

Chapter 3B

Specialty Nursing Competencies – Koala Ward



Nursing Competency Workbook, 10th Edition

The Royal Children's Hospital (RCH) Nursing Competency Workbook is a dynamic document that will provide you with direction and assist you in your professional development as a nurse working at the RCH. The workbook also provides a record of your orientation and competency obtainment.

Chapter 1

Includes resources for nurses and is complemented by the Royal Children's Hospital (RCH) New Starter Pack, Hospital Orientation and Nursing Orientation day, to provide an introduction to nursing at the RCH.

Chapter 2

Generic Nursing Competency Assessment Forms

Chapter 3

Specialty Nursing Competency Assessment Forms

Appendix 1

Unit / Department Nursing Orientation

All chapters and appendices are downloadable as pdfs from the Nursing Education Website.

The RCH Nursing Competency Workbook developed by Nursing Education with input from specialist nurses at the RCH.

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Anticoagulation

Competency Statement:

The nurse is able to effectively implement a plan of care for a patient who is receiving therapeutic anticoagulation as an inpatient and will be discharged home on anticoagulation therapy

RCH references related to this competency: RCH Clinical Practice Guidelines: Anticoagulation

COMPETENCY ELEMENTS	
K	General <ol style="list-style-type: none">1. Locate and read the anticoagulation therapy clinical practice guideline2. Discuss indications for therapeutic anticoagulant therapy3. Discuss anticoagulant drugs used for therapeutic anticoagulation and reasons for choice of anticoagulation drug4. Discuss action and side effects of three drugs used for therapeutic anticoagulation5. Discuss blood tests to monitor blood levels of anticoagulant therapy for each of the three anticoagulant drugs and the preferred timing of blood tests
	Warfarin <ol style="list-style-type: none">6. With regards to warfarin state<ol style="list-style-type: none">a. The actionb. The method of administrationc. The side effectsd. The confounders to stable therapye. The antidote7. Identify the blood test used to monitor effectiveness of Warfarin<ol style="list-style-type: none">a. Nameb. Patient's therapeutic rangec. Method of collectiond. Timing of collection
	Heparin <ol style="list-style-type: none">8. With regards to Heparin state<ol style="list-style-type: none">a. The actionb. The method of Administrationc. How the correct prescription for Heparin should be writtend. How to calculate correct dose for patient's weighte. The side effectsf. The antidote9. Identify the blood test used to monitor effectiveness of Heparin<ol style="list-style-type: none">a. Nameb. Method of collectionc. Timing of collection
	<ol style="list-style-type: none">10. Discuss when Heparin infusions should be turned off prior to certain procedures
	Enoxaparin <ol style="list-style-type: none">11. With regards to Enoxaparin state<ol style="list-style-type: none">d. The actione. The method of administrationf. The usual dose in mg/kgg. The side effectsh. The antidotei. The actions required to minimise side effects12. Identify the blood test used to monitor effectiveness of Enoxaparin including<ol style="list-style-type: none">a. Nameb. Method of collectionc. Timing of collection

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Date:

S	<p>Heparin</p> <p>1. Demonstrate the process of making up a Heparin infusion, including set up of guardrails</p> <p>Warfarin</p> <p>2. Participate in teaching session of patient and their family</p> <p>Enoxaparin</p> <p>3. Participate in a teaching session for a patient receiving Enoxaparin and their family</p> <p>4. Demonstrate insertion of Insulflon where appropriate</p>
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Blood Gas Analysis

Competency Statement

The nurse safely and effectively performs and interprets the analysis of a blood gas specimen

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Identify the following components measured in arterial blood gas analysis and state their normal ranges:<ol style="list-style-type: none">a. pHb. pCO₂c. pO₂d. BEe. HCO₃2. Identify the normal variables for the<ol style="list-style-type: none">a. Venous sampleb. Capillary samplec. Arterial sample3. State the possible indications for a taking a blood gas sample4. Identify<ol style="list-style-type: none">a. Respiratory acidosisb. Respiratory alkalosisc. Metabolic acidosisd. Metabolic alkalosis5. State the causes of<ol style="list-style-type: none">a. Respiratory acidosisb. Respiratory alkalosisc. Metabolic acidosisd. Metabolic alkalosis6. Discuss compensation in acid – base status7. Articulate considerations for patients with mixed circulation when performing blood gas analysis8. Identify the correct management of the patient with altered blood gas analysis

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none">1. Demonstrate the correct procedure to obtain a<ol style="list-style-type: none">a. Arterial blood gas sampleb. Venous blood gas samplec. Capillary blood gas sample2. Demonstrate a step by step process to interpret the blood gas analysis
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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Blood sampling (Heel Prick)

Competency Statement:

The nurse safely and effectively obtains a blood sample by way of a heel prick

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Locate and read the Policy & Procedure for Collection of Capillary Blood Samples2. List three commonly ordered blood tests that can be obtained with a heel pick3. List four potential complications associated with performing a blood collection by heel prick4. Discuss the rationale for wiping away the first drop of blood when obtaining a blood sample.5. Describe correct procedure for transport of collected specimen6. Explain PASP (Pre-Analytical Specimen Problem)

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none">7. Collect and correctly assemble required equipment8. Discuss and demonstrate preparation of the Neonate/infant for the procedure9. Select appropriate site on heel for puncture and provides a rationale for this10. Demonstrate correct procedure for blood collection from a heel prick<ol style="list-style-type: none">a. Cleansingb. Holding the footc. Assisting blood flowd. Collecting blood in tubee. Stopping blood flow when sample collected11. Correctly labels all specimens and accurately completes all documentation
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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Cardiac Catheterisation

Competency Statement

The nurse safely and effectively cares for the child / young person undergoing a Cardiac Catheter Procedure

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Locate and read the Cardiac Catheter Clinical Practice Guideline2. Describe interventional procedures able to be undertaken by cardiac catheter3. Discuss diagnostic procedures able to be undertaken by cardiac catheter4. Discuss how the management of the child post operatively differs between diagnostic and interventional catheters5. Discuss the preoperative care required by the patient including<ol style="list-style-type: none">a. Fasting times and hydrationb. Observationsc. Investigationsd. Medications to withheld6. Discuss the post-operative observations and care required for a patient having undergone a cardiac catheter and the rationale for each7. Discuss possible complications of Cardiac Catheter and implications for nursing care8. Discuss the possible need for Heparin or Lytic therapy9. Discuss the discharge education required for parents

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none">1. Demonstrate care of the child with cyanotic heart disease pre cardiac catheterisation2. Demonstrate care of the child and family post cardiac catheterisation
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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Cardiac Tamponade

Competency Statement

The nurse can recognise a patient with tamponade and safely and effectively provide emergency nursing care

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Define cardiac tamponade2. Explain the pathophysiology of cardiac tamponade including early and late compensation mechanisms3. Outline the potential causes of tamponade4. Describe assessment findings with rationales for a patient who is developing a tamponade5. Explain the presentation and significance of pulsus paradoxus for<ol style="list-style-type: none">a. the patient who is spontaneously breathingb. the patient who is ventilated.6. State the diagnostic test that can be performed on a patient thought to have a tamponade7. Discuss the emergency nursing management for the patient who has a cardiac tamponade8. Identify the two emergency procedures that may be performed for a patient with tamponade
S	Not Applicable

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Chest Drain & Underwater Seal Drain (UWSD) Management

Competency Statement:

The nurse safely and effectively cares for the child who has a Chest Drain with an Underwater Seal Drain (UWSD)

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Locate and read the following Clinical Practice Guidelines: Chest Drain Management and Pleural and Mediastinal drain management after cardiothoracic surgery2. Locate and read the following: Cardiac Surgical Wound Dressings3. Describe the anatomy of the chest including the lining of the lungs4. Identify the mechanics of breathing including negative intrapleural space5. Identify the location of the proximal end of the chest drain6. Describe the function of the 3 chamber UWSD apparatus7. Provide rationales for insertion of UWSD chest drain8. Explain the specific safety precautions required for the patient with an UWSD9. Describe the correct procedure for securing the chest drain and dressing the insertion site10. Describe the ongoing patient assessment required when a patient has chest drain with UWSD including:<ol style="list-style-type: none">a. Start of shift checksb. Vital signsc. Paind. Drain insertion site11. Discuss the nursing management for chest drainage losses12. Describe the indications and procedure for changing the UWSD unit13. Describe the precautions required for transporting a patient with an UWSD14. Outline the complication of a chest drain and UWSD15. Discuss the difference between an UWSD and redivac drain16. Post removal of a chest drain, if drain sutures remain insitu, discuss when drain sutures are removed

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none">1. Demonstrate the correct assembly of the UWSD apparatus for connection to the chest drain, and suction (if ordered)<ol style="list-style-type: none">a. Correct pressureb. Connecting one unit to suctionc. Connecting 2 units to suction (splitting)d. Dry suction unit (Atrium Oasis)2. Using the UWSD apparatus identify how you would determine if the patient has an ongoing air leak3. Demonstrate the correct procedure for measuring chest drainage4. Demonstrate the correct method of documenting the chest drainage activity and drainage5. Demonstrate the correct method for obtaining a specimen from the UWSD unit6. Identify anchor suture and purse string suture7. Demonstrate the process of removing a chest drain and care of the child post drain removal
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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Criteria Led Discharge

Competency Statement:

The nurse safely and effectively discharges a child applying event led discharge criteria

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Locate and read Criteria Led Discharge procedure2. Discuss the benefits of criteria led discharge (Clinical practices guidelines)<ol style="list-style-type: none">a. For the familyb. For the organisation3. Discuss the expectations of nursing staff within the criteria led discharge process4. Discuss the required authorization from medical staff for criteria led discharge to occur and identify where this particular information is documented5. Discuss the medical review requirements for a child who will have a criteria led discharge6. Highlight some of the issues that may need addressing when discharging a patient via a criteria led discharge order7. Discuss the discharge follow up required and how this is arranged
S	<ol style="list-style-type: none">8. Demonstrate discussion with the family explaining the Criteria Led Discharge process

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Febrile Neutropenia

Competency Statement:

The nurse will safely and effectively care for a patient with Febrile Neutropenia

RCH references related to this competency: RCH Clinical Practice Guidelines: Febrile Neutropenia, Sepsis – Assessment and Management

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none"> 1. Locate and read the following clinical practice guidelines <ol style="list-style-type: none"> a. Febrile Neutropenia and b. Septic Shock 2. State the normal values <ol style="list-style-type: none"> a. Haemoglobin b. Platelets c. White Blood count d. Neutrophils 3. Describe the function of neutrophils 4. Define the term febrile neutropenia 5. Discuss the observations required during an admission for neutropenia 6. Discuss the actions to be taken where observations are outside the normal range for the child's age 7. Discuss the use of paracetamol and Ibuprofen in the care of children who have febrile neutropenia 8. Explain the rationale for the following investigations as part of a septic work up <ol style="list-style-type: none"> a. Blood cultures b. Swabs – nose / throat / CVAD c. Urine d. Stool 9. Explain which blood cultures need to be taken and how much blood you would take for a 20kg child 10. Discuss CVAD line set up for administration of antibiotics for the child with febrile neutropenia? 11. Discuss the management of suspected febrile neutropenia on presentation to emergency 12. Discuss the management provided in the first 72 hours of admission for febrile neutropenia 13. State the antibiotics and dosages used as first line treatment for febrile neutropenia 14. Discuss treatment options for patients with unresolved fever 15. State the signs and symptoms of septic shock 16. Identify potential sources/portals/causes of infection in patients with neutropenia and discuss ways to minimise the risk 17. List ways in which staff / parents and children can help prevent infection
S	<ol style="list-style-type: none"> 1. Discuss/Demonstrate collection of blood cultures from a Central Venous Access Device 2. Demonstrate education of children and families about neutropenia

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Fluid Management (Cardiac Conditions)

Competency Statement:

The nurse safely and effectively manages fluids in patients with cardiac conditions

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Explain rationale for fluid restriction2. Discuss fluid allowance according to age/size3. Discuss the usual pattern of fluid restriction in the post-operative cardiac patient4. Explain the importance of accurate fluid balance maintenance5. State signs and symptoms of concern in regards to fluid imbalance6. Explain rationale for deciding how frequently a patient's balance should be calculated7. State three complications of over/under hydration in the patient with Congestive Cardiac Failure and or post-operative cardiac surgery and nursing actions to prevent or detect these8. State rationale for frequent monitoring of patient weight and demonstrate accurate documentation thereof9. Discuss factors to be considered when formulating an IV / feeding / drinking plan10. Explain factors to be considered when calculating intravenous fluid infusion rates including drug administration
S	<ol style="list-style-type: none">1. Demonstrate accurate fluid balance charting

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Haemodialysis Catheters – Basic Care

ALERT: Only trained Haemodialysis Nurses may access the lines

Competency Statement:

The Nurse safely and effectively manages a child with a haemodialysis catheter

RCH references related to this competency: RCH Intranet: Nephrology - Protocols – Haemodialysis Protocol Index

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none"> 1. Locate and read the RCH Haemodialysis Protocol 2. State the rationale for insertion of a haemodialysis catheter 3. Describe the anatomy relevant to haemodialysis catheters including <ol style="list-style-type: none"> a. Arterial and venous lumens b. How to ascertain correct priming / flushing volumes 4. State nursing responsibilities regarding the education of the child and their family including <ol style="list-style-type: none"> a. Warfarin Education b. Management of line at home 5. State the observations required on the child who has a haemodialysis catheter 6. State the mobility and activity restrictions for children with a haemodialysis catheter in situ and discuss the rationale for these 7. Identify the location of the protocol for making up a permcath heparin lock 8. State the rationale for aspirating the haemodialysis catheter prior to use 9. State the nursing responsibilities regarding dressings including: <ol style="list-style-type: none"> a. Assessment of the exit site b. Type of dressing to be used c. How often the dressing should be changed d. Procedure for performing a dressing change in absence of haemodialysis staff 10. State the rationale for having at least 10mls/hr minimum flow rate via permcath being used for an infusion (with consultant approval)
S	Not Applicable

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

High Flow Nasal Prong (HFNP) Therapy

ALERT:

Competency Statement:

The nurse safely and competently manages a patient through initiation of, and weaning from, High Flow Nasal Prong therapy.

1. **RCH references related to this competency:** RCH Clinical Practice Guidelines: High Flow Nasal Prong therapy

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">2. Define HFNP therapy3. State the clinical indications for applying HFNP4. State the clinical contraindications to applying HFNP5. State nursing care responsibilities for a patient receiving HFNP with regard to:<ul style="list-style-type: none">○ Initiation○ Patient management○ Patient monitoring○ Documentation on EMR○ Weaning6. Describe the potential complications of HFNP7. For Koala and Rosella nurses only: Discuss nursing considerations for a patient with Cyanotic/Acyanotic Heart Disease with regard to the administration of HFNP Air or Oxygen.
S	<ol style="list-style-type: none">1. Demonstrate use of the Airvo 2 with regard to:<ul style="list-style-type: none">○ Function keys○ Start up○ Alarm identification and troubleshooting.○ Circuit selection and assembly○ Interface selection and assembly○ Nasal prong selection and application○ Cleaning and Disinfection2. Differentiate:<ul style="list-style-type: none">○ Paediatric circuit from adult circuit○ Paediatric mode from adult mode3. Demonstrate nursing care responsibilities for a patient receiving HFNP with regard to:<ul style="list-style-type: none">○ Initiation○ Patient management○ Patient monitoring○ Using Flowsheets, add 'Airvo' as oxygen delivery device○ Documentation on EMR○ Weaning

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency and I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Hypertension (Pulmonary Arterial)

Competency Statement:

The nurse safely and effectively cares for a patient with pulmonary arterial hypertension

RCH references related to this competency: RCH Intranet: Cardiology – intranet resources

COMPETENCY ELEMENTS	
K	<p>General</p> <ol style="list-style-type: none"> 1. Locate and read the Pulmonary Arterial Hypertension protocol 2. Discuss the physiology of Pulmonary Arterial Hypertension <p>Oral Medications</p> <ol style="list-style-type: none"> 3. Describe the reason for using Sildenafil in a child with Pulmonary Arterial Hypertension 4. Identify the dosage of the drug and potential adverse reactions 5. Describe the nursing considerations when administering Sildenafil 6. Describe the reason for using Bosentan Monohydrate in a child with Pulmonary Arterial Hypertension 7. Discuss the potential adverse reactions of Bosentan Monohydrate and its use in Pulmonary hypertension 8. State the paediatric dosing of Bosentan and its relationship to patient weight 9. Discuss patient safety in relation to potential abnormalities in liver function and haemoglobin during Bosentan therapy and the importance of ongoing blood testing during therapy 10. Discuss the nursing considerations when caring for the patient at commencement and increased doses of Bosentan 11. Discuss the guidelines for reconstituting Bosentan tablets for the young children / babies. <p>Intravenous Medication</p> <ol style="list-style-type: none"> 12. Discuss the nursing responsibilities in caring for the child/young person and their family, who require an epoprostenol (Veletri/Flolan) infusion as part of their inpatient stay: <ol style="list-style-type: none"> a. Long term CVAD management in relation to site care b. Daily IV orders & documentation for Veletri/Flolan infusion c. Dosing guidelines and recognition of side effects d. Discharge planning and family education <p>Long Term Care</p> <ol style="list-style-type: none"> 13. Describe the implications to the family regarding the ongoing care once discharged home. 14. Discuss the role of the multidisciplinary team in the ongoing care of child with Pulmonary Arterial Hypertension <p>For theatre only</p> <ol style="list-style-type: none"> 15. Discuss the peri operative nursing management when patients are scheduled for an elective CV line / PICC insertion in theatre. 16. Describe the complications in theatres that may arise during an insertion 17. Discuss the surgical preparation for these scheduled cases
S	<ol style="list-style-type: none"> 1. Demonstrate reconstitution of Veletri/Flolan into medication cassette 2. Demonstrate cassette change instructions and management of stability issues of Veletri/Flolan 3. Demonstrate changing of pump, batteries & extension tubing

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Hypoplastic Left Heart Syndrome

Competency Statement:

The nurse safely and effectively cares for patients with HLHS.

COMPETENCY ELEMENTS

K

1. Describe the basic anatomy of HLHS
2. Discuss how foetal circulation supports newborns with HLHS
3. Outline the three main stages of palliative surgery this child will receive and the aim of each stage
4. Discuss acceptable oxygen saturations for these patients at different stages of surgery
5. Discuss why a patient with HLHS should not have saturations >95%
6. Discuss feeding issues for a patient with HLHS including
 - a. Vocal Chord Palsy risks
 - b. Poor Gut perfusion
7. Discuss the social impact of HLHS on the patient and family

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S

1. Demonstrate caring for a child following 1st Stage Palliative Surgery and discuss the nursing considerations
2. Demonstrate caring for a child following 2nd Stage Palliative Surgery and discuss the nursing considerations
3. Demonstrate caring for a child following 3rd Stage Palliative Surgery and discuss the nursing considerations

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Monitoring – Advanced ECG

Competency Statement:

The nurse safely and effectively monitors an acutely unwell child fully utilizing the capability of the bedside monitor, central monitoring station and telemetry unit (where utilised)

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none"> 1. Locate and read the Telemetry Clinical Practice Guideline 2. Discuss common patient categories which require Continuous Cardiac Monitoring (CCM) either by bedside and/or telemetry 3. Describe what the ECG trace is representing 4. Describe how monitor calculates HR, and RR 5. Describe the function of the Trend screen when patient is on CCM 6. Discuss what defines a Sinus Rhythm 7. Recognise the following rhythms <ol style="list-style-type: none"> a. VT – Ventricular Tachycardia b. VF – Ventricular Fibrillation c. AF – Atrial Fibrillation d. Heart block e. SVT – Supraventricular Tachycardia Ventricular Ectopics
S	<ol style="list-style-type: none"> 1. Demonstrate correct ECG dot placement for 3 and 5 lead monitoring and describe differing monitoring capabilities of same 2. Demonstrate the entering of patient details in to the monitoring system including “Patient Paced” parameter and explain rationale for same 3. Demonstrate changing lead trace (on monitor at bedside and telemetry) and discuss rationale for same 4. Demonstrate change size of ECG trace 5. Demonstrate changing the scale on the Trend Screen 6. Demonstrate how to calculate an ECG rate 7. Print a continuous recording of an ECG

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Neonatal Assessment

Competency Statement:

The nurse safely and effectively performs a comprehensive assessment on a neonate

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Explain when a neonatal assessment should be performed2. Describe the maternal history of the neonate being assessed3. Describe the labour and delivery of the neonate being assessed
S	<ol style="list-style-type: none">1. Performs a head to toe physical assessment of the neonate explaining the procedure using the following systems:<ol style="list-style-type: none">a. Respiratoryb. Cardiovascularc. Neurologicald. Gastrointestinale. Eliminationf. Musculoskeletal2. Accurately document findings from the neonatal assessment

I have demonstrated the necessary knowledge, skills, abilities, and attributes to be deemed competent in the competency above. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Nasojejunal Tube Insertion & Management

Competency Statement:

The safely and effectively insert and manages a transpyloric feeding tube

Element Exemptions: Medical Imaging (S6 & S8)

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Outline the rationale for transpyloric tube feeding2. List the contra-indications for placing a tube3. Outline the post – insertion procedure requirements to be attended to4. Describe how confirmation of tube placement will be determined5. List the possible complications of tube insertion and use6. Describe the rationale for the feeding method required with a tube in place7. Describe the administration of medications via a tube8. Outline the monitoring and ongoing care of the child with a tube in place

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none">1. Demonstrate the preparation for inserting a tube<ol style="list-style-type: none">a. Correct equipment assembledb. Patient prepared2. Demonstrate the procedure for insertion of the tube3. Demonstrate accurate documentation of insertion and management of tube
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Neurological Observations

Competency Statement:

The nurse accurately and effectively performs neurological observations on paediatric patients

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. State the difference between performing neurological observations and a neurological assessment2. Discuss each component of neurological observations and how they assist in determining a patient's neurological condition<ol style="list-style-type: none">a. Glasgow Coma Scaleb. Pupilsc. Limb strengthd. Vital signs3. Identify the preferred method of painful stimuli4. Describe decorticate and decerebrate posturing and what causes them5. Discuss how acquired or developmental intellectual impairment will affect the collection of accurate neurological observations6. List the signs and symptoms of raised ICP and how these change as the infant/child gets older7. Explain the Cushing Reflex8. State the actions required if a patient has deterioration in neurological status
S	<ol style="list-style-type: none">4. Assemble the equipment required to perform neurological observations5. Demonstrate neurological observations on paediatric patients in the following age groups:<ol style="list-style-type: none">a. Infant (<1year)b. 1 – 4 yearc. 5 - 12 yeard. 12 + years

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Nutrition (Parenteral)

ALERT: The CVAD management competency should be completed in conjunction with this competency

Competency Statement:

The nurse safely and effectively administers Parenteral Nutrition

Element Exemptions: Koala and Cancer Care Unit (K6a-b and S2b)

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none"> 1. Locate & read the <ol style="list-style-type: none"> a. Parenteral Nutrition Clinical Guideline (Hospital) b. Parenteral Nutrition (PN) Cue Card 2. State the general indications for use of PN 3. Identify members of the multidisciplinary team involved in the care of this patient group, including each member's role 4. Identify at least five components which can be found in the PN solution 5. State the ideal IV access for patients receiving <ol style="list-style-type: none"> a. Low dextrose nutrient solutions b. High dextrose nutrient solutions 6. Discuss the differences between hospital PN & Baxter PN for the following <ol style="list-style-type: none"> a. Fluid prescription and documentation b. Preparation & administration 7. Discuss the ongoing care requirements and management of patients receiving PN <ol style="list-style-type: none"> a. commencing b. ceasing c. weaning d. frequency of monitoring: <ol style="list-style-type: none"> i. Bloods ii. Urine iii. Weight iv. CVAD v. Documentation 8. Discuss how to administer non-compatible IV antibiotics to a patient receiving high dextrose PN solution 9. Discuss the correct action to be taken in the event that the nutrient solution finishes prior to the next bag being delivered from pharmacy 13. State the maximum amount of potassium to be placed in a PN bag
S	<ol style="list-style-type: none"> 1. Demonstrate checking of IV medication compatibility with PN prior to medication administration 2. Demonstrate IV line assembly & priming for the patient receiving <ol style="list-style-type: none"> a. Hospital PN Solution b. Baxter PN Solution 3. Demonstrate programming of IV pumps for all stages of weaning on & off PN

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Pacing Wires – Temporary Non-paced Patient

Competency Statement:

The nurse safely and effectively cares for a non-paced patient with temporary pacing wires

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Identify need for and location of Temporary Pacing Wires2. Distinguish between and identify indications for use of:<ol style="list-style-type: none">a. Quad wires (non-redo) and Single (skin / redo) wiresb. Atrial and Ventricular wiresc. Dermal wires3. Discuss precautions required to ensure electrical safety4. Discuss the importance of pacing wires in an event of cardiac emergency5. Discuss the relevance of temporary pacing wires for any permanent pacemaker procedures in theatres.6. Describe the assessment required for the pacing wire site and dressings.7. State the precautions prior to removal and rationale for removal on day 4-58. State three complications of removal of Pacing Wires and nursing actions to prevent or detect these9. Discuss follow up of patient post removal of pacing wires

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none">1. Demonstrate care of the patient with pacing wires but not paced2. Demonstrate the correct way to insert pacing wire ends into the protectors and explain the rationale3. Demonstrate removal of pacing wires, following Clinical Practice Guidelines
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Pacing Wires – Temporary Paced Patient

Competency Statement:

The nurse safely and effectively cares for a paced patient with temporary pacing wires

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Identify common reasons for Temporary Pacing2. Distinguish between atrial, ventricular and skin wires3. Define the terms "output" and "sensitivity"4. Discuss commonly used pacing modes<ol style="list-style-type: none">a. AOOb. DDDc. AAId. VVI5. State precautions necessary to be taken to ensure patient safety6. Identify the start of shift checks required for the paced patient7. Describe how to assess the effectiveness of pacing8. Identify the following complications, stating the causes and appropriate actions for<ol style="list-style-type: none">a. Failure to senseb. Failure to capturec. Failure to paced. Competition9. Describe nursing practice required when pacing is being decreased or ceased

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none">1. Demonstrate how you would set up a monitor for a patient being paced2. Demonstrate accurate documentation and observation of pacemaker use, and explain rationale for same3. Demonstrate a Temporary PaceMaker battery change
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Pain (Analgesia Infusion)

Competency Statement:

The nurse will safely and effectively administer analgesia infusions

RCH references related to this competency: RCH Intranet: Surgery – Acute Pain Management CPMS – Ketamine Infusion, Surgery – Acute Pain Management CPMS – Opioid Infusion – CPG – Neonatal Pain Assessment

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Locate and read the RCH<ol style="list-style-type: none">a. Opioid Infusion Guidelinesb. Ketamine Infusion Guidelines2. Describe the pharmacokinetics of the analgesia infusion3. Discuss the potential side effects of analgesia infusions4. State the minimal clinical observations required for a patient receiving an analgesia infusion5. Discuss reportable parameters6. Discuss nursing actions to take if pain escalates7. Discuss when to give analgesia boluses and when to increase analgesia infusions8. State when, why and how much naloxone should be given for opioid induced pruritus, sedation and respiratory depression9. Locate and complete the opioid primary competency quiz
S	<ol style="list-style-type: none">1. Demonstrate pain assessment with an understanding of child development, language and appropriate pain assessment tools, ie Numeric, Wong-Baker Faces, FLACC, mPAT.2. Demonstrate accurate documentation of observations and assessment3. Demonstrate correct set up of analgesia infusion pumps4. Demonstrate explanation, answering questions and confirmation of understanding with family

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Pain – Epidural/Regional Analgesia

Competency Statement:

The nurse safely and effectively administer epidural or regional infusions

RCH references related to this competency: RCH Intranet: Surgery – Anaesthesia & Pain Management – Epidural infusion, Surgery – Anaesthesia & Pain Management – Regional Anaesthetic Infusion Blocks

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Locate and read the RCH Epidural and Regional Analgesia Guidelines2. Describe the pharmacokinetics of the local anaesthetic and additives3. Discuss the potential side effects of the local anaesthetic and explain the signs and symptoms4. Describe the components of epidural / regional lines5. Discuss the importance of the markings of the epidural / regional catheters6. State the minimum observations for a patient receiving an epidural7. Discuss reportable parameters8. Explain the potential complications of an epidural9. Discuss the importance of pressure care for patients with an epidural10. Discuss the nursing actions to take is pain escalates11. Discuss the relevance of a high or low epidural sensory blockade12. Describe the removal of the epidural / regional catheter, observations during the procedure and where and what to document13. Locate and complete the epidural primary competency quiz

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none">1. Demonstrate set up and programming on the epidural / regional pump2. Demonstrate how and when to assess and document dermatomes and bromage3. Demonstrate accurate documentation of observations and assessment4. Demonstrate explanation, answering questions and confirmation of understanding with the family
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Pain (Patient Controlled Analgesia)

Competency Statement:

The nurse will safely and effectively administer patient controlled analgesia (PCA)

RCH references related to this competency: RCH Clinical Guidelines: Patient Controlled Analgesia

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Locate and read the RCH Patient Controlled Analgesia Guidelines2. Describes the pharmacokinetics of the opioid analgesia used3. Discuss the potential side effects of PCA4. Describe the PCA pump program and demonstrates where the prescribed program is documented5. State the minimum observations for a patient receiving a PCA and recognizes reportable parameters6. Discuss the nursing actions to take if pain escalates7. Discuss when, why and how much naloxone should be given for opioid induced pruritus, sedation and respiratory depression8. Discuss how to transition from a PCA to oral analgesia

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none">1. Demonstrate a pain assessment2. Demonstrate accurate documentation of PCA use3. Demonstrate explanation, answering of questions and confirmation of understanding with family4. Locate and complete the PCA primary competency quiz
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Peritoneal Dialysis (Automated)

Competency Statement:

The nurse will safely and effectively care for a patient requiring Automated Peritoneal Dialysis

RCH references related to this competency: RCH Intranet: Nephrology – Protocols – Index Peritoneal Dialysis Protocol Manual

COMPETENCY ELEMENTS

- | | |
|----------|--|
| K | <ol style="list-style-type: none">1. Complete Basic Renal and the Peritoneal Dialysis (PD) Learning Package (available on Koala)2. Locate all policies and procedures associated with PD3. Identify the rationale for Automated PD4. Discuss PD dialysate and available concentrations at RCH5. Discuss the role of the members of the multidisciplinary team involved in the care of renal patients6. Discuss the steps involved in ending the therapy early7. Discuss the steps involved in obtaining an effluent sample8. Discuss managing machine alarms9. State nursing responsibilities if alarms cannot be resolved10. Discuss nursing responsibilities with regards to documentation including<ol style="list-style-type: none">a. Recording the initial drainb. Recording the total ultra filtratec. Obtaining and recording cycle by cycle ultra filtrated. Obtaining a dry weighte. Maintaining an accurate fluid balance chart11. Discuss the potential risks and complications to the child due to being on Peritoneal Dialysis |
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I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Date:

- | | |
|----------|---|
| S | <ol style="list-style-type: none">1. Locate and assemble all necessary equipment2. Demonstrate the steps involved in starting the therapy including<ol style="list-style-type: none">a. Aseptic non-touch techniqueb. Gathering the correct suppliesc. Checking the solution bagsd. Reviewing and changing the programme3. Demonstrate the steps involved in setting up the Sleep Safe including<ol style="list-style-type: none">a. Preparing the correct set (Adults / Paediatric)b. Loading the cassette in the Sleep Safec. Change the program from Adults to Paediatrics4. Demonstrate the steps involved in preparing the solution bags including<ol style="list-style-type: none">a. Opening the bags. Mixing solution and hanging on trolley hooksb. Opening the lines and placing appropriately in the drawer5. Demonstrate connecting drain bag and priming line6. Demonstrate connecting the Sleep Safe to the patient<ol style="list-style-type: none">a. Placing patient line in Sleep Safe Organiserb. Placing patient extension in Sleep Safe Organiserc. Removing Cap off patient lined. Removing disinfection cap from patient extension and connecting to the patient line7. Demonstrate the steps in ending the therapy including<ol style="list-style-type: none">a. Retrieving the dialysis informationb. Disconnecting from the sleep safe and applying the disinfection capc. Discarding set and disposing of used dialysate8. Discuss the appropriate drain bag usage |
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Date:

Peritoneal Dialysis (Manual)

Competency Statement:

The nurse safely and effectively cares for patients who require manual peritoneal dialysis

RCH references related to this competency: RCH Intranet: Nephrology – Protocols – Index Peritoneal Dialysis Protocol Manual

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Complete the Basic Renal and Peritoneal Dialysis (PD) Learning Package (available on Koala)2. Locate all policies and procedures associated with PD3. Identify the rationale for manual PD4. Discuss importance of maintaining accurate fluid balance5. Discuss importance of daily weighs6. Discuss the rationale for monitoring patient electrolytes

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none">1. Locate all necessary equipment2. Demonstrate the correct technique for PD:<ol style="list-style-type: none">a. Warming bags or line warmerb. Assembling equipment and priming the set (paediatric burette set vs manual dial)c. Connecting and disconnecting patient to and from the setd. Performing a dialysis cyclee. Changing the bagf. Performing exit site careg. Administering medications to dialysate bagsh. Collecting specimens3. Demonstrate correct documentation
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Phototherapy

Competency Statement:

The nurse safely and effectively cares for a neonate requiring phototherapy

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Identify 4 risk factors for or causes of neonatal jaundice2. State the difference in serum bilirubin (SBR) levels<ol style="list-style-type: none">a. conjugatedb. unconjugated3. Discuss the action of phototherapy light in reducing SBR4. Identify the major complication of hyperbilirubinaemia and state the signs and symptoms5. State 2 methods available to deliver phototherapy6. Discuss nursing care required including:<ol style="list-style-type: none">a. assessment of jaundice and effect of blue light therapyb. response to therapy and specifics of blood specimen collection to monitor SBRc. temperature assessment and control under radiant warmer or incubatord. hydration status assessment and altered fluid requirementse. stooling pattern alteration and associated hygiene needsf. comfort and developmental needs of the neonate receiving phototherapy7. Discuss and demonstrate ways in which parents can be involved in the care of their child receiving phototherapy

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none">1. Correctly assess the indication for phototherapy based on acceptable SBR range for neonate's gestation and postnatal age, and correctly plot SBR on chart2. Assemble and operate phototherapy lights safely and effectively<ol style="list-style-type: none">a. position lights at correct height and provide rationaleb. position the neonate to maximise light exposure3. Accurately document assessment and care associated with phototherapy4. Demonstrate explanations and confirmation of understanding with parents
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Procedural Sedation Nitrous Oxide competency – skill

ALERT: This competency should follow the procedural sedation nitrous oxide competency – theory component. Nurses must attain the competency elements *INDEPENDENTLY* in order to be considered competent

Competency statement: The nurse assesses and prepares a child and family for a procedure and safely and effectively administers nitrous oxide throughout the sedation period

RCH references related to this competency: RCH Website - Comfort Kids – For Health Professionals – nitrous oxide Accreditation Process RCH CPG Sedation-Procedural Sedation-Ward & Ambulatory areas and RCH CPG Procedural Pain Management.

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none"> 1. State when the sedation period starts and ends 2. State how to assess and maintain a patent airway for your patient 3. State the function of the nitrous oxide delivery unit, include all components 4. State the two built in safety features on the nitrous oxide delivery unit, include the rationale 5. Identify the appropriate time and support personnel to delivery nitrous oxide
S	<ol style="list-style-type: none"> 6. Complete EPIC Sedation Documentation – Pre Sedation Check list: <ol style="list-style-type: none"> a. Identify risk and to meet the criteria for nitrous oxide administration b. Obtain informed verbal consent and provide information (fact sheet) c. Obtain an order for nitrous oxide+/-additional analgesic+/- Topical LA 7. Demonstrate patient assessment, including correct sizing of the facemask 8. Demonstrate preparation of the child and parent, prior to the sedation event 9. Demonstrate the safety checks for the nitrous oxide delivery unit and assemble the disposable components of the unit, prior to the sedation event 10. Demonstrate preparation of treatment area and emergency equipment prior to the sedation event 11. Demonstrate how to turn on the scavenging system for the nitrous oxide gas and ensure compliance with Occupation Health and Safety standards 12. Demonstrate Time out or Positive Patient Identification 13. Demonstrate leadership as the "Sedationist": <ol style="list-style-type: none"> a. Clarify the roles of staff and family, prior to the sedation event b. State when the child is ready for the procedure to begin c. Direct staff and family, maintaining one leader and a calm environment 14. Demonstrate non pharmacological strategies, as part of the sedation event 15. Maintain line of sight and verbal contact throughout the sedation period 16. Demonstrate continuous monitoring of vital signs and UMSS 17. Deliver nitrous oxide making adjustment to: <ol style="list-style-type: none"> a. the concentration of nitrous oxide based on anxiety, pain and sedation requirements b. the gas flows based on the patients age (child or adolescent), breathing pattern and volume of gas in the reservoir bag c. the facemask in order to maintain a seal over the nose and mouth 18. Demonstrate safe and timely management of side effects or adverse events 19. Monitor administration time and communicates timing with the Proceduralist 20. Demonstrate delivery of oxygen post procedure for 3-5 minutes 21. Perform the "end of sedation period" assessment, include level of alertness and return to baseline vital signs 22. Demonstrate "recovery" positioning and handover of patient when indicated 23. Complete all documentation for the sedation event per EPIC Sedation Documentation and MAR 24. Demonstrate debrief of child and parent, include positive reinforcement 25. Discuss post sedation care with family and child, include falls prevention 26. Discuss travel arrangements and supervision (for outpatients)

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in independently administering nitrous oxide. The minimum recommended number of supervised nitrous oxide events, achieving independent administration, was undertaken and documented below. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Record of Nitrous Oxide Administration			
<i>The recommended number of supervised nitrous oxide sedation events is based on prior experience of nitrous oxide administration. Refer to-Comfort Kids Website-For health professionals - nitrous oxide accreditation process</i>			
Event Number & Date	Feedback Prompts required Areas to improve	Outcome for Event Assisted - Repeat Independent - Competent	Assessor Signature & Designation

Procedural Sedation Nitrous Oxide competency – theory

ALERT: This competency should precede the procedural sedation nitrous oxide competency – skill component. Completion of this competency in isolation does not indicate the nurse’s competency to administer nitrous oxide

Competency statement: The nurse has the requisite knowledge to assess and prepare a child and family for nitrous oxide sedation and to safely and effectively administer nitrous oxide throughout the sedation period

RCH references related to this competency: RCH Website - Comfort Kids – For Health Professionals – nitrous oxide Accreditation Process RCH CPG Sedation-Procedural Sedation-Ward & Ambulatory areas and RCH CPG Procedural Pain Management.

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none"> 1. Locate and read <ol style="list-style-type: none"> a. CPG Sedation-Procedural Sedation-Ward & Ambulatory areas b. CPG Procedural Pain Management c. Procedural Sedation learning guide for healthcare professionals d. Orientation package for nitrous oxide e. EPIC Sedation Documentation 2. Discuss the role and responsibility of the “Sedationist” 3. Describe the pharmacological effects of nitrous oxide 4. Outline the fasting guidelines for nitrous oxide and the consent process 5. State the three RCH services available to provide procedural sedation advice/consultation and when this is required 6. Describe how to prepare a child/family for a nitrous oxide sedation event 7. State any specific variation to nitrous oxide delivery or documentation that applies to your area (DMU, PICU) 8. Describe what considerations should be taken when administering nitrous oxide with another primary sedation agent or an opioid medication 9. State the appropriate gas flow rate (L/min) and reservoir bag size (L) for a child and adolescent 10. State what is required and the rationale for: <ol style="list-style-type: none"> a. Risk assessment b. Exclusion criteria c. Monitoring - Baseline and ongoing observation of vital signs d. Continual assessment of UMSS and maintaining verbal contact e. Line of sight clinical observation and appropriate staffing f. Maintaining a quiet environment g. Falls prevention h. Time out and positive identification i. Emergency equipment j. Occupational Health and Safety k. nitrous oxide storage l. Post sedation discharge criteria m. Documentation and reporting of adverse events 11. State the action required for: <ol style="list-style-type: none"> a. Equipment faults b. Loss of nitrous oxide or oxygen gas flow c. Failure to sedate or adequate analgesic effect 12. Describe the management and possible prevention of: <ol style="list-style-type: none"> a. Patient who is combative – including loss of facemask seal b. Patient who complains of nausea or vomits c. Patient who desaturates, is apnoeic or respiratory depressed d. Patient who is distress from double vision or hallucinations e. Patient who is excessive drooling or excessively sweating f. Patient who progresses to an unintended deeper level of sedation g. Patient who is coughing or develops respiratory distress - include airway obstruction and laryngospasm h. Patient who has impaired coordination / balance 13. State the maximum time of administration (minutes) recommended for a nitrous oxide procedural sedation event 14. State the location of the emergency equipment in your area
S	Not Applicable

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Procedural Sedation Intravenous Midazolam competency – theory

ALERT: This competency should precede the procedural sedation Intravenous Midazolam competency – skill. Completion of this competency in isolation does not indicate the nurse’s competency to administer Intravenous Midazolam

Competency statement

The nurse has the requisite knowledge to assess and prepare a child and family for an Intravenous Midazolam sedation event and to safely and effectively administer Intravenous Midazolam throughout the sedation period

RCH references related to this competency: RCH Website - Comfort Kids – For Health Professionals – Intravenous Midazolam Accreditation Process. RCH CPG Sedation-Procedural Sedation-Ward & Ambulatory areas and RCH CPG Procedural Pain Management.

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Locate and read<ol style="list-style-type: none">f. CPG Sedation-Procedural Sedation-Ward & Ambulatory areasg. CPG Procedural Pain Managementh. Procedural sedation learning guide for healthcare professionalsi. Comfort Kids Intravenous (IV) Midazolam for procedures poster2. Discuss the role and responsibility of the “Sedationist” for an IV Midazolam procedural sedation event3. State when it would be appropriate to use IV Midazolam in your area and for which patient groups IV Midazolam is used4. Identify the reversal agent for IV Midazolam, include the location and how to administer this agent5. List the 3 effects (pharmacodynamics) of IV Midazolam and the expected patient response6. State the onset of action and duration of effect for IV Midazolam7. State the dose of IV Midazolam in 10mls of 0.9% normal saline for:<ol style="list-style-type: none">a. Children >6 months and <12 monthsb. Children >12months <50kgc. Children weighing >50kg8. State the bolus regime and maximum total dose of IV Midazolam for:<ol style="list-style-type: none">a. Children >6 months and <12 monthsb. Children >12months <50kgc. Children weighing >50kg9. Outline the fasting guidelines for IV Midazolam and the consent process10. State the three RCH services available to provide procedural sedation advice/consultation and when this is required11. Describe how to prepare a child & family for a IV Midazolam sedation event12. Describe what considerations should be taken when administering IV Midazolam with an opioid medication13. Identify the interaction and risks associated with IV Midazolam and the following; antihistamine, benzodiazepine or antihypertensive medication14. State what is required and the rationale for:<ol style="list-style-type: none">a. Risk assessmentb. Exclusion criteriac. Monitoring - Baseline and ongoing observation of vital signsd. Continual assessment of UMSS and maintaining verbal contacte. Line of sight clinical observation and appropriate staffingf. Maintaining a quiet environmentg. Falls preventionh. Time out and positive identificationi. Emergency equipmentj. End of sedation and discharge criteriak. Documentation and reporting of adverse events15. Describe the management and possible prevention for:<ol style="list-style-type: none">a. Patient who develops hiccupsb. Patient who becomes hypotensivec. Patient who complains of nausea or vomitsd. Patient who desaturates, is apnoeic or respiratory depressede. Patient who experiences delirium or paradoxical agitationf. Patient who progresses to an unintended deeper level of sedation

	<p>g. Patient who develops respiratory distress - include airway obstruction and laryngospasm h. Patient who has impaired coordination / balance</p> <p>16. State the location of the emergency equipment in your area</p>
S	Not Applicable

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Procedural Sedation Intravenous Midazolam competency – skill

ALERT: This competency should follow the procedural sedation IV Midazolam competency– theory component. Nurses must attain the competency elements INDEPENDENTLY in order to be considered competent

Competency statement

The nurse assesses and prepares a child and family for an Intravenous Midazolam sedation event and safely and effectively administers IV Midazolam throughout the sedation period

RCH references related to this competency: RCH Website - Comfort Kids – For Health Professionals – Intravenous Midazolam Accreditation Process. RCH CPG Sedation-Procedural Sedation-Ward & Ambulatory areas and RCH CPG Procedural Pain Management.

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none"> 1. State when the sedation period starts and ends 2. Identify the appropriate time & support personnel to delivery IV Midazolam 3. State how to assess and maintain a patent airway for your patient
S	<ol style="list-style-type: none"> 1. Complete EPIC Pre Sedation Documentation Checklist: <ol style="list-style-type: none"> a. Identify risk & ensure the patient meets the criteria for IV Midazolam b. Obtain informed verbal consent and provide information (fact sheet) c. Obtain an order for IV Midazolam +/- analgesic +/- Topical LA 2. Demonstrate patient assessment for a procedural sedation event 3. Demonstrate preparation of the child and parent, prior to the sedation event 4. Demonstrate preparation of treatment area and emergency equipment prior to the sedation event 5. Demonstrate Time out or Positive Patient Identification 6. Demonstrate leadership as the "Sedationist": <ol style="list-style-type: none"> d. Clarify the roles of staff and family, prior to the sedation event e. State when the child is ready for the procedure to begin f. Direct staff and family, maintaining one leader and a calm environment 7. Demonstrate non pharmacological strategies, as part of the sedation event 8. Demonstrate calculation of the correct dose of IV Midazolam for the patient and dilutes this dose to the correct concentration 9. Demonstrate accurate and safe delivery of IV Midazolam bolus not exceeding total maximum dose, as per RCH guideline (Refer - RCH CPG Sedation - Procedural Sedation-ward & ambulatory areas) 10. Maintain line of sight and verbal contact throughout the sedation period 11. Demonstrate continuous monitoring of vital signs and UMSS, documenting as per EPIC Sedation Documentation 12. Demonstrate safe and timely management of side effects or adverse events 13. Perform the "end of sedation period" assessment including level of alertness and return to baseline vital signs 14. Demonstrate "recovery" positioning when indicated 15. Demonstrate handover of patient when indicated 16. Complete all documentation for the sedation event as per EPIC Sedation Documentation and MAR 17. Demonstrate debrief of child and parent, include positive reinforcement 18. Demonstrate discussion of post sedation care with family and child, including falls prevention

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in independently administering IV Midazolam. The minimum recommended number of supervised IV Midazolam events, achieving independent administration, was undertaken and documented below. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Record of Intravenous Midazolam Administration

For the recommended number of supervised Intravenous Midazolam sedation events refer to-Comfort Kids Website-For health professionals – Intravenous Midazolam accreditation process

Event Number & Date	Feedback Prompts required Areas to improve	Outcome for Event Assisted - Repeat Independent - Competent	Assessor Signature & Designation

Prostaglandin (Prostin) Infusion

Competency Statement:

The nurse safely and effectively cares for a patient on Prostaglandin

RCH references related to this competency: RCH Clinical Practice Guidelines: Prostaglandin Management;
RCH Intranet: Cardiology – Intranet Resources – Prostaglandin Protocol

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Locate and read the<ol style="list-style-type: none">a. Prostaglandin Management Guidelines clinical practice guidelineb. Prostaglandin (Koala) protocol2. Discuss foetal circulation and the changes that occur at birth3. State indications for a Prostaglandin Infusion and the relevance of “duct dependent circulation”4. Identify 3 conditions where a Prostaglandin Infusion would be necessary5. State what the normal drug dosage and dosage accepted on the ward, PICU and NICU6. Identify methods of administration7. Describe why it is important to have 2 forms of IV access when a patient is on a Prostaglandin Infusion8. State common side effects of Prostaglandin9. State the nursing considerations for caring for a patient on Prostaglandin10. Discuss physiological changes in patient conditions that would need to be reported11. Discuss why a patient on Prostaglandin may be kept Nil by Mouth

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none">1. Demonstrate the ability to calculate required rate and dosage2. Prepare room and equipment for neonatal admission on Prostaglandin
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Respiratory Assessment and Illness

Competency Statement:

The nurse safely and effectively performs a comprehensive paediatric respiratory assessment and discusses the pathophysiology and management of common paediatric respiratory illnesses.

RCH references related to this competency: RCH Clinical Practice Guidelines: Asthma, Bronchiolitis, Croup, Pertussis, Pneumonia; RCH Emergency Department Respiratory Learning Package

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none"> 1. Locate and read: <ol style="list-style-type: none"> a. RCH Emergency Department Respiratory Learning Package b. Asthma clinical practice guideline c. Bronchiolitis clinical practice guideline d. Croup clinical practice guideline e. Pneumonia clinical practice guideline f. Pertussis clinical practice guideline 2. Describe the anatomical & physiological differences between a paediatric and adult airway. 3. Describe the anatomical & physiological differences in relation to the respiratory system for <ol style="list-style-type: none"> a. infant b. small child c. older child 4. State the normal values for respiratory rates in an <ol style="list-style-type: none"> a. infant b. small child c. older child 5. Discuss preparation of the environment, equipment, and child for respiratory assessment 6. Identify and state significance of respiratory noises <ol style="list-style-type: none"> a. Wheeze b. Stridor c. Crackles: Course / fine d. Grunting 7. State the signs and symptoms of mild, moderate, severe respiratory distress 8. Discuss oxygen saturation monitoring in relation to respiratory assessment and illness 9. Discuss the relationship between pulse oximetry and the oxyhaemoglobin dissociation curve. 10. Describe the pathophysiology underlying common respiratory conditions: <ol style="list-style-type: none"> a. Asthma b. Bronchiolitis c. Pneumonia d. Croup e. Pertussis 11. Discuss interventions/management of common respiratory conditions: <ol style="list-style-type: none"> a. Asthma b. Bronchiolitis c. Pneumonia d. Croup e. Pertussis 12. Describe clinical indications and rationale for commencing oxygen therapy 13. Describe process for escalating care of a patient who develops an oxygen requirement 14. Describe observation regime for patients when weaning oxygen therapy.
S	<ol style="list-style-type: none"> 1. Demonstrate effective respiratory assessment in relation to: <ol style="list-style-type: none"> a. Level of consciousness b. Inspection (Look) c. Auscultation (Listen) d. Palpation (Feel) e. History Taking f. Effort & Efficiency of breathing 2. Accurately document findings of respiratory assessment: <ol style="list-style-type: none"> a. Air entry b. Respiratory rate and character c. Rise and fall of chest wall d. Normal sounds on auscultation e. Work of breathing f. Landmarks and sequence for auscultation g. Use of accessory muscles 3. Demonstrate effective use of spacer for different age groups 4. Demonstrate asthma education to parents / caregivers

Nurse Declaration

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Resuscitation – Advanced Paediatric

Competency Statement:

The nurse safely, efficiently and effectively performs advanced cardiopulmonary resuscitation on the infant and child

COMPETENCY ELEMENTS	
K	<p>Initial Assessment</p> <ol style="list-style-type: none">1. Outline the process to raise an alert and activate a MET call <p>Airway and breathing</p> <ol style="list-style-type: none">2. Cite indications for use of the Guedel (Oropharyngeal) airway3. Identify rhythms requiring compressions <p>Intubation</p> <ol style="list-style-type: none">4. Describe correct priorities for assisting at intubation5. Identify correct procedure for confirming ETT placement <p>Medication and Fluid administration</p> <ol style="list-style-type: none">6. Identify the primary resus drug and fluid and the preferred routes <p>Defibrillation</p> <ol style="list-style-type: none">7. Identify rhythms requiring defibrillation8. Identify correct joules and sequence9. Discuss the 2010 evidenced based Universal Cardiac Arrest Algorithm in paediatrics10. Discuss how Family Centred Care can be provided when the child requires resuscitation
S	<p>Initial Assessment</p> <ol style="list-style-type: none">1. Demonstrate initial assessment of the patients conscious state <p>Airway and breathing</p> <ol style="list-style-type: none">2. Demonstrate assessment of airway and breathing using the “look, listen and feel” process3. Perform manoeuvres to open the airway specific to the age group4. Demonstrate effective clearance of the airway5. Provides effective bag and mask ventilation with<ol style="list-style-type: none">a. Correct size maskb. Adequate oxygen flowc. Good chest inflation6. Demonstrate correct de-emphasis on checking for pulse7. Demonstrate immediate provision of cardiac massage8. Demonstrate safe and effective cardiac massage technique<ol style="list-style-type: none">a. Adequate rate and ratiob. Adequate depth in correct positionc. Allowing full chest recoild. Minimising interruptionse. Co-Ordination of compressions and breathsf. Determines the effectiveness of compressionsg. Importance of Backboard in situ <p>Intubation</p> <ol style="list-style-type: none">9. Assemble the correct equipment and information to enable intubation<ol style="list-style-type: none">a. Airway equipmentb. Weight calculationc. ETT tube size and length <p>Medication administration</p> <ol style="list-style-type: none">10. Prepare the correct drugs and dosages for resuscitation11. Prepare the correct fluid and volume to be administered12. Demonstrate the correct calculation and preparation for infusions of Dobutamine and Noradrenaline <p>Defibrillation</p> <ol style="list-style-type: none">13. Demonstrate correct use of the manual biphasic defibrillator to safely and effectively deliver the electrical energy with minimal interruptions to compressions14. Demonstrate correct dialogue required prior to Defibrillation to ensure electrical safety15. Accurately document cardiopulmonary resuscitation

Nurse Declaration on next page

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Supraventricular Tachycardia

Competency Statement:

The nurse discusses supraventricular tachycardia (SVT), including electrophysiology, interventions, medication and monitoring

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Identify SVT Rhythm2. Identify common patient categories who develop / likely to develop SVT3. Discuss common anti arrhythmic drugs used to treat SVT's4. Describe the dosage and administration requirements of IV Adenosine5. Discuss potential complications of prolonged SVT and / or unsuccessful reversion6. Discuss monitoring requirements of a patient with SVT7. Discuss the SVT education you would provide to parents8. Discuss use of defibrillator or overdrive pacing in the treatment of SVT9. Discuss post cardio version care

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none">1. Demonstrate how to administer IV adenosine
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Surgical Drains

Competency Statement:

The nurse safely and effectively cares for a patient with a surgical drain

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Locate and read the following Clinical Practice Guidelines: Surgical Drains and Pleural and mediastinal drain management after cardiothoracic surgery2. Identify reasons why a surgical drain might be inserted3. Identify the following surgical drains<ol style="list-style-type: none">a. Jackson – Prattb. Redivacc. Mini – Vac4. State how it would be evident if each of the above drains was on suction5. Explain the correct procedure to address a Redivac which is not patent6. State how frequently a surgical drain should be measured and / or emptied7. Discuss two potential complications of surgical drains8. List four signs indicating infection of a surgical drain site9. Discuss the rationale for removal of a surgical drain

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none">1. Demonstrate emptying a Jackson Pratt drain2. Demonstrate emptying a Mini – Vac drain3. Demonstrate correct procedure for obtaining an accurate measurement of a Redivac drain4. Demonstrate wound care for Surgical drain site and documentation required5. Demonstrate removal of surgical drain
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Thermoregulation (Neonates)

Competency Statement:

The nurse provides safe and effective thermoregulation nursing care for neonates and infants.

Element Exemptions: Banksia, Cockatoo, Dolphin, Emergency, Kelpie, Koala, Kookaburra, Medical Imaging, Perioperative, Platypus, Possum, RCH@Home, Rosella, Sugar Glider (K10); Banksia, Cockatoo, Dolphin, Emergency, Kelpie, Koala, Kookaburra, Medical Imaging, Perioperative, Platypus, Possum, RCH@Home, Sugar Glider (S5-7)

COMPETENCY ELEMENTS

K

Thermoregulation Overview

1. State the normal range for axilla and rectal temperatures in a neonate or infant
2. State to correct technique for obtaining a rectal temperature in children under 3 months of age
3. Define neutral thermal environment (NTE)
4. Explain the four mechanisms of heat loss and state two strategies to prevent heat loss for each of the four mechanisms
5. State risk factors for temperature imbalance in neonates/infants
6. Discuss cold stress and impact this has on the critically ill neonate/infant
7. Outline the nursing management for hypothermia
8. Define hyperthermia and describe the assessment findings in the neonate/infant
9. Outline the nursing management for hyperthermia
10. Describe the advantages/disadvantages of
 - a. Radiant warmer
 - b. Incubator
11. Explain how nursing an extremely low birth weight neonate is humidity affects temperature balance
12. Explain the mechanism of servo control

Radiant Warmers

13. State how often the temperature should be monitored when neonates are nursed on a radiant warmer, and identify how to manage the radiant warmer when hypothermic
14. Describe and demonstrate specific nursing assessment and care required of the neonate on a radiant warmer
15. State when it is appropriate to transfer a neonate to
 - a. an incubator
 - b. open cot
16. Describe the specific nursing care to maintain thermoregulation stability when transferring to an open cot.

Incubators

17. State how often neonates temperature should be monitored when in an Incubator and the procedure for increasing Incubator temperature if needed
18. State why an Incubator should not be turned off while a neonate is still being nursed in it
19. State the factors to be considered in weaning a neonate from an Incubator to an open cot
20. Describe procedure for weaning a neonate from an incubator to an open cot
21. Explain the mechanism of servo control in the Incubator stating two reasons why this mode would be used

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Date:

Thermoregulation (Neonates) cont.

S	<p>Radiant Warmers</p> <ol style="list-style-type: none">1. Demonstrate the functions of a radiant warmer2. Collect and prepare equipment to pre-warm the radiant heater3. Position the infant correctly on the radiant warmer4. Demonstrate correct application of the skin probe and<ol style="list-style-type: none">a. discuss factors that can interfere with probe functionb. discuss nursing interventions to rectify probe problems <p>Incubators</p> <ol style="list-style-type: none">5. Demonstrate how to set the NTE for two neonates of different gestation and weights in Incubators6. Demonstrate how to set up servo control and what needs to be documented if the neonate is on servo control in the incubator explaining the rationale for this documentation7. Accurately documents information related to thermoregulation of the neonate
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Tetralogy of Fallot – Management of a Cyanotic Spell

Competency Statement:

The nurse safely and effectively cares for a patient with Tetralogy of Fallot

Element Exemptions: Banksia, Butterfly, Cockatoo, Dolphin, Emergency, Kelpie, Koala, Kookaburra, Medical Imaging, Platypus, Possum, RCH@Home, Rosella, Sugar Glider (K8-9)

COMPETENCY ELEMENTS

K

1. Describe anatomy associated with the congenital cardiac defect Tetralogy of Fallot.
2. Describe the difference between a 'pink' TOF and 'blue' TOF
3. Discuss possible medical management for a patient with Tetralogy of Fallot
4. Discuss possible surgical management for a patient with Tetralogy of Fallot
5. Identify common triggers that may induce a cyanotic spell
6. Describe the physiological changes that may be observed when a 'spell' occurs.
7. Describe initial patient management of a cyanotic spell
8. Explain monitoring requirements of patient with potential and actual TOF spells
9. Discuss the complications for this cohort group of patients undergoing induction of anaesthetics
10. Describe the steps that are to be taken should a TOF spell occur during induction in theatres

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Date:

S

1. Demonstrate assessment of patient with Tetralogy of Fallot

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Date:

Transfer from Rosella Ward (PICU)

Competency Statement:

The nurse safely and effectively prepares and transfers the patient to the ward from PICU

COMPETENCY ELEMENTS	
K	1. Identify resources available that can assist you in the transfer of a patient from PICU
S	<ol style="list-style-type: none">1. Demonstrate patient assessment to determine that the patient is clinically stable for the intended transfer2. Communicate effectively with all members of the multi-disciplinary team and the family to plan the transfer3. Demonstrate preparation of the patient<ol style="list-style-type: none">a. Correct intravenous infusions type, volume and strength for ward and loaded into ward infusion pumps and polesb. Accurate pain assessment and if appropriate referral made to Children's Pain Management Service (CPMS)c. Correct lines labelled, minimised and preparedd. Intra – arterial line removede. Pressure monitoring discontinuedf. CVC removed if not requiredg. Peripheral lines patenth. Dressings and drains attended toi. Removal of chest drains and pacing wires if indicatedj. patient and bed is clean and all PICU hardware removed4. Accurately complete documentation prior to transfer<ol style="list-style-type: none">a. Ward charts:<ol style="list-style-type: none">i. Observationii. Fluid (balanced 1200hrs)b. Discharge summariesc. Fluid orders and MET criteria5. Demonstrate accurate handover of the patient

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Transplant (Post-operative Cardiac)

Competency Statement:

The nurse safely and effectively cares for the child / young person post Cardiac transplant

RCH references related to this competency: RCH Intranet: Cardiology – Intranet Resources - Cardiology and Cardiac Surgery Protocols

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none"> 1. Locate and read the Paediatric Cardiac Transplant Protocol 2. Describe the preparation of the allocated room, equipment, and bedspace for the patient post-operative cardiac transplant 3. Identify the post-operative nursing care priorities to maintain haemodynamic stability in PICU: <ol style="list-style-type: none"> a. within 1st 24hours b. ongoing until transfer to the ward 4. State the nursing responsibilities in caring for the child/young person who has undergone cardiac transplantation and their family in relation to <ol style="list-style-type: none"> a. Room allocation b. Monitoring of vital signs and laboratory results c. Pain management d. Fluid requirements / balance e. Medications / Infusions f. Infection Control g. Discharge planning and family education 5. Describe the rationale for immunosuppressant's (mycophenolate, Cyclosporine, Tacrolimus and Prednisolone) and the possible complications and side effects associated with these medications 6. Describe the rationale for Prophylactic medications eg: Bactrim, Acyclovir, Nilstat 7. State the nurses responsibilities when caring for the immunosuppressed patient 8. Discuss the main surgical complications that may occur post cardiac transplant and their management 9. Discuss the multidisciplinary team members involved in the care of child post cardiac transplant and their role in a child's recovery 10. Describe the psychosocial impact cardiac transplantation may have on the child / young person and their family 11. Discuss the required follow up of children / young people post discharge
S	Not Applicable

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Transplant (Post-Operative Renal)

Competency Statement:

The nurse safely and effectively cares for the child / young person post renal transplant

RCH references related to this competency: RCH Intranet: Nephrology – Protocols – Renal Transplantation

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Locate and read the<ol style="list-style-type: none">a. RCH Nephrology webpageb. RCH Paediatric Renal Transplant Protocol2. Describe the process for room allocation for the patient who has had a renal transplant3. Summarise pain management options for the patient post renal transplant4. Revise the fluid requirements / balance<ol style="list-style-type: none">a. Infusionsb. Fluid Managementc. Other5. Discuss the medications commonly administered to patients post renal transplant<ol style="list-style-type: none">a. Immunosuppressant'sb. Prophylaxisc. Antihypertensive6. Discuss the monitoring of vital signs and laboratory results7. Discuss the main complications that may occur post-transplant and their management8. Discuss the multidisciplinary team members involved and their roles in the care of the child post renal transplant9. Describe the psychosocial impact renal transplantation has on the child / young person and their family

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none">1. Demonstrate nursing assessment and management to maintain haemodynamic stability in the post op period<ol style="list-style-type: none">a. 1st 24 hrb. Ongoing2. Demonstrate/Discuss discharge planning and family education
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Transplant (Pre-Operative Cardiac)

Competency Statement:

The nurse safely and effectively cares for the child / young person and their family about to undergo cardiac transplantation

RCH references related to this competency: RCH Intranet: Cardiology – Intranet Resources - Cardiology and Cardiac Surgery Protocols

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none"> 1. Locate and read the RCH Paediatric Cardiac Transplant Protocol 2. State the indications for cardiac transplantation and the subsequent assessment process 3. State the reasons why cardiac transplantation is a treatment option for children with end stage cardiac failure 4. Describe the role of the transplant co-ordinator 5. Describe the nursing responsibilities when preparing a child / young person for cardiac transplantation including <ol style="list-style-type: none"> a. Nursing admission b. Weight and height c. Pre-transplant bloods d. Pre-operative checklist and documentation e. Premed f. Arranging transfer to theatre 6. Describe the social and cultural implications of cardiac transplantation 7. Discuss support available for the family
S	Not Applicable

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Transplant (Pre-Operative Renal)

Competency Statement:

The nurse will safely and effectively care for the child / young person and their family about to undergo renal transplant

RCH references related to this competency: RCH Intranet: Nephrology – Protocols – Renal Transplantation

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none"> 1. Locate and read the RCH Paediatric Renal Transplant Protocol 2. State the three stages of renal failure 3. State the indications for renal transplantation 4. State the reasons why renal transplantation is the preferred treatment choice for children with end stage renal failure 5. State the youngest age (approx) that a child can receive a kidney transplant (why) 6. Identify potential sources of donor kidneys 7. Discuss why one donor may be better than another 8. State approximate upper and lower age limits for donors 9. Identify the steps required by the recipient prior to renal transplantation (eg: workup requirements) 10. Discuss the rationale for pre-medication (immunosuppression) prior to transplant 11. List three immunosuppressant agents that in most instances will be given prior to a renal transplant 12. Describe the nursing responsibilities when preparing a child / young person for renal transplantation including <ol style="list-style-type: none"> a. Admission responsibilities (living donor and deceased donor) b. Day of theatre (theatre preparation of the patient, supplies, readying room for post op) 13. Describe the role of the members of the multidisciplinary team in supporting the child / young person and their family about to undergo renal transplantation
S	Not Applicable

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Urinary Catheters

Competency Statement:

The nurse will safely and effectively care for a child with a urinary catheter

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Define urinary catheterisation2. State the reasons why a urinary catheter would be required3. Describe the position of the following types of catheters<ol style="list-style-type: none">a. Indwelling catheter (IDC)b. Suprapubic Catheter (SPC)c. Ureteric Catheterd. Nephrostomy Tube4. State the frequency that urine output should be measured based on the child's condition5. State the expected urine output in mls/kg/hr for the post-operative patient6. Discuss the catheter care for different types of catheters7. Discuss potential causes of a non – draining catheter8. State actions if a nephrostomy or ureteric catheter has stopped draining and discuss for why urine output may have stopped9. Discuss the resources and education required for children and families when a child is to be discharged with a urinary catheter in situ
S	<ol style="list-style-type: none">10. Demonstrate the correct emptying of the urinary catheter bag11. Demonstrate accurate documentation of urine output12. Demonstrate how an IDC should be taped for<ol style="list-style-type: none">a. Boysb. Girls13. Perform catheter care

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Ventricular Access Device (VAD) – Long Term

Competency Statement:

The nurse safely and effectively cares for the child who is receiving therapy via a Heartware or Berlin Heart Ventricular Assist Device (VAD)

RCH references related to this competency: RCH Clinical Practice Guidelines: Long Term Ventricular Assist Device VAD Anticoagulation Guidelines; RCH Intranet: Haematology – Intranet Resources – Anticoagulation, Kids Health Info – Resources

COMPETENCY ELEMENTS

K

1. Locate and read the VAD Manual
2. Identify the indications for a VAD
3. Discuss the criteria for the device choice (Heartware or Berlin Heart) for a patient requiring VAD
4. List the components of the VAD
 - a. Cannula
 - b. Blood pump head or Heartware Device
 - c. Drive line: pneumatic lead or electrical cable
 - d. Driver
5. Describe the cannula placement in VAD
 - a. Left-sided VAD
 - b. Right-sided VAD
6. Discuss the principles of VAD
 - a. the role of pneumatics and centrifugal in the functioning of VAD
 - b. the process and direction of blood flow from the patient into the VAD blood pump and returning to the patient circulation
7. Explain the two modes of VAD
 - a. Volume/ Auto
 - b. Async/ Fixed
8. Discuss the modes available with the
 - a. Berlin Heart
 - b. Heartware
9. Explain the clinical problems that can present during therapy on a VAD and discuss the potential causes of each problem (e.g. incomplete VAD output)
10. Discuss the adverse complications of VAD
11. Locate, read and discuss:
 - a. Parent information resources (Kids health information, Parent/patient Information Booklet)
 - b. VAD Pre-operative checklist
 - c. Long term VAD Anticoagulation guideline
 - d. Daily care plan for long-term VAD patients
 - e. Long-term VAD dressing procedure
12. Attend the following sessions:
 - a. Heartware lecture
 - b. Heartware tutorial
 - c. Berlin Heart lecture
 - d. Berlin Heart tutorial
13. Describe the ongoing patient assessment and documentation required when a patient is receiving VAD therapy including:
 - a. Vital signs
 - b. VAD Observations
 - c. Pump head filling and emptying
 - d. Signs of effective cardiac output
 - e. Signs of the potential clinical problems
 - f. VAD Circuit
 - g. Cannula site dressing and pump head stabilisation
 - h. Describe the correct procedure for securing the VAD cables
 - i. Anticoagulation management
 - j. Pain
14. Discuss the purpose of the insertion of the double lumen broviac at the time of VAD implantation

Competencies continued on next page

K	<p>15. Discuss points to consider when a patient is returning to theatre for a chest exploration in relation to:</p> <ol style="list-style-type: none"> Timing of when to transfer to the Operating theatre What can happen when muscle relaxants are given in the Anaesthetic room to a patient on VAD (volume mode) What should be done to help prevent this occurring and to treat the problem. <p>16. Explain how to call for assistance when a patient on VAD is located</p> <ol style="list-style-type: none"> On the Cardiac/Renal Unit and have a non-urgent query related to the patient or VAD out of hours On the Cardiac/Renal Unit and have an emergency related to the patient or VAD in or out of hours In PICU and there is an emergency with either the patient or VAD in hours In the Starlight Room in hours
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I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	<ol style="list-style-type: none"> Successfully complete the written competencies for <ol style="list-style-type: none"> Heartware Berlin Heart Successfully complete the practical assessment for <ol style="list-style-type: none"> Heartware Berlin Heart Complete some supernumerary time with a Nurse experienced in caring for a child on VAD <ol style="list-style-type: none"> Heartware Berlin Heart Articulate and demonstrate the correct start of shift checks for each of the following VADs <ol style="list-style-type: none"> Heartware Berlin Heart
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Please indicate if there is written feedback or reflections related to this competency in the designated section of the workbook

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Competency Feedback & Reflection

This section is used to document constructive feedback relating to specific elements of any competency from assessors, and also provides space to document reflection on your own practice (either in direct relation to the feedback, or separately).

Competency Name:			
Element(s):			
Assessor Feedback:			
Self-Reflection:			
Assessor [sign and date]		Nurse [sign and date]	

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