

## Procedural Sedation nitrous oxide accreditation – skill

### Competency statement

The nurse assesses and prepares a child and family for a procedure and safely and effectively administers nitrous oxide throughout the procedure.

<b>ALERT</b>	<b>This competency should follow the procedural sedation nitrous oxide accreditation – theory competency. Nurses must attain the competency elements INDEPENDENTLY in order to be considered competent</b>
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Competency elements	Date	Signed
<ol style="list-style-type: none"> <li>1. State when a sedation period starts and ends</li> <li>2. Describe the function of the Nitrous Oxide delivery unit components.</li> <li>3. Assemble the disposable equipment required for nitrous oxide administration</li> <li>4. Demonstrate a safety check of the nitrous oxide and emergency equipment prior to the start of the procedure</li> <li>5. State the two built in safety features on the nitrous unit and rationale for these</li> <li>6. Demonstrate preparation of the child and parent for the sedation event</li> <li>7. Integrate non pharmacological strategies as part of sedation event</li> <li>8. Maintain line of sight throughout the sedation episode</li> <li>9. Deliver nitrous oxide including making adjustment to:               <ol style="list-style-type: none"> <li>a. the nitrous oxide concentration based on anxiety, pain and sedation requirements</li> <li>b. the gas flows based on patients needs.</li> </ol> </li> <li>10. Scavenge nitrous oxide gas in accordance with Occupation Health and Safety Standards</li> <li>11. Summarise and demonstrate delivery of oxygen post sedation</li> <li>12. Performs end of sedation period assessment including assessment of level of alertness and return to baselines vital signs.</li> <li>13. Correctly document (MR 56S) the sedation event including all baseline observations, risk assessments, sedation summary and discharge criteria</li> <li>14. Demonstrate discussion of post sedation care including falls prevention with family and child</li> </ol>		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in procedural sedation nitrous oxide accreditation – skill. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Nurse

Name.....Signature.....Date ...../...../.....

Assessor

Name.....Signature.....Date ...../...../.....

**Competency Feedback and Reflections**

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign