

Chapter 3D

Specialty Nursing Competencies – Sugar Glider Ward



The Royal
Children's
Hospital
Melbourne

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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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. Define 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 a:<ol style="list-style-type: none">a. Venous sampleb. Capillary samplec. Arterial sample3. State possible clinical indications for taking a blood gas sample4. Identify and state possible causes of:<ol style="list-style-type: none">a. Respiratory acidosisb. Respiratory alkalosisc. Metabolic acidosisd. Metabolic alkalosis5. Discuss compensation in acid – base balance6. Articulate considerations for patients with mixed circulation when performing blood gas analysis7. Describe the correct management of the patient with altered blood gas analysis
S	<ul style="list-style-type: none">• 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 sample• For each specimen demonstrate the correct way to identify the patient, collect and label the required specimen, and print a specimen collection order from the EMR:<ol style="list-style-type: none">a. use worklist to identify specimen requiredb. take tubes, labels and a rover/COW to bedsidec. scan patients barcode to positively ID themd. collect blood from the patient and place the labels on the tubee. click collect and print on the EMR work list ensuring the Collect and Print windows appearf. enter information as required, click collect and Print again, form will print outEnsure specimen is transported to laboratory immediately• Demonstrate a step by step process to interpret the blood gas analysis

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 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. List three commonly ordered blood tests that can be obtained with a heel pick.2. List four potential complications associated with performing a blood collection by heel prick.3. Discuss the rationale for wiping away the first drop of blood when obtaining a blood sample.4. Describe correct procedure for transport of collected specimen.
S	<ol style="list-style-type: none">5. Discuss and demonstrate preparation of the neonate for the procedure6. Collect and correctly assemble tubes, labels and a mobile device such as a rover or COW and take to patient's bedside 6. Scan the patients barcode to positively identify them Select appropriate site on heel for puncture and provide a rationale for this 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 collected7. Click Collect and Print on the work list and complete required text fields8. Click collect and Print again so that form prints out9. Ensure specimen is transported to the laboratory

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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. Describe the anatomy of the chest including the lining of the lungs 2. Identify the mechanics of breathing including intrapleural pressure. 3. Identify the location of the proximal end of the chest drain 4. Describe the function of the 3 chamber UWSD apparatus 5. Provide rationale for insertion of UWSD chest drain 6. Explain the specific safety precautions required for the patient with an UWSD 7. Describe the correct procedure for securing the chest drain and dressing the insertion site 8. Describe the ongoing assessment required when a patient has a chest drain with UWSD including: <ol style="list-style-type: none"> a. Start of shift checks b. Vital signs c. Pain d. Drain insertion site 9. Describe UWSD observation and management with regard to: <ul style="list-style-type: none"> Bubbling Swinging Drainage Suction 10. Outline the correct procedure for measuring chest drainage 11. Discuss the nursing management for chest drainage losses 12. Describe the indications and procedure for changing the UWSD unit 13. Describe the precautions required for transporting a patient with an UWSD 14. Outline the potential complications of a chest drain and UWSD with regard to: <ol style="list-style-type: none"> a) Kinks b) Clamping c) Disconnection d) Clots
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 pressure b. Connecting one unit to suction c. Connecting 2 units to suction (splitting) d. Wet suction unit (Atrium Ocean) e. Dry suction unit (Atrium Oasis) 2. Using the UWSD apparatus identify how you would determine if the patient has an ongoing air leak 3. Demonstrate adding a chest drain to the LDA tab in Flowsheets 4. Demonstrate correct documentation of chest drain under LDA Assessment 5. Demonstrate the correct method of documenting the chest drain activity and drainage on the fluid balance Flowsheet 6. Demonstrate the correct method for obtaining a specimen from the UWSD unit

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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 process9. Demonstrate completion of all required documentation of EMR

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Eczema (Wet dressings and topical treatment)

Competency Statement:

The nurse safely and effectively performs wet dressings and applies topical treatments for patients with Eczema

RCH references related to this competency: RCH Clinical Practice Guidelines: Eczema;
RCH intranet: Dermatology – Eczema – Wet Dressing Instructions

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Locate and read the<ol style="list-style-type: none">a. RCH Eczema clinical practice guidelineb. wet dressing instructions – elasticated tubular bandage2. Describe the signs and symptoms of Eczema<ol style="list-style-type: none">a. Mildb. Moderatec. Severe3. Describe the signs and symptoms of infected Eczema4. Describe the topical process for treating bacterial infected Eczema5. Discuss what causes Eczema to flare6. State how the following conditions can alter a patient’s treatment<ol style="list-style-type: none">a. Infected Eczemab. Herpes Simplex Virus 1 Eczema7. Discuss the rationale for the use of bleach baths8. Discuss the rationale for wet dressings9. Discuss the rationale for the use of topical steroids10. State which topical steroids should be applied to what part of the body and how<ol style="list-style-type: none">a. Hydrocortisone 1% ointmentb. Elocon ointmentc. Advantan fatty ointment
S	<ol style="list-style-type: none">1. Demonstrate accurate completion of an Equipment Distribution Centre Card for supplies2. Demonstrate accurate completion of an Eczema Treatment Plan3. Demonstrate assessment of a child’s Eczema4. Demonstrate accurate application of wet dressings, topical steroids and moisturisers

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Febrile Illness

Competency Statement:

The nurse safely and effectively cares for a child with a febrile illness

RCH references related to this competency: RCH Clinical Practice Guidelines: Febrile Child

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Locate and read the febrile child under three years clinical practice guideline2. State acceptable temperature range for neonates and children3. Discuss the significance of low temperature recordings in infants under 3 months4. Discuss the significance of high temperature recordings in neonates5. Discuss the significance of high temperature readings in children who are immunocompromised6. Provide examples of investigations that may be undertaken to determine the cause of fever<ol style="list-style-type: none">a. Under 3 monthsb. 2 year old with abdo pain and feverc. 3 year well, not distressed with runny nosed. Child who is immunocompromised7. Discuss the use of antipyretics in the care of a child with a febrile illness
S	<ol style="list-style-type: none">1. Demonstrate the different methods used to obtain a temperature and describe the benefits and disadvantages of each<ol style="list-style-type: none">a. Tympanicb. Per Axillac. Per Rectal2. Demonstrate education to families and caregivers regarding fever management and the use of antipyretics including fever handout education.3. Provide families / caregivers with accurate information regarding febrile convulsions4. Display reassurance to distressed families and caregivers about their child with a febrile illness

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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 of <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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Gastrostomy Tubes

Competency Statement:

The nurse safely and effectively cares for a child with a gastrostomy tube

RCH references related to this competency: RCH Clinical Practice Guidelines: Gastrostomy – Acute replacement of displaced tubes, Gastrostomy – Common problems

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Locate and read<ol style="list-style-type: none">a. Gastrostomy – common problems clinical practice guidelineb. Gastrostomy – acute replacement of displaced tubes2. Discuss the reasons why a gastrostomy tube might be inserted3. Describe a gastrostomy tube including all the key parts4. Discuss postoperative care of gastrostomy tube5. Discuss use of gastrostomy tube immediately post insertion6. Discuss rotating or turning the gastrostomy tube7. Discuss the daily care requirements for a child with a gastrostomy tube8. Differentiate between the types of gastrostomy tubes, including time frames for tube changes9. Discuss the role of the dietician in the management of feeding via a gastrostomy tube10. Describe the process for administering feeds via a gastrostomy tube including the types of feeding methods11. Describe the process for administering medications via a gastrostomy tube12. Discuss the care required for the stoma site13. State common problems with a gastrostomy and discuss nursing interventions required14. State the immediate management of a patient with a dislodged gastrostomy tube
S	<ol style="list-style-type: none">1. Demonstrate venting of a gastrostomy tube2. Under LDA's, add Gastrostomy3. Using EMR demonstrate required documentation in Flowsheets of<ul style="list-style-type: none">• Observations• Fluid Balance• LDA Assessment

