Key:</b> M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	<b>Method of Evaluation Key:</b> D = demonstration O = observed V = verbalized P = Post test	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)
Enteral Feeding Pump					C D VT			D O V
Hill-Rom bed operation					C D			D O V
AccuVein					C D VT			D O V
EKG 12 Lead					C D VT			D O V
Code Cart					C D			D O V
Low Air Loss Mattress (P-500)					C D			D O V
Doppler					C D			D O V
Compression Device-SCDS					C D			D O V
Sara Steady					C D			D O V
Sky Lift					C D VT			D O V
ARJO Lift					C D VT			D O V
Hover Mat					C D VT			D O V
Thermometers (temporal (VT) & rectal (no VT))					C D VT			D O V
Tracheostomy					C D			D O V
Chest Tube					C D VT			D O V
Bowel Management System (rectal tube)					C D			D O V
Ostomy care					C D			D O V
Pneumostat Device					C D VT			D O V
Jackson Pratt Drain					C D			D O V
ICP drain					C D VT			D O V
Minnesota Tube (insertion and care of)					C D VT			D O V
Cheetah monitor					C D			D O V
Temporary pacemaker					C D VT			D O V
IABP (intra-aortic balloon pump) *** attend class at first opportunity					E C D VT			D O V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Vigilance Continuous Cardiac Output machine (CCO)					C D VT			D O V
Transport monitors (Zoll, Philips)					C D			D O V
Reusable Medical Equipment – floor grade					C D VT			D O V
Reusable Medical Equipment – Rhinolaryngoscope					C D VT			D O V
EZ – IO Intraosseous access					C D VT			D O V
Prismaflex CRRT ***attend class at first opportunity					E C D VT			D O V
Rapid Infuser (Blood and fluids) – device stored in the OR					C D VT			D O V
Hot Line Blood Warmer – device stored in the OR					C D VT			D O V
<b>D. NURSING PROCESS/DOCUMENTATION</b>								
Initial Nursing Assessment 1 & 2					PP C D			D O
Nursing Plan of Care					PP C D			D O
Critical Care electronic flowsheet/documentation (ICIP)					E C D			D O
Reassessment (per unit specific standards of care)					PP C D			D O
Consults					C D			D O
PRN Effectiveness					PP C D			D O
View Alerts					C D			D O
Telephone Orders					C D			D O
Progress Notes					PP C D			D O
Foley Note					C D			D O
D/C Instructions					C D			D O
Central line note					C D			D O
MSRA- Orders/Document					C D			D O

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: 6S Intensive Care Unit

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Immunization Flu/ Pneumonia					C D			D O
Post Fall Note					C D			D O
Vital Signs & Weights					C D			D O
Pre-procedure note					C D			D O
Documentation of EKG strips (transfer from folder to flowsheet)					C D			D O
Skin Initial and Re-assessment Notes					C D			D O
Epidural /PCA documentation					C D			D O
Heparin drip initial and continuation notes					C D			D O
Independent Double verification in BCMA (specific drugs – see PCS SOP 001)					PP C D			D O
Floating to other nursing units (tour of unit/documentation/standards of care)					PP C D			D O V
<b>E. MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES</b>								
Medication Use Manual (Application Server)					PP C D			D O V
Medication Administration Policy (Pharmacy Medication Use Manual documents)					PP C D			D O V
Blood Administration (PCS SWT 118-002; MCM's 113-01, 113-02, & 113-03)					PP C D VT			D O V
Nurse Driven Protocols (C-diff, etc.)					C D			D O V
Pressure Ulcer Management Protocol					C			D O V
Fall Prevention Protocol					C			D O V
Chart Check Unit Process					C			D O V
Sitter Algorithm – contact CHS to request sitter					C			D O V
Central Line Bundle					C			D O V
PICC/Implantable Device					C VT			D O V
Heparin Protocol					C			D O V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

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Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Continuous SubQ infusion					C VT			D O V
IV Bag & Tubing Change					C			D O V
Hypoglycemia protocol					C			D O V
CAUTI bundle					C			D O V
High risk, High alert Medication Precautions (like sounding drugs not stored together, TALL man lettering)					C D			D O V
Preventing misconnections (trace back prior to connecting any tubing)					C D			D O V
Phlebotomy (general)					C D VT			D O V
Phlebotomy (Blood cultures)					C D VT			D O V
TPN					C D			D O V
Insulin protocol					C			D O V
Stroke protocol – NIHSS (on-line education)/documentation process					E C D			D O V
Electrolyte protocol					C D			D O V
Sedation vacation and Spontaneous Breathing Trial (SBT) protocols					C D			D O V
Wound Care protocol					C D			D O V
End of Life Care (ELNEC) Palliative Care for Critical Care (Computer training)					E C D			D O V
Phase 1 Recovery (power point presentation)					S C			D O V
CAM – ICU assessment & documentation in ICIP					C D			D O V
CIWA-Ar(Clinical Institute Withdrawal Assessment – Alcohol – revised) Swank 414					S C D			D O V
Moderate Sedation (TMS course #32979)					E C D			D O V
EKG rhythm strip interpretation (test)					S E C			P

Preceptor Signatures:

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse Employee Name: \_\_\_\_\_ Unit: 6S Intensive Care Unit

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Cath Lab

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency			Evaluation Method (Use Evaluation Key on Left)				
		Never Done	Needs Review/ Practice	Competent		Date	Initials						
<b>A. GETTING INTO THE SYSTEM</b>													
Attends New Employee Orientation and Patient Care Orientation													
<ul style="list-style-type: none"> <li>Attends appropriate computer training (CPRS, BCMA, TMS, Swank, Omnicell, etc.)</li> </ul>					E				D O V				
Meets with Manager for Initial meeting/paperwork													
<ul style="list-style-type: none"> <li>Functional Statement, unit expectations, unit standards of care</li> </ul>					M				D V				
<ul style="list-style-type: none"> <li>Locker assignment, unit door access codes</li> </ul>					M				D V				
<ul style="list-style-type: none"> <li>Schedule, assignment of preceptor, orientation expectations</li> </ul>					M				D V				
<ul style="list-style-type: none"> <li>Tour of unit and brief hospital tour</li> </ul>					M				D V				
<ul style="list-style-type: none"> <li>Provides copy of ACLS/BLS card, manager reviews requirements and expectations (ie, NO LAPSE)</li> </ul>					M				D V				
Unit Communications													
<ul style="list-style-type: none"> <li>Chain of command for nursing and physicians</li> </ul>					M				D V				
<ul style="list-style-type: none"> <li>Telephone, copier, fax, VA &amp; UK pager systems</li> </ul>					C				D V				
<ul style="list-style-type: none"> <li>Wireless Phone/desk phones/phone extensions list</li> </ul>							C D						
<ul style="list-style-type: none"> <li>MD ON Call schedule (Location)</li> </ul>					C				D V				
<ul style="list-style-type: none"> <li>Unit staffing schedule, requesting time off, unit meeting schedule/minutes</li> </ul>					M				D V				
<ul style="list-style-type: none"> <li>Process Improvement (PI) board and activities</li> </ul>					M				D V				
Clinical Privileges look up for resident and attending physicians					C D				D V				
Accessing facility and service memorandums, Mosby's Skills procedure manuals and Krames patient education					C D				D V				
Report of Contact (VA form 119)					C D				D V				

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Cath Lab

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Patient compliant procedure-resolve at the point of service, then follow chain of command for resolutions prior to referring to the patient advocate (ICARE) Integrity, Commitment, Advocacy, Respect, Excellence					C D			D V
Verbal/telephone order memorandum and procedures (read back)					PP			D V
Advanced Directives (CPRS face sheet location, VISTA Imaging location)					PP			D V
<b>B. SAFETY/INFECTON CONTROL</b>								
Patient identification procedure (full name, full social)					PP C			D O V
Universal Protocol – PPE carts, Isolation signs					PP C VT			D O V
Code Cart, RRT procedures (code cart location and QA checks)					PP C			D O V
Completion of respiratory fit testing					PP C			D O V
AMA Process					PP C			D O V
Review of Emergency Operation Procedures (red book)					PP C			D O V
MSDS sheet review (locate book on unit)					PP C			D O V
Oxygen cut off valve location and procedure					PP C			D O V
Infection Control (manual location and unit procedures for isolation), hand washing expectations (NO hand gel, SOAP ONLY for CDIFF)					PP C			D O V
Fire alarm and extinguisher locations and procedures (RACE, PASS, Evacuation locations and fire rated doors)					PP C			D O V
Arm Band Color notifications					PP C			D O V
Temp Trak					C, D			D O V
Suicide Precautions (1:1 observation within arm length)					C, D			D O V
Incident Reporting					PP C			D O V
DNR procedures (including procedures for resident or attending orders)					PP C			D O V
Reusable Medical Equipment (RME) Procedures including non critical cleaning					PP C			D O V



Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Cath Lab

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
schedule & O2 Tank Security Procedure								
Fall Prevention					PP C E			D O V
Handoff Communications					PP C E			D O V
SBAR Report					PP C E			D O V
Post procedure obtaining vitals process					PP C			D O V
Blood product administration (memorandum and procedures)					PP C			D O V
Post Procedure Transfer					PP C E			D O V
<b>C. EQUIPMENT, TUBES, DRAINS</b>								
Blood glucose monitor procedures (includes hypoglycemia, protocol expectations)					PP E C D VT			D O V
IV pumps (Swank courses 5226 & 5227)					C D VT			D O V
Philips bedside monitors (cardiac rhythm, pressure & oximetry monitoring)					C D			D O V
Pressure lines (set up and maintenance)					C D VT			D O V
Stryker stretcher operation					C D			D O V
Bard Rite Site					C D VT			D O V
Reusable Medical Equipment					C D VT			D O V
EKG – obtaining 12 lead					C D VT			D O V
ZOLL defibrillator (used to transport patient)					C D VT			D O V
Cardiac Cath Lab emergency instrument tray/cart					C D			D O V
Hover Mat					VT			D O V
Thermometers (tympanic, temporal, oral, rectal)					C D			D O V
Wall suction					C D			D O V
EP monitoring equipment and recording (EP Med System) St. Jude Tech					C D			D O V
RF Ablation equipment (EPT system)					C D			D O V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Cath Lab

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
EST mapping					C D			D O V
Assist with setup of basic cath table, obtain necessary equipment & tray					C D			D O V
X-ray table and radiation precautions					C D			D O V
Catheters (various ones used in procedures)					C D			D O V
Bovie, placement of grounding pad					C D			D O V
Rotoblator, nitrogen gas					C D			D O V
Doppler					C D			D O V
Set-up/Circulating of Pacemaker Implants					C D			D O V
Set-up/Circulating for pericardialcentesis					C D			D O V
Endomyocardial bx., equipment needed, specimens					C D			D O V
Tesio catheter setup, equipment (Cannon, Udhal Cath)					C D			D O V
<b>D. NURSING PROCESS/DOCUMENTATION</b>								
MAC charting system					C D			D O
Moderate (Conscious) Sedation documentation (must complete TMS 32979)					PP S C D			D O V
EP Lab documentation on conscious sedation form					C D			D O
Patient Education -					PP C D			D O
a. Cardiac cath procedure								
b. Cardiac cath instructions								
c. AICD/Pacemaker instructions								
d. Non-invasive EPS instructions								
e. Coronary stent instructions								
f. Artery sealing devices								
g. Perclose								
h. Angioseal								

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Cath Lab

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
i. Closure device (TR band, Safeguard)								
j. AVOX oximetry machine								
Reassessment (per unit specific standards of care)					PP C D			D O
Routine care for Cardiac Cath / PCA					C D			D O
Documentation: drugs used during procedure, contrast used or fish allergies					C D			D O
Post-cath: document patient status and quality of extremity affected pulses					C D			D O
Record significant changes in patient condition (intra or post procedure)					C D			D O
Consults					C D			D O
PRN Effectiveness					PP C D			D O
View Alerts					C D			D O
Telephone Orders					C D			D O
Progress Notes					PP C D			D O
D/C Instructions					C D			D O
ePER - Post Fall Note					C D			D O
Pre-procedure note					C D			D O
<b>E. MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES</b>								
Medication Use Manual					PP C D			D O V
Medication Administration Policy (PCS 118-01)					PP C D			D O V
Blood Administration (Memo 113-01, 113-02, & 113-03)					PP C D			D O V
Code Cart Check					C D			D O V
Administering pre-procedure IV antibiotic if ordered					C D			D O V
Ordering triple antibiotic solution flush (MD orders)					C D			D O V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Cath Lab

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Demonstrate or verbalize knowledge of dosages, side effects, titration of drugs: -Atropine -Lidocaine -Amiodarone -Isuprel -Levophed -Dopamine -Dobutamine -Protamine Sulfate -Neo-synephrine -Heparin -TPA -Strptokinase -NTG sl/IV/IC -Lopressor -Adenosine -Diltiazem -Versed -Fentanyl -Morphine Sulfate -Reopro -Demerol -Plavix -Integrilin					C			D O V
IV Bag Tubing & Tubing Change					C			D O V
Hypoglycemia					C			D O V
High risk, High alert Medication Precautions (like sounding drugs not stored together, TALL man lettering)					C D			D O V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Cath Lab

<u>Method of Instruction Key:</u> M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	<u>Method of Evaluation Key:</u> D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee				Validation of Competency		
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Preventing misconnections (trace back prior to connecting any tubing)					C D			D O V
Phlebotomy (general)					C D VT			D O V
Stroke protocol					C D			D O V
ECG interpretation (test)					S C			P = test

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Chemo/Infusion

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency						
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)				
<b>A. GETTING INTO THE SYSTEM</b>												
Attends New Employee Orientation and Patient Care Orientation					E			D O V				
<ul style="list-style-type: none"> <li>Attends appropriate computer training (CPRS, TMS, BCMA, Swank, Omnicell, etc.)</li> </ul>					E			D O V				
Meets with Manager for Initial meeting/paperwork (Functional statement, unit expectations, locker assignment, keys, key pad accesses, tour)					M							
<ul style="list-style-type: none"> <li>Functional statement, unit expectations</li> </ul>					M			D				
<ul style="list-style-type: none"> <li>Locker assignment, keys, key pad accesses</li> </ul>					M			V				
<ul style="list-style-type: none"> <li>Schedule, assignment of preceptor, orientation expectations</li> </ul>					M			O				
<ul style="list-style-type: none"> <li>Tour</li> </ul>					M			O				
<ul style="list-style-type: none"> <li>Provides copy of BLS card, manager reviews requirements and expectations (ie, NO LAPSE)</li> </ul>					M			O				
Unit communication					E			V				
<ul style="list-style-type: none"> <li>Chain of command for nursing and physicians</li> </ul>					E			V				
<ul style="list-style-type: none"> <li>Telephone, copier, fax, VA and UK pager systems</li> </ul>					E			D,V				
<ul style="list-style-type: none"> <li>On call schedule.</li> </ul>					E			D				
<ul style="list-style-type: none"> <li>Unit staffing schedule, requesting time off (types of leave),</li> </ul>					E			D, V				
<ul style="list-style-type: none"> <li>PI board and activities</li> </ul>					E			V				
Clinical Privileges look up for resident and attending physicians					D, E			D				
Accessing facility and service memorandums, Lippincott and Mosby procedure manuals, chemotherapy resources					D, E			D				

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Chemo/Infusion

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Incident reporting					E, C, D			D
Report of Contact					E, C, D			D
Patient compliant procedure – resolve at the point of service, then follow chain of command for resolution prior to referring to the patient advocate (ICARE) Integrity, Commitment, Advocacy, respect, Excellence					E, C, D			V
Verbal/telephone order memorandum and procedures (read back)					E, C, D			V
Advanced Directives (CPRS face sheet location, VISTA imaging location)					E, C, D			V
<b>B. SAFETY/INFECTION CONTROL</b>								
Patient identification procedures (full name, full social)					P, P, C, D			D, O
Universal Protocol					P, P, C, D, VT			D, V
Code Cart or AED, RRT procedures (code cart location and QA checks)					P, P, E, VT			D, V
Completion of respiratory fit testing					E, D			D, O, V
Review of Emergency Operations Procedures (red book)					D			
MSDS sheet review (locate and search)					E, D			V
Oxygen cut off valve location and procedure					E			V
Infection Control (manual location and unit procedures for isolation)- MRSA swabbing procedures, hand washing expectations (No hand gel, SOAP ONLY for CDiff)					E, D			D, V
Fire alarm and extinguisher location and procedures (RACE, PASS, evacuation locations and fire rated doors)					E, D			V
Reusable Medical Equipment Procedures including non critical cleaning schedule					VT			D, O
Temp Trak					C, D			D, V, O

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Chemo/Infusion

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Tour of Clean utility room- including chemo spill kit								
Tour of Dirty Utility room and discussion of cleaning of pumps by SPS								
Contacting MDs regarding clarification of orders, labs, etc								
Suicide precautions (1:1 observation within arm length)					C, D			D,V,O
Chart Check Unit process					E, D			D, O, V
High risk, high alert medication precautions (like sounding drugs not stored together, TALL man lettering)					E, C			D, O, V
CLC and inpatient process for pts receiving treatment in infusion center					E, D			D, O, V
Handoff communication (SBAR report)					E, D			D, O, V
Blood product administration (memorandum and procedures)					PP			D
Incident Reporting (ASSIST) (EPIR)					E, D			D, O, V
<b>C. EQUIPMENT, TUBES, DRAINS</b>								
Blood glucose monitor procedures (includes hypoglycemia protocol expectations)								D
Electronic thermometer, Blood Pressure Machine and pulse oximeter					E,D			D, O
Oxygen tanks					D			D, O
Wall and portable suction					D			D, O
Defibrillator					VT			D
scales					D			D, O
Ceiling/maxi mover lift					E, VT			D, O
Evacuation chair					E, VT			D, O
Stryker bed					D			D, O
IV Pump								



Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Chemo/Infusion

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency			
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)	
<b>D. NURSING PROCESS/DOCUMENTATION</b>									
Demonstrates nursing assessment appropriate to patient acuity					D			D	
Intake notes					D			D	
Clinical Reminders (learning readiness, med reconciliation, Immunization Flu/ Pneumonia)					D			D	
Plan of Care					D			D	
Exit notes					D			D	
Patient Education (barriers, resources)					D			D	
Consults					D			D	
View Alerts					D			D	
Surrogates					D			D	
Telephone/Policy Orders					D			D, V	
Nursing Notes (OPC notes, chart checks)					D			D	
Vital Signs & Weights					D			D	
EPIR					D			D	
Transfer note					D			D	
Post Fall note					D			D	
Injection note					D			D	
Outpatient Nurse Control note					D			D	
Encounters					D			D V	
Chemotherapy Intake Note					D E			DV	

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Chemo/Infusion

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Chemotherapy Procedure Note					D E			DV
Chemotherapy Discharge Instructions					DE			DV
Chemotherapy Patient Education					DE			DV
Hem/Onc Progress Note					DE			DV
Scheduling and Follow up of Chemotherapy/Infusion patients					DE			DOV
Role of HUC								
Role of Chemotherapy Pharmacist								
Role of Chemotherapy technician and delivery of chemotherapy								
<b>MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES</b>								
Medication Use Manual					E, D			D
Medication Administration Policy					PP, E, D			D
• Storage/security (oral/injections) double lock					E, D			D, O
• Reordering medications for OPC					E, D			D, O
• Use of BCMA for inpatients								
• Review of order process for chemotherapy and non-chemotherapeutic agents								
Chemotherapy Administration, Safe Handling, Disposal of Chemotherapeutic Agents,					C VT			
PICC					VT			
Portacath					C VT			
Peripheral IV start								
Vesicant Extravasation					C PP			

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Chemo/Infusion

<u>Method of Instruction Key:</u> M=Manager Discussion <b>PP</b> = Protocol/Procedure/ Memorandum Review <b>E</b> = Education Session <b>S</b> = Self Learning Package (TMS, Swank) <b>C</b> = Clinical Practice <b>D</b> = Demonstration/simulation <b>V T</b> = Validation Tool required	<u>Method of Evaluation Key:</u> <b>D</b> = demonstration <b>O</b> = observed <b>V</b> = verbalized <b>P</b> = Post test	Self-Assessment by Employee				Validation of Competency		
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Chemotherapy Orders, safety check BSA, Carboplatin and ANC calculation					VT			
Oral Chemotherapy education and pharmacy collaboration					E			
Non Chemotherapy Infusions					E			D O
Therapeutic Phlebotomy process					E			DO
Critical Lab Follow up					E			DV
Neutropenia , Bleeding Precautions education					E			D O
Blood administration procedure in infusion unit								
Iron administration procedure in infusion unit								
Review other non-chemotherapy infusion room administration procedures								
Biotherapy administration for non-cancer patients( i.e. Rituximab)								

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Emergency Department

<b>Method of Instruction Key:</b> M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	<b>Method of Evaluation Key:</b> D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Validation of Competency							
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)				
<b>A. GETTING INTO THE SYSTEM</b>												
Attends New Employee Orientation and Patient Care Orientation												
<ul style="list-style-type: none"> <li>Takes BKAT specific test for Emergency Department</li> </ul>					E			V P				
<ul style="list-style-type: none"> <li>Attends appropriate computer training (CPRS, BCMA, TMS, Swank, Omnicell, etc.)</li> </ul>					E			D O V				
Meets with Manager for Initial meeting/paperwork												
<ul style="list-style-type: none"> <li>Functional Statement, unit expectations, unit standards of care</li> </ul>					M			D V				
<ul style="list-style-type: none"> <li>Locker assignment, unit door access codes</li> </ul>					M			D V				
<ul style="list-style-type: none"> <li>Schedule, assignment of preceptor, orientation expectations</li> </ul>					M			D V				
<ul style="list-style-type: none"> <li>Tour of unit and brief hospital tour</li> </ul>					M			D V				
<ul style="list-style-type: none"> <li>Provides copy of ACLS/BLS card, manager reviews requirements and expectations (ie, NO LAPSE)</li> </ul>					M			D V				
Unit Communications												
<ul style="list-style-type: none"> <li>Chain of command for nursing and physicians</li> </ul>					M			D V				
<ul style="list-style-type: none"> <li>Telephone, copier, fax, VA &amp; UK pager systems</li> </ul>					C			D V				
<ul style="list-style-type: none"> <li>MD ON Call schedule (Location)</li> </ul>					C			D V				
<ul style="list-style-type: none"> <li>Nurse Call system</li> </ul>					C D			D V				
<ul style="list-style-type: none"> <li>Unit staffing schedule, requesting time off, unit meeting schedule/minutes</li> </ul>					M			D V				
<ul style="list-style-type: none"> <li>Process Improvement (PI) board and activities</li> </ul>					M			D V				
Clinical Privileges look up for resident and attending physicians					C D			D V				
Accessing facility and service memorandums and SOPs, Mosby's procedure manual and Krames education materials					C D			D V				
Report of Contact (VA form 119)					C D			D V				

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Emergency Department

<b>Method of Instruction Key:</b> M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	<b>Method of Evaluation Key:</b> D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Validation of Competency			
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Patient compliant procedure-resolve at the point of service, then follow chain of command for resolutions prior to referring to the patient advocate (ICARE) Integrity, Commitment, Advocacy, Respect, Excellence								
Verbal/telephone order and procedure (read back) MCM 11-17					PP			D V
Advanced Directives (CPRS face sheet location, VISTA Imaging location)					PP			D V
<b>B. SAFETY/INFECTON CONTROL</b>								
Patient identification procedure (full name, full social)					PP C			D O V
Universal Protocol – PPE carts, Isolation signs					PP C VT			D O V
Code Cart, RRT procedures (code cart location and QA checks)					PP C			D O V
Completion of respiratory fit testing					PP C			D O V
AMA Process					PP C			D O V
Review of Emergency Operation Procedures (red book)					PP C			D O V
MSDS sheet review (locate book on unit)					PP C			D O V
Oxygen cut off valve location and procedure					PP C			D O V
Infection Control (manual location and unit procedures for isolation) MRSA swabbing procedures, hand washing expectations (NO hand gel, SOAP ONLY for CDIFF)					PP C			D O V
Fire alarm and extinguisher locations and procedures (RACE, PASS, Evacuation locations and fire rated doors)					PP C			D O V
Arm Band Color notifications					PP C			D O V
Incident Reporting					PP C			D O V
AND/DNR procedures (including procedure for resident or attending orders)					PP C			D O V
Reusable Medical Equipment (RME) Procedures including non-critical cleaning					PP C			D O V
Fall Prevention, Sitter Algorithm, Restraints					PP C E			D O V
Ticket to Ride process					PP C E			D O V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Emergency Department

<b>Method of Instruction Key:</b> M=Manager Discussion <b>PP</b> = Protocol/Procedure/ Memorandum Review <b>E</b> = Education Session <b>S</b> = Self Learning Package (TMS, Swank) <b>C</b> = Clinical Practice <b>D</b> = Demonstration/simulation <b>V T</b> = Validation Tool required	<b>Method of Evaluation Key:</b> <b>D</b> = demonstration <b>O</b> = observed <b>V</b> = verbalized <b>P</b> = Post test	Self-Assessment by Employee			Validation of Competency			
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Handoff Communications					PP C E			D O V
SBAR Report					PP C E			D O V
New admit/post procedure vitals process					PP C			D O V
Blood product administration (memorandum and procedures)					PP C			D O V
Patient Transfer (In house, Inter Facility and Outside)					PP C E			D O V
Suicide Precautions (1:1 observation within arm length)					C D			D O V
Temp Trak					C D			D O V
O2 tank security procedure					C D			D O V
<b>C. EQUIPMENT, TUBES, DRAINS</b>								
Blood glucose monitor procedures (includes hypoglycemia, protocol expectations)					PP E C D VT			D O V
Wireless Phone/phones/phone extensions					C D			D O V
Bladder Scanner					C D			D O V
Philips Monitors (in room and central station)					C D			D O V
Ventilator					C D VT			D O P
IV Pumps					C D VT			D O V
Invasive monitoring pressure lines (CVP, swan ganz, art line, etc.)					C D VT			D O V
Warming/cooling blanket (Bair Hugger)					C D			D O V
AccuVein					C D VT			D O V
EKG 12 Lead					C D VT			D O V
Code Cart - ZOLL					C D VT			D O V
Doppler					C D			D O V
Compression Device-SCDS					C D			D O V
Sara Steady					VT			D O V
Sky Lift					VT			D O V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
ARJO Lift					VT			D O V
Hover Mat					VT			D O V
Thermometers (temporal & rectal)					C D			D O V
Tracheostomy					C D			D O V
Chest Tube					C D VT			D O V
Pneumostat Device					VT			D O V
Minnesota Tube (insertion and care of)					C D VT			D O V
Transport monitors (Zoll, Philips)					C D VT			D O V
<b>D. NURSING PROCESS/DOCUMENTATION</b>								
Initial Nursing Assessment 1 & 2 (CPRS)					PP C D			D O
Nursing Plan of Care (CPRS)					PP C D			D O
Reassessment (per unit specific standards of care)					PP C D			D O
Consults					C D			D O
PRN Effectiveness					PP C D			D O
View Alerts					C D			D O
Encounter Education					E, C, D			D O
Procedure Capture					E, C, D			D O
Telephone Orders					C D			D O
Progress Notes					PP C D			D O
Foley Note					C D			D O
D/C Instructions					C D			D O
Central line note					C D			D O
MSRA- Orders/Document					C D			D O

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Emergency Department

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Immunization Flu/ Pneumonia					C D			D O
ePER- Post Fall Note					C D			D O
Vital Signs & Weights					C D			D O
Pre-procedure note					C D			D O
Documentation of EKG strips					C D			D O
Skin Initial and Re-assessment Notes					C D			D O
Heparin drip initial and continuation notes					C D			D O
Heparin drip/Insulin drip double verified					PP C D			D O
Floating to other nursing units (tour of unit/documentation/standards of care)					PP C D			D O V
<b>E. MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES</b>								
Medication Use Manual (Application Server)					PP C D			D O V
Medication Administration Policy (MCM 118-06)					PP C D			D O V
Blood Administration (PCS SWT 118-002; MCM's 113-01, 113-02, & 113-03)					PP C D VT			D O V
Nurse Driven Protocols (C-diff, etc.)					C D			D O V
Skin Care / Wound Care Protocols					C			D O V
Fall Prevention Protocol					C			D O V
Central Line Bundle					C			D O V
PICC/Implantable Device					C VT			D O V
Alaris infusion pump/modules/PCA/Epidural					C VT			D O V
Heparin Protocol					C			D O V
Continuous SubQ					C VT			D O V
IV Bag & Tubing Change					C			D O V
Hypoglycemia					C			D O V



Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
CAUTI bundle					C			D O V
High risk, High alert Medication Precautions (like sounding drugs not stored together, TALL man lettering)					C D			D O V
Preventing misconnections (trace back prior to connecting any tubing)					C D			D O V
Phlebotomy (general)					C D VT			D O V
Phlebotomy (Blood cultures)					C D VT			D O V
Insulin protocol					C D			D O V
Stroke protocol					C D			D O V
Electrolyte protocol					C D			D O V
End of Life Care (ELNEC) Palliative Care for Critical Care (Computer training)					C D			D O V
EZ-IO					C D VT			D O V
EJ (external jugular) IV insertion					C D VT			D O V
EDIS & BMS access and instruction					C D			D O V
Sepsis protocol					C D			D O V
CIWA-Ar(Clinical Institute Withdrawal Assessment – Alcohol – revised) Swank 414					S C D VT			D O V
EKG test (contact Jennifer Drumm RN, CNE to schedule)					S C			P
BKAT test (contact Jennifer Drumm RN, CNE to schedule)					C			P

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse Employee Name: \_\_\_\_\_ Unit: Emergency Department

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Endo

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
<b>A. GETTING INTO THE SYSTEM</b>								
Attends New Employee Orientation and Patient Care Orientation		N/A			E,S			D,V
Attends appropriate computer training (CPRS, VISTA)					M			D,V
Meets with Manager for Initial meeting/paperwork (Functional statement/Position description, unit expectations, locker assignment, keys, key pad accesses, tour)					M			D,V
Functional statement/Position description, unit expectations								D,V
Locker assignment, key pad accesses								D,V
Schedule, assignment of preceptor, orientation expectations								D,V
Tour- Endoscopy suite								D,V
Provides copy of BLS and ACLS cards, manager reviews requirements and expectations (ie, NO LAPSE)								D,V
Unit communications								D,V
• Chain of command for nursing and physicians								D,V
• Telephone, copier, fax, VA and UK pager systems								D,V
• On call schedule								D,V
• Unit staffing schedule, requesting time off								D,V
• PI boards and activities								D,V
Clinical Privileges look up for Resident and Attending physicians					D			O
Accessing facility and service memorandums, Lippincott and Mosby procedure manuals					D			O
Incident reporting					D			O
Report of Contact					D			O
Patient complaint procedure – resolve at the point of service, then follow chain of					D			V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Endo

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
command for resolution prior to referring to the patient advocate (ICARE) Integrity, Commitment, Advocacy, respect, Excellence					D			V
Advanced Directives (CPRS face sheet location, VISTA imaging location)					D			V,O
<b>B. SAFETY/INFECTION CONTROL</b>								
Patient identification procedures (full name, full social)					D			D
Universal Protocol					D, VT			D
Code Cart or AED, RRT procedures (code cart location and QA checks)					D,VT			D
Completion of respiratory fit testing					E			V
Review of Emergency Operations Procedures (red book)					D			O
MSDS sheet review (locate and search)					D			O
Oxygen cut off valve location and procedure					D			D,O
Infection Control (manual location and unit procedures for isolation)- handwashing expectations "No hand gel, soap only for C Diff"					D			D,O
Fire alarm and extinguisher location and procedures (RACE, PASS, evacuation locations and fire rated doors)					D			O
Arm Band Color notifications					D,C			O
DNR procedures (including procedures for resident or attending orders)					D			O
Reusable Medical Equipment Procedures including non critical cleaning schedule, RME Comp for required equipment					D,C, RME Comp			D,O
High risk, high alert medication precautions (like sounding drugs not stored together, TALL man lettering)					D,C			D,O
Ticket to Ride process and handoff communication (SBAR report)					D,C			D,O
Proper Endoscopy attire					D			D,O
PPE (Personal Protective Equipment)					E			O

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Endo

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Suicide Precautions (1:1 observation within arm length)					C,D			D, O, V
Temp Trak					C, D			D, O, V
Timeout Process					E,C,D			O,D
Room Sign System (i.e.latex allergy, MRSA, contact isolation)					C,D			O,D
Fire Risk protocol					E			O
Moderate Sedation TMS Module					E,C,D,			O,D
Check biological Indicator					D			O,D
Blood product administration (memorandum and procedures)/Blood Order form					D			O,D
Assessing sterilized package or container- integrity and expiration date prior to opening					E,D			O,D
<b>C. EQUIPMENT, TUBES, and DRAINS</b>								
1. Crash Cart/ Defibrillator					PP,C,D			D,O
2. Phillips monitors					C,D,VT			D,O
3. Cautery/ESU					PP,C,D			D,O
4. ERBE					PP,C,D			D,O
5. Light Source					PP,C,D			D,O
6. Wall Suction					PP,C,D			D,O
7. Oxygen Set-up					C,D			D,O
8. Flexible Endoscopes					C,D,VT			D,O
9. Accessory Equipment (disposable reusable items for endoscopes)					C,D,VT			D,O
10. EndoWorks					C,D			D,O
11. CPRS/VISTA					PP,E,C,D			D,O
12. GE C-arm					C,D			D,O

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Endo

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
13. ERCP scope					C,D			D,O
14. Travel Cart					C,D			D,O
15. Staff Refrigerator/Breakroom					C			D,O
16. PEG, J Tube, G tube					C,D			D,O
<b>D. NURSING PROCESS/DOCUMENTATION</b>								
Demonstrates nursing assessment appropriate to patient acuity					C,D			D,O
Nursing Plan of Care (CPRS)					C,D			D,O
Completion of Moderate Sedation Form					C,D			D,O
View Alerts					C,D			D,O
D/C Instructions					C,D			D,O
Care of the patient with the following procedures: <ul style="list-style-type: none"> <li>Colonoscopy</li> <li>EGD</li> <li>ERCP</li> <li>PEG</li> <li>Bronchoscopy</li> </ul>					E,C,D, VT			D,O
Pre-Procedural Checklist with Medication Reconciliation					C,D			D,O

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Endo

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
<ul style="list-style-type: none"> <li>H/P –within 30 days</li> <li>IMED Consent- within 60 days</li> <li>Verify Physician/Surgeon Privileges</li> <li>Lab Review</li> <li>Allergies</li> <li>Identify patients armband intact</li> <li>Timeout Performed prior to procedure</li> <li>Proper labeling of medications, solutions</li> <li>Specimen identification (collection/identification)</li> </ul>					C,D			D,O
					C,D			D,O
					C,D			D,O
					C,D			D,O
					C,D			D,O
					C,D			D,O
					C,D			D,O
					C,D			D,O
					C,D			D,O
On Call Duties					C,D			D,O
<ul style="list-style-type: none"> <li>Posting of Emergency Case</li> <li>Set up travel cart</li> <li>Gather supplies and scopes needed</li> <li>Go to proper unit</li> <li>Information transfer to EndoWorx</li> </ul>					C,D			D,O
					C,D			D,O
					C,D			D,O
					C,D			D,O
					C,D			D,O
<b>E. MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES</b>								
Medication Use Manual					D			D
Medication Administration Policy					D,E			D,O
Blood Administration Memorandum					D,E			D,O
Falls Prevention Protocol					D			D,O
Omniceil Use					C,D			D,O
Moderate Sedation (TMS course #32979)					E, C, D			D, O, V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse Employee Name: \_\_\_\_\_ Unit: Endo

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date \_\_\_\_\_



Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: OR

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Validation of Competency								
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)					
<b>A. GETTING INTO THE SYSTEM</b>													
Attends New Employee Orientation and Patient Care Orientation		N/A											
<ul style="list-style-type: none"> <li>Attends appropriate computer training (CPRS, VISTA)</li> </ul>					E,S								
Meets with Manager for Initial meeting/paperwork (Functional statement, unit expectations, locker assignment, keys, key pad accesses, tour)					M								
<ul style="list-style-type: none"> <li>Functional statement, unit expectations</li> </ul>					M								
<ul style="list-style-type: none"> <li>Locker assignment, key pad accesses</li> </ul>													
<ul style="list-style-type: none"> <li>Schedule, assignment of preceptor, orientation expectations</li> </ul>													
<ul style="list-style-type: none"> <li>Tour- PreAc/PACU/Intra-OP</li> </ul>													
<ul style="list-style-type: none"> <li>Provides copy of BLS card, manager reviews requirements and expectations (ie, NO LAPSE)</li> </ul>													
Unit communication													
<ul style="list-style-type: none"> <li>Chain of command for nursing and physicians</li> </ul>													
<ul style="list-style-type: none"> <li>Telephone, copier, fax, VA and UK pager systems</li> </ul>													
<ul style="list-style-type: none"> <li>On call schedule</li> </ul>													
<ul style="list-style-type: none"> <li>Unit staffing schedule, requesting time off</li> </ul>													
<ul style="list-style-type: none"> <li>Assignment Board/Turn List</li> </ul>													
Clinical Privileges look up for resident and attending physicians					D			O					
Accessing facility and service memorandums, Lippincott and Mosby procedure manuals					D			O					
Incident reporting					D			O					
Report of Contact					D			O					
Patient complaint procedure – resolve at the point of service, then follow chain of command for resolution prior to referring to the patient advocate (ICARE) Integrity, Commitment, Advocacy, Respect, Excellence					D			V					

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Advanced Directives (CPRS face sheet location, VISTA imaging location)					D			V,O
In House Tube System					D			D,O
<b>B. SAFETY/INFECTION CONTROL</b>								
Patient identification procedures (full name, full social)					D			D
Universal Protocol					D VT			D
Code Cart or AED, RRT procedures (code cart location and QA checks)					D,VT			D
Completion of respiratory fit testing					E			V
Review of Emergency Operations Procedures (red book)					D			O
MSDS sheet review (locate and search)					D			O
Oxygen cut off valve location and procedure					D			D,O
Infection Control (manual location and unit procedures for isolation)- handwashing expectations (NO hand gel SOAP ONLY for CDIFF)					D			D,O
Fire alarm and extinguisher location and procedures (RACE, PASS, evacuation locations and fire rated doors)					D			O
Arm Band Color notifications					D,C			O
Temp Trak					C ,D			D O V
Suicide Precautions (1:1 observations within arm length)					C, D			D O V
DNR procedures (including procedures for resident or attending orders)					D			O
Reusable Medical Equipment Procedures including non critical cleaning schedule, RME Comp for required equipment					D,C, RME Comp			D,O
Surgical Sterile Skin Prep					D,C			D,O
High risk, high alert medication precautions (like sounding drugs not stored together, TALL man lettering)					D,C			D,O
Ticket to Ride process and handoff communication (SBAR report)					D			D,O
Proper OR attire					E			O
PPE (Personal Protective Equipment)					E,C,D			O,D

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: OR

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Timeout Process					C,D			O,D
Room Sign System (i.e.latex allergy, MRSA, contact isolation					E			O
Fire Risk protocol (intra-op)					E,C			O,D
Malignant Hyperthermia CPRT/Protocal (Swank Course 206)					E,C,D,			O,D
Assessing sterilized package or container- integrity and expiration date prior to opening					D			O,D
Check biological Indicator					D			O,D
Blood product administration (memorandum and procedures)/Blood Order form					E,D			O,D
<b>C. EQUIPMENT, TUBES, DRAINS</b>								
Specialty OR Table and attachments/transport stretchers					C,D			D,O
Suctions (start and end of case)					C,D			D,O
Electrocautery/Smoke/evacuator/Bipolar/Harmonic/Ligasure/Stryker System/Flow Trons/Video Routing system					C,D			D,O
Location (Nitrogen, Co2, O2)					C, D			D,O
Basic Operation of Anesthesia Machine (vital sign, pulse ox, Blood pressure)					C,D			D,O
<b>ORTHO:</b> Fracture table, Beach chair, arthroscopy equipment, Tourniquets, Cast cart, Bone cement, Neptune, Shaver system, Hand table, Leg holder, Toga System, Mini C-Arm, Overhead lights, X-ray Badges/Aprons, Linen, Booms, Arthroflo/TPS System, Crash Cart, Endoscopy Carts					C,D, VT (RME)			D,O
<b>UROLOGY:</b> Urology table, Urology irrigation and fluid system, Catheters, Stents, Guidewires, Purc. Neph Cart, Yellow Fins, Holmium Laser					C,D C,D, C,D,VT (RME)			D,O D,O
<b>VASCULAR:</b> Doppler, Embolectomy catheters, Cardiovascular patches, Vascular grafts, Endoscopy carts (Cordis Cart, Endo cart x2, Graft Cart) Tunnelers, Greenfield filters, Vascular bed					C,D C,D C,D			D,O D,O D,O

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Power Injector (Med Red)					C,D,VT (RME)			D,O
<b>THORACIC:</b> Olympus Bronch Cart, Storz Mediastinoscopy cart, Adult/Pediatric Bronchoscopy scopes, Fluid Warmer, Headlights, Chest tubes, Bean Bag, Axillary Roll, Pillows, Sternal Saw Zoll Internal Paddles					C,D C,D C,D C,D,VT, RME			D,O D,O D,O D,O
<b>PLASTICS:</b> Leica MicroScope, Mesh Graft, Dermatone System					C,D			D,O
<b>ENT:</b> ENT Microscope, NIMS Monitor, ENT Scopes, ENT Cart, Sharplan Co2 Laser					C,D C,D,VT, RME			D,O D,O
<b>OPHTHALMOLOGY:</b> Ophthalmology Microscopes, Cryo Machine, Vitrectomy Machine, Ophthalmology Carts ( Lens, BSS, etc.) Eye stretcher and attachments					C,D C,D			D,O D,O
Infinity/Handpiece Machine Set-up					C,D,VT, RME			D,O
IRIDEX Laser					C,D,V			D,O
<b>NEURO:</b> Wilson frame, Irrigating Bipolar, Midex Rex, Neuro Microscope, chest gel rolls, Mayfield Headrest, Proneview, CUSA					C,D, VT, RME C,D			D,O D,O
CUSA					C,D,VT, RME			D,O
<b>GENERAL:</b> Laparoscopic Carts, Staple cart, Yellow Fins, PEG Tubes, Implantable Ports, Tissell System, Foot Board, Clippers					C,D C,D			D,O D,O
Surgical Grade RME					C,D,VT, RME			D,O
<b>D. NURSING PROCESS/DOCUMENTATION</b>								
Demonstrates nursing assessment appropriate to patient acuity					C,D			D,O
Nursing Plan of Care (CPRS)					C,D			D,O

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Skin initial and re-assessment notes					C,D			D,O	
PreSurgical Checklist					C,D			D,O	
<ul style="list-style-type: none"> <li>H/P –within 30 days</li> <li>24 hour interval Note</li> <li>Attending Note –within 30 days</li> <li>IMED Consent- within 60 days</li> <li>Verify Surgeon Privileges</li> <li>Labs</li> <li>Blood Availability</li> <li>Implants</li> <li>Allergies</li> <li>Identify patients armband intact</li> <li>Timeout Performed prior to surgery</li> <li>Count verification with surgical team</li> <li>Monitors self and others within sterile field</li> <li>Blood scan with return to refrigerator (log in/out)</li> <li>Proper labeling of medications, solutions</li> <li>Specimen identification (log in/out)</li> </ul>					C,D C,D C,D C,D C,D C,D C,D C,D C,D C,D C,D C,D C,D C,D C,D C,D C,D C,D			D,O D,O D,O D,O D,O D,O D,O D,O D,O D,O D,O D,O D,O D,O D,O D,O D,O	
On Call Duties					C,D			D,O	
<ul style="list-style-type: none"> <li>Keys location: Pickup and drop off</li> <li>Proper locking protocol for surgical suite</li> <li>Return Blood</li> <li>Order Case Cart</li> <li>Back up Carts (location)</li> <li>Posting of Emergency Case</li> </ul>					C,D C,D C,D C,D C,D C,D			D,O D,O D,O D,O D,O D,O	