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Nurse Name: _____ Signature: _____ Date: _____

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Immunisations (Opportunistic)

Competency Statement:

The nurse identifies when a child requires immunisations and safely and effectively administers the appropriate immunisation

RCH references related to this competency: RCH Clinical Practice Guidelines: Immunisation – Opportunistic

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none"> 1. Locate and read the opportunistic immunisation clinical practice guideline 2. Discuss the current Australian national immunisation schedule 3. Discuss reasons why a child’s immunisations may be delayed 4. Discuss reasons why families may choose not to immunise their child and identify resources available to assist families in decision making 5. Discuss the documentation requirements when providing immunisations <ol style="list-style-type: none"> a. Pre Immunisation check list b. Common side effects to vaccines c. Vaccine administration form – ACIR d. child health book (blue book) and / or yellow form for parents records e. Medication Chart 6. State the resources available to ensure the correct vaccination is prescribed for the child 7. Identify the trade names and antigens for a prescribed vaccine 8. Discuss the administration techniques for different vaccines <ol style="list-style-type: none"> a. Route of administration b. Age appropriate sites for injection c. Positioning patients 9. Discuss distraction techniques used during immunisation 10. Discuss the safety requirement used during immunisation <ol style="list-style-type: none"> a. Sharps removal b. Observations required post immunisation 11. Discuss the treatment and reporting of adverse reactions post immunisation <ol style="list-style-type: none"> a. Common side effects versus anaphylaxis b. SAEFVIC 12. State who a referral should be made to if the child requires a catch up schedule for immunisations
S	Not Applicable

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Nurse Name: _____ Signature: _____ Date: _____

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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.

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

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Define HFNP therapy2. State the clinical indications for applying HFNP3. State the clinical contraindications to applying HFNP4. 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○ Weaning5. Describe the potential complications of HFNP
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

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Nurse 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. Assemble the equipment required to perform neurological observations3. 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 signs4. Identify the preferred method of painful stimuli5. Differentiate decorticate and decerebrate posturing and what causes them6. Discuss how acquired or developmental intellectual impairment will affect the collection of accurate neurological observations7. List the signs and symptoms of raised ICP and how these change as the infant/child gets older8. Explain the Cushing Reflex9. State the actions required if a patient has deterioration in neurological status
S	<ol style="list-style-type: none">10. Demonstrate documentation of neurological observations on EMR under Observations, and Focused Assessment.11. 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

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Oximetry (Overnight)

Competency Statement:

The nurse safely and effectively cares for a patient requiring overnight oximetry.

RCH references related to this competency: RCH Intranet: FRACP – FRACP Resources, RCH@Home – Home Care Manuals – Using a pulse oximeter

COMPETENCY ELEMENTS	
K	1. State rationale for performing overnight oximetry. 2. State rationale for oximeter probe site rotation Outpatient Testing 3. Describe process for transport of oximeter to and from home and hospital. 4. State the parameters to be observed and recorded in a 'sleep diary'
S	1. Prepare oximeter for test: <ol style="list-style-type: none"> a. Deletion of previous data b. Setting of high/low oximetry alarms c. Setting of high/low heart rate alarms d. Probe selection and application 2. Accurately record observations required of a patient requiring overnight oximetry. 3. Demonstrate how to download and print oximetry data. 4. Demonstrate how to retrieve previous oximetry data. 5. Demonstrate how to edit date range and chart axis Outpatient Testing 6. Develop a plan of care using the Overnight Oximetry Request form. 7. Demonstrate oximeter to parent / caregiver. 8. Confirm that pick up and drop off have been arranged. 9. Demonstrate explanation of contact numbers and troubleshooting to families.