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)	
<ul style="list-style-type: none"> <li>Replacing of Back-up Carts (SPD)</li> <li>Call EMS Supervisor for room clean up</li> <li>Post Mortem Care/Morgue</li> </ul>					C,D C,D			D,O D,O	
<b>MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES</b>									
Medication Use Manual					D			D	
Medication Administration Policy (118-x)					D,E			D,O	
Blood Administration (Memorandum 113-03)					D,E				
Skin Care Protocols					D			D,O	
Fall Prevention Protocol					D			D,O	
<b>E. BASIC ORIENTATION TO SURGICAL PROCEDURES</b>									
<b>Cases: GU</b>									
<ul style="list-style-type: none"> <li>Nephrectomy</li> </ul>					C,D			D,O	
<ul style="list-style-type: none"> <li>Cystectomy</li> </ul>					C,D			D,O	
<ul style="list-style-type: none"> <li>Suprapubic Prostatectomy</li> </ul>					C,D			D,O	
<ul style="list-style-type: none"> <li>Pelvic Lymph Node Dissection</li> </ul>					C,D			D,O	
<ul style="list-style-type: none"> <li>Hydrocele/Spermatocele</li> </ul>					C,D			D,O	
<ul style="list-style-type: none"> <li>Artificial Sphincter</li> </ul>					C,D			D,O	
<ul style="list-style-type: none"> <li>Penile Implant</li> </ul>					C,D			D,O	
<ul style="list-style-type: none"> <li>Urethroplasty</li> </ul>					C,D			D,O	
<ul style="list-style-type: none"> <li>Percutaneous Nephrolithotomy</li> </ul>					C,D			D,O	
<ul style="list-style-type: none"> <li>Lap Assisted Nephrectomy</li> </ul>					C,D			D,O	
<ul style="list-style-type: none"> <li>Perineal</li> </ul>					C,D			D,O	
<b>Cases: NEURO</b>									

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• VP/TP stunt					C,D			D,O
• Craniotomy					C,D			D,O
• Laminectomy					C,D			D,O
• Micro Descectomy					C,D			D,O
• Carotid Endarterectomy					C,D			D,O
• Carpal Tunnel Release					C,D			D,O
• Ulnar Nerve Transposition					C,D			D,O
• Transphenoidal					C,D			D,O
• ACDF					C,D			D,O
• Lumbar Fusion					C,D			D,O
<b>Cases: ENT</b>								
• Endoscopies					C,D			D,O
• Endoscopies with Microscopes					C,D			D,O
• Tonsillectomy					C,D			D,O
• Tympanoplasty					C,D			D,O
• Stapedectomy					C,D			D,O
• Tympano/Mastoidectomy					C,D			D,O
• Caldwell Luc					C,D			D,O
• Septoplasty					C,D			D,O
• Septorhinoplasty					C,D			D,O
• Rhinoplasty					C,D			D,O
• Facial Fracture					C,D			D,O
• Neck Dissection					C,D			D,O
• Laryngectomy					C,D			D,O
• Tracheostomy					C,D			D,O

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• Free Flap					C,D			D,O
<b>Cases: PLASTICS</b>								
• Skin Grafts					C,D			D,O
• Dermabrasion					C,D			D,O
• Free Flap					C,D			D,O
• Liposuction					C,D			D,O
• Breast Reduction/Implants					C,D			D,O
• Lump & Bump					C,D			D,O
• Carpal Tunnel release					C,D			D,O
• Hand/Finger Fractures					C,D			D,O
<b>Cases: OPHTHALMOLOGY</b>								
• Cataract with IOL Implant					C,D			D,O
• Virectomy					C,D			D,O
• Detached Retina					C,D			D,O
• Scleral Buckle					C,D			D,O
• Enucleation					C,D			D,O
• Corneal Transplant					C,D			D,O
• Muscle Procedure					C,D			D,O
• Lid Procedures					C,D			D,O
• Dacrocystorhinostomy (DCR)					C,D			D,O
• Trabeculectomy					C,D			D,O
• Glaucoma/Filter					C,D			D,O
<b>Cases: VASCULAR</b>								
• Carotid Endarterectomy					C,D			D,O
• AAA					C,D			D,O



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• Endo Cases					C,D			D,O
• Aorta-Bifemoral Bypass					C,D			D,O
• Fem-Fem Bypass					C,D			D,O
• Fem-Pop Bypass					C,D			D,O
• Insitu Bypass					C,D			D,O
• AVF					C,D			D,O
• Thrombectomy					C,D			D,O
• Greenfield Filter					C,D			D,O
• Axalo-Fem Bypass					C,D			D,O
• Cannon Cath					C,D			D,O
• Amputations					C,D			D,O
<b>Cases: GENERAL</b>								
• Hernia					C,D			D,O
• Cholecystectomy					C,D			D,O
• Liver Resections					C,D			D,O
• Gastrectomy					C,D			D,O
• APR Resection					C,D			D,O
• Hemorrhoidectomy					C,D			D,O
• Bowel Resections					C,D			D,O
• Lap Chole					C,D			D,O
• Lap Hernia					C,D			D,O
• Whipple					C,D			D,O
• Porta Cath					C,D			D,O
• Lap Appy					C,D			D,O
• Appendectomy					C,D			D,O

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
<b>Cases: CT</b>								
• Bronchoscopy					C,D			D,O
• Mediastinoscopy					C,D			D,O
• Thoracotomy					C,D			D,O
• Thoracoscopy					C,D			D,O
• VATS					C,D			D,O
• EGD					C,D			D,O
<b>Cases: ORTHO</b>								
• Hand cases					C,D			D,O
• Total Hip Replacement					C,D			D,O
• Total Knee Replacement					C,D			D,O
• DHS Hip					C,D			D,O
• Arthroscopy					C,D			D,O
• Shoulder Repair					C,D			D,O
• Ankle Repair					C,D			D,O
• Ex-Fixator					C,D			D,O
• Closed Reductions					C,D			D,O
• ACL/PCL Reconstruction					C,D			D,O
• TFN					C,D			D,O
<b>Cases: PODIATRY</b>								
• Bunionectomy					C,D			D,O
<b>Cases: ORAL</b>								
• Full Mouth Extractions					C,D			D,O
• Facial Fracture					C,D			D,O

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Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)					
<b>A. GETTING INTO THE SYSTEM</b>													
Attends New Employee Orientation and Patient Care Orientation <ul style="list-style-type: none"> <li>Takes BKAT-signed up for initial training needed (ICU BKAT, Dysrhythmia,)</li> <li>Attends appropriate computer training (CPRS, BCMA, Care Tracker, ICIP, etc.</li> </ul>		N/A			E E,S  E,S			N/A Attendance record, certification card					
Meets with Manager for Initial meeting/paperwork (Functional statement, unit expectations, locker assignments, keys, key pad accesses, tour)					N/A								
<ul style="list-style-type: none"> <li>Functional statement, unit expectations</li> </ul>					M								
<ul style="list-style-type: none"> <li>Locker assignment, key pad accesses</li> </ul>					M								
<ul style="list-style-type: none"> <li>Schedule, assignment of preceptor, orientation expectations</li> </ul>					M								
<ul style="list-style-type: none"> <li>Tour Pre/AC, PACU, Intra-OP</li> </ul>													
<ul style="list-style-type: none"> <li>Provides copy of BLS card, manager reviews requirements and expectations (i.e. NO LAPSE) - ACLS</li> </ul>													
Unit Communication													
<ul style="list-style-type: none"> <li>Chain of command for nursing and physicians</li> </ul>													
<ul style="list-style-type: none"> <li>Telephone, copier, fax, VA and UK pager systems</li> </ul>													
<ul style="list-style-type: none"> <li>On call schedule</li> </ul>													
<ul style="list-style-type: none"> <li>Unit staffing schedule, requesting time off</li> </ul>													
Clinical Privileges look up for Resident and Attending physicians					D			O					
Accessing facility and service memorandums, Lippincott and Mosby procedure manuals					D			O					
Incident reporting					D			O					
Report of Contact					D			V					

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Patient complaint procedure- resolve at the point of service, then follow chain of command for resolution prior to referring to the patient advocate (ICARE) Integrity, Commitment, Advocacy, Respect, Excellence					D			V
Advanced Directives (CPRS face sheet location, VISTA imaging location)					D			V,O
<b>B. SAFETY/INFECTION CONTROL</b>								
Patient Identification procedures (Full name, Full Social)					D			D
Universal Protocol					P,D, VT			D
Code Cart or AED, RRT procedures (code cart location and QA checks)					D			D
Completion of respiratory fit testing					E			V
Review of Emergency Operations Procedures (Red book)					D			O
MSDS sheet review (locate and search)					D			O
Oxygen cut off valve location and procedure					D			D,O
Infection Control (manual location and unit procedures for isolation) , handwashing expectations- NO hand gel, SOAP ONLY for CDiff					E			D,O
Fire alarm and extinguisher location and procedures (RACE, PASS, evacuation locations and fire rated doors)					D			O
Arm Band Color notifications					D,C			O
DNR procedures (including procedures for Resident or Attending orders)					D			O
Surgical Hand scrub (Avigard)					C,D			O
Verifies package sterility and integrity					D			O
Monitors expiration dates					D			O
Suicide precautions (1:1 observation within arm length)					C, D			D,V,O
Reusable Medical Equipment Procedures including non critical cleaning schedule, floor grade instrumentation					D,C, VT, (RME)			D,O

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High risk, high alert medication precautions (like sounding drugs not stored together, TALL man lettering)					D,C			D,O
Ticket to Ride process and handoff communication (SBAR report)					D			D,O
Proper PACU attire					E			O
PPE (Personal Protective Equipment)					E,C,D			D,O
Timeout Process before Invasive procedure					C,D			D,O
Temp Trak					C, D			D,V,O
Room Sign System (i.e. latex allergy, MRSA, contact isolation)					E			O
Malignant Hyperthermia CPRT/Protocol and location of cart					E,C,D,VT			D,O
Assessing sterilized package or container-integrity and expiration date prior to opening					E,D,C			D,O
Blood product administration (memorandum and procedures) Blood Order form					E,C,D			D,O
<b>C. EQUIPMENT, TUBES, DRAINS</b>								
• Bedside monitor: how to change screen, print out rhythm strip/vitals					D,C			D,O
• Turn on paced capability, arterial line setup/calibration					D,C			D,O
• Bedside stations, contents/computer/suction/code blue button/airway kit					D,C			D,O
• Emergency airway tackle box at Bed 7					D,C			D,O
• Glucometer/procedures for hypoglycemia and hyperglycemia					D,C			D,O,P
• Bearhugger/Blanket warmer Initiate @ 95 degrees or lower					D,C			D,O
• Oxygen tanks: Full/Clean SPD room, empty/dirty SPD room					D,C			D,O
• Trach tray in clean SPD on left, bottom of C-locker					D,C			D,O
• Clippers at Bed 1, 5, 6, 13					D,C			D,O
• EKG machine in SICU clean SPS room					D,C			D,O

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
<ul style="list-style-type: none"> <li>BIS and Doppler in cabinet over sink. CO2 monitor attached to bedside monitor</li> </ul>					D,C			D,O
<ul style="list-style-type: none"> <li>Epidural catheter pump in anesthesia workroom/OR (keys)</li> </ul>					D,C, VT			D,O
<ul style="list-style-type: none"> <li>Patient lifts at Bed 7, 11</li> </ul>					D,C			D,O
<ul style="list-style-type: none"> <li>Malignant Hyperthermia Cart in anesthesia workroom</li> </ul>					D,C			D,O
<ul style="list-style-type: none"> <li>Lipid Rescue Kit is in Omnicell</li> <li>Blood bank refrigerator in Anesthesia workroom</li> </ul>					D D			O O
<b>D. Nursing Process/Documentation</b>								
<ul style="list-style-type: none"> <li>Medication Use Manual</li> </ul>					D,C			D,O
<ul style="list-style-type: none"> <li>Medication Administration Policy</li> </ul>					D,C			D,O
<ul style="list-style-type: none"> <li>Pre and Post Anesthesia care Units (128-01)</li> </ul>					D,C			D,O
<ul style="list-style-type: none"> <li><b>Preoperative</b></li> </ul>								
Documentation is via: VISTA admit time					D,C			D,O
Pre Procedure Progress Note					D,C			D,O
Pre ACU Pre OP Note					D,C			D,O
Initial Skin Assessment (if patient will be admitted)					D,C			D,O
Patient belongings will be documented as given to family members or placed with EMS					D,C			D,O
Patient having ambulatory surgery involving general anesthesia or moderate sedation must have someone to take them home					D,C			D,O
Assure that someone is available to pick up patient and transport to home. This may require calling and confirming information given by the patient					D,C			D,O
<ul style="list-style-type: none"> <li><b>Pre Surgical Check List:</b></li> </ul>								

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: PRE-AC/PACU

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O
					D,C			D,O



Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: PRE-AC/PACU

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
	Utilize Post Operative voiding guidelines as indicated				D,C			D,O
	• Discuss Post Op instructions, follow up appointment, review meds with patient/family				D,C			D,O
	• Give travel voucher/work excuse, and review contact telephone numbers				D,C			D,O

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Amb. Procedure

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency							
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)					
<b>A. GETTING INTO THE SYSTEM</b>													
Attends New Employee Orientation and Patient Care Orientation		N/A			E			N/A					
<ul style="list-style-type: none"> <li>Takes BKAT- signed up for initial training needed (TNCC, Dysrhythmia, ECCO, etc)</li> </ul>					E, S			Attendance record, certification card					
<ul style="list-style-type: none"> <li>Attends appropriate computer training (CPRS, BCMA, Care Tracker, ICIP, etc)</li> </ul>					E, S			Attendance record					
Meets with Manager for Initial meeting/paperwork (Functional statement, unit expectations, locker assignment, keys, key pad accesses, tour)					M			V					
<ul style="list-style-type: none"> <li>Functional statement, unit expectations</li> </ul>					M			V					
<ul style="list-style-type: none"> <li>Locker assignment, keys, key pad accesses</li> </ul>								V					
<ul style="list-style-type: none"> <li>Schedule, assignment of preceptor, orientation expectations</li> </ul>								V					
<ul style="list-style-type: none"> <li>Tour</li> </ul>								V					
<ul style="list-style-type: none"> <li>Provides copy of ACLS/BLS card, manager reviews requirements and expectations (ie, NO LAPSE)</li> </ul>								V					
Unit communication								V					
<ul style="list-style-type: none"> <li>Chain of command for nursing and physicians</li> </ul>								V					
<ul style="list-style-type: none"> <li>Telephone, copier, fax, VA and UK pager systems</li> </ul>								V, D					
<ul style="list-style-type: none"> <li>On call schedule</li> </ul>								V, D					
<ul style="list-style-type: none"> <li>Nurse call system</li> </ul>								V, D					
<ul style="list-style-type: none"> <li>Unit staffing schedule, requesting time off</li> </ul>								V, D					
<ul style="list-style-type: none"> <li>PI board and activities</li> </ul>								V					
Clinical Privileges look up for resident and attending physicians								V, D					

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Amb. Procedure

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Accessing facility and service memorandums, Lippincott and Mosby procedure manuals		N/A			D			D, O
Incident reporting					D			D, O, V
Report of Contact					D			D, O, V
Patient compliant procedure – resolve at the point of service, then follow chain of command for resolution prior to referring to the patient advocate (ICARE) Integrity, Commitment, Advocacy, Respect, Excellence					D			D, O, V
Verbal/telephone order memorandum and procedures (read back)					PP			D, O, V
Advanced Directives (CPRS face sheet location, VISTA imaging location)					D			D, O, V
<b>B. SAFETY/INFECTION CONTROL</b>								
Patient identification procedures (full name, full social)		N/A			D			D, O, V
Universal Protocol					PP, D, VT			D, O, V
Code Cart or AED, RRT procedures (code cart location and QA checks)					D, VT			D, O
Completion of respiratory fit testing					E, D			D, O, V
Review of Emergency Operations Procedures (red book)					D			D, O, V
MSDS sheet review (locate and search)					D			D, O, V
Temp Trak					C, D			D, O, V
Suicide precautions (1:1 observation within arm length)					C, D			D, O, V
Oxygen cut off valve location and procedure					D			D, O, V
Infection Control (manual location and unit procedures for isolation)- MRSA swabbing procedures, handwashing expectations( NO hand gel, SOAP ONLY for Cdiff					D			D, O, V
Fire alarm and extinguisher location and procedures (RACE, PASS, evacuation					D			D, O, V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Amb. Procedure

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
locations and fire rated doors)								
Arm Band Color notifications					D			D, O, V
DNR procedures (including procedures for resident or attending orders)					D			D, O, V
Reusable Medical Equipment Procedures including non critical cleaning schedule					D			D, O, V
High risk, high alert medication precautions (like sounding drugs not stored together, TALL man lettering)					D			D, O, V
Ticket to Ride process and handoff communication (SBAR report)					D			D, O, V
Preventing misconnections (trace back prior to connecting any tubing)					D			D, O, V
Post procedure vitals (unless otherwise ordered: Q15min x 4, every 30 min x 4, hourly x 4 or until patient becomes stable)					D C			D, O, V
Blood product administration (memorandum and procedures)					D C			D, O, V
<b>C. EQUIPMENT, TUBES, DRAINS</b>								
Blood glucose monitor procedures (includes hypoglycemia protocol expectations)					D C			D, O, V
Safe Patient Handling:					D C			D, O, V
Zoll Defibrillator/Crash Cart					D C VT			D, O, V
IV Pump/IV Procedures					D C			D, O, V
Procto clinic equipment					D C			D, O, V
Vital sign equipment					D C			D, O, V
								D, O, V
<b>D. NURSING PROCESS/DOCUMENTATION</b>								
Demonstrates nursing assessment appropriate to patient acuity					D C			D, O, V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Amb. Procedure

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Pre procedure assessment and care					D C			D, O, V
Post procedure assessment and care					D C			D O V
Post procedure discharge teaching and process					D C			D O V
Special procedures i.e. Liver biopsy, Lung biopsy, Kidney biopsy, paracentesis, Thoracentesis, myelogram					D C			D O V
Nursing care for complications					D C			D O V
General Surgery Procedure clinic					D C			D O V
Heart Cath, Procto Clinic, Cardioversions, Generator changes					D C			D O V
Ambulatory Procedure Pre-Note/Med Reconciliation					D C			D O V
Pre-Procedure Progress Note					D C			D O V
Ambulatory Procedure Post Note					D C			D O V
Ambulatory Procedure Discharge Note					D C			D O V
Documentary Vital Signs					D C			D O V
Post Fall Note					D C			D O V
Ambulatory Surgery Minor Procedure Pre/Post Note					D C			D O V
Nursing Note					D C			D O V
Informed Consent Procedures					D C			D O V
Conscious Sedation documentation (Review)					D C			D O V
Teaching Sheets					D C			D O V
<b>MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES</b>								
Medication Use Manual					PP, D, C			D, O, V
Medication Administration Policy (118-x)					PP, D, C			D, O, V
Blood Administration (Memorandum number here)					PP, D, C			D, O, V

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Amb. Procedure

<u>Method of Instruction Key:</u> M=Manager Discussion <b>PP</b> = Protocol/Procedure/ Memorandum Review <b>E</b> = Education Session <b>S</b> = Self Learning Package (TMS, Swank) <b>C</b> = Clinical Practice <b>D</b> = Demonstration/simulation <b>V T</b> = Validation Tool required	<u>Method of Evaluation Key:</u> <b>D</b> = demonstration <b>O</b> = observed <b>V</b> = verbalized <b>P</b> = Post test	Self-Assessment by Employee				Validation of Competency				
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)		
		Nursing Driven Protocols: Pre-Procedure Protocol					PP, E, C			D, O, V
		Fall Prevention					PP, E, C			D, O, V
		Bicarb drip					E, C			D, O, V
		Omnicell					E, C, D			D, O, V
		Activating Outpatient Meds					E, C, D			D, O, V
		Ordering Albumin					E, C, D			D, O, V
		Ordering meds from pharmacy for patient and the unit					E, C, D			D, O, V

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Pain Clinic

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency						
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)				
<b>A. GETTING INTO THE SYSTEM</b>												
Attends New Employee Orientation and Patient Care Orientation					E			D O V				
<ul style="list-style-type: none"> <li>Attends appropriate computer training (CPRS, TMS, Swank, Omnicell, ect.)</li> </ul>					E			D O V				
Meets with Manager for Initial meeting/paperwork (Functional statement, unit expectations, locker assignment, keys, key pad accesses, tour)					M							
<ul style="list-style-type: none"> <li>Functional statement, unit expectations</li> </ul>					M			D				
<ul style="list-style-type: none"> <li>Locker assignment, keys, key pad accesses</li> </ul>					M			V				
<ul style="list-style-type: none"> <li>Schedule, assignment of preceptor, orientation expectations</li> </ul>					M			O				
<ul style="list-style-type: none"> <li>Tour</li> </ul>					M			O				
<ul style="list-style-type: none"> <li>Provides copy of ACLS card, manager reviews requirements and expectations (ie, NO LAPSE)</li> </ul>					M			O				
Unit communication					E			V				
<ul style="list-style-type: none"> <li>Chain of command for nursing and physicians</li> </ul>					E			V				
<ul style="list-style-type: none"> <li>Telephone, copier, fax, VA and UK pager systems</li> </ul>					E			D,V				
<ul style="list-style-type: none"> <li>On call schedule</li> </ul>					E			D				
<ul style="list-style-type: none"> <li>Unit staffing schedule, requesting time off (types of leave),</li> </ul>					E			D, V				
<ul style="list-style-type: none"> <li>PI board and activities</li> </ul>					E			V				
Clinical Privileges look up for resident and attending physicians					D, E			D				
Accessing facility and service memorandums, Lippincott and Mosby procedure manuals					D, E			D				

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Pain Clinic

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Validation of Competency		
		Never Done	Needs Review/ Practice	Competent	Method of Instruction (Use Instruction Key on Left)	Date	Evaluation Method (Use Evaluation Key on Left)
Incident reporting					E, C, D		D
Report of Contact					E, C, D		D
Patient compliant procedure – resolve at the point of service, then follow chain of command for resolution prior to referring to the patient advocate (ICARE) Integrity, Commitment, Advocacy, Respect, Excellence					E, C, D		V
Verbal/telephone order memorandum and procedures (read back)					E, C, D		V
Advanced Directives (CPRS face sheet location, VISTA imaging location)					E, C, D		V
<b>B. SAFETY/INFECTION CONTROL</b>							
Patient identification procedures (full name, full social)					P, P, C, D		D, O
Universal Protocol					P, P, C, D, VT		D, V
Code Cart or AED, RRT procedures (code cart location and QA checks)					P, P, E, VT		D, V
Completion of respiratory fit testing					E, D		D, O, V
Temp Trak					C, D		D, V, O
Suicide precautions (1:1 observation within arm length)					C, D		D, V, O
Review of Emergency Operations Procedures (red book)					D		
MSDS sheet review (locate and search)					E, D		V
Oxygen cut off valve location and procedure					E		V
Infection Control (manual location and unit procedures for isolation)- MRSA swabbing procedures, handwashing expectations( NO hand gel, SOAP ONLY for CDiff)					E, D		D, V
Fire alarm and extinguisher location and procedures (RACE, PASS, evacuation locations and fire rated doors)					E, D		V



Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Pain Clinic

Method of Instruction Key: M=Manager Discussion PP = Protocol/Procedure/ Memorandum Review E = Education Session S = Self Learning Package (TMS, Swank) C = Clinical Practice D = Demonstration/simulation V T= Validation Tool required	Method of Evaluation Key: D = demonstration O = observed V = verbalized P = Post test	Self-Assessment by Employee			Method of Instruction (Use Instruction Key on Left)	Validation of Competency		
		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Reusable Medical Equipment Procedures including non critical cleaning schedule								D,O
Chart Check Unit process					E, D			D, O, V
High risk, high alert medication precautions (like sounding drugs not stored together, TALL man lettering)					E, C			D, O, V
Ticket to Ride process					E, D			D, O, V
Handoff communication (SBAR report)					E, D			D, O, V
Blood product administration (memorandum and procedures)					PP			D
Incident Reporting (ASSIST) (EPIR)					E, D			D, O, V
<b>C. EQUIPMENT, TUBES, DRAINS</b>								
Blood glucose monitor procedures (includes hypoglycemia protocol expectations)					VT			D
Electronic thermometer, Blood Pressure Machine and pulse oximeter					E,D			D, O
Oxygen tanks					D			D, O
Wall and portable suction					D			D, O
Defibrillator					VT			D
scales					D			D, O
Ceiling/maxi mover lift					E, VT			D, O
Evacuation chair					E, VT			D, O
Stryker stretcher					D			D, O
Baylis Generator					E, VT			D,O
<b>D. NURSING PROCESS/DOCUMENTATION</b>								
Demonstrates nursing assessment appropriate to patient acuity					D			D
Intake notes					D			D
Clinical Reminders (learning readiness, med reconciliation, Immunization Flu/					D			D

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse

Employee Name: \_\_\_\_\_

Unit: Pain Clinic

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		Never Done	Needs Review/ Practice	Competent		Date	Initials	Evaluation Method (Use Evaluation Key on Left)
Pneumonia)								
Plan of Care					D			D
Exit notes					D			D
Patient Education (barriers, resources)					D			D
Consults					D			D
View Alerts					D			D
Surrogates					D			D
Telephone/Policy Orders					D			D, V
Nursing Notes (OPC notes, chart checks)					D			D
Vital Signs & Weights					D			D
EPIR					D			D
Transfer note					D			D
Post Fall note					D			D
Injection note					D			D
Outpatient Nurse Control note					D			D
Encounters					D			D
<b>MEDICATION ADMINISTRATION, PROTOCOLS, BUNDLES</b>								
Medication Use Manual					E, D			D
Medication Administration Policy					PP, E, D			D
• Storage/security (oral/injections) double lock					E, D			D, O
• Reordering medications for OPC					E, D			D, O

Lexington VA **Orientation** Competency Checklist

Position Title: Registered Nurse Employee Name: \_\_\_\_\_ Unit: Pain Clinic

Preceptor Signatures:

Preceptor Initials	Preceptor Signatures	Preceptor Initials	Preceptor Signature

Employee and Supervisor Signature (completion of orientation):

Employee: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date \_\_\_\_\_