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Nurse Name: _____ Signature: _____ Date: _____

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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

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none"> 1. Locate and read the RCH <ol style="list-style-type: none"> a. Opioid Infusion Guidelines b. Ketamine Infusion Guidelines 2. Describe the pharmacokinetics of the analgesia infusion 3. Discuss the potential side effects of analgesia infusions 4. State the minimal clinical observations required for a patient receiving an analgesia infusion 5. Discuss reportable parameters 6. Discuss nursing actions to take if pain escalates 7. Discuss when to give analgesia boluses and when to increase analgesia infusions 8. State when, why and how much naloxone should be given for opioid induced pruritus, sedation and respiratory depression 9. Locate and complete the opioid primary competency quiz
S	<ol style="list-style-type: none"> 10. Demonstrate pain assessment with an understanding of child development, language and appropriate pain assessment tools 11. Demonstrate accurate documentation of observations and assessment in Flowsheets, under Observations. 12. Demonstrate correct set up of analgesia infusion pumps and provision of bolus. 13. Demonstrate explanation, answering questions and confirmation of understanding with family

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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. RCH Record of Sedation for procedure MR755/A

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. Record of sedation for procedure MR755/A 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

Nurse competency statement on next page

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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. RCH Record of Sedation for procedure MR755/A

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. Using EMR locate and complete the Sedation Documentation record to: <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 as per the Record of sedation for procedure MR755/A, 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. Using EMR complete Pre-, Intra-, and Post-Sedation Checklist. Demonstrate debrief of child and parent, include positive reinforcement 24. Discuss post sedation care with family and child, include falls prevention 25. Discuss travel arrangements and supervision (for outpatients)

Nurse competency statement on next page

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

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. Sugar Glider respiratory pre-reading package Asthma clinical practice guidelineb. Bronchiolitis clinical practice guidelinec. Croup clinical practice guidelined. Pneumonia clinical practice guidelinee. Pertussis clinical practice guideline2. 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. infantb. small childc. older child4. State the normal values for respiratory rates in an<ol style="list-style-type: none">a. infantb. small childc. older child5. Discuss preparation of the environment, equipment, and child for respiratory assessment6. Identify and state significance of respiratory noises<ol style="list-style-type: none">a. Wheezeb. Stridorc. Crackles: Course / fined. Grunting7. State the signs and symptoms of mild, moderate, severe respiratory distress8. Discuss oxygen saturation monitoring in relation to respiratory assessment and illness9. 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. Asthmab. Bronchiolitisc. Pneumoniad. Croupe. Pertussis11. Discuss interventions/management of common respiratory conditions:<ol style="list-style-type: none">a. Asthmab. Bronchiolitisc. Pneumoniad. Croupe. Pertussis12. Describe clinical indications and rationale for commencing oxygen therapy13. Describe process for escalating care of a patient who develops an oxygen requirement14. 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 consciousnessb. Inspection (Look)c. Auscultation (Listen)d. Palpation (Feel)e. History Takingf. Effort & Efficiency of breathing2. Using Flowsheets, demonstrate accurate documentation of respiratory status under 'Observations', 'Primary Assessment', and 'Focused Assessment'.2. Accurately document findings of respiratory assessment:<ol style="list-style-type: none">a. Air entryb. Respiratory rate and characterc. Rise and fall of chest walld. Normal sounds on auscultatione. Work of breathingf. Landmarks and sequence for auscultationg. Use of accessory muscles3. Demonstrate effective use of spacer for different age groups

	4. Demonstrate asthma education to parents / caregivers
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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: _____

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 <ol style="list-style-type: none">1. State the normal range for axilla and rectal temperatures in a neonate or infant2. State the correct technique for obtaining a rectal temperature in children under 3 months of age3. 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 mechanisms5. State risk factors for temperature imbalance in neonates6. Discuss cold stress and impact this has on the critically ill neonate7. Outline the nursing management for hypothermia8. Define hyperthermia and describe the assessment findings in the neonate9. Outline the nursing management for hyperthermia10. Explain how nursing an extremely low birth weight neonate is humidity affects temperature balance11.
S	<ol style="list-style-type: none">1. Demonstrate the principles of thermoregulation in delivery of nursing care.2. Using EMR demonstrate accurate documentation if infant temperature.

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.

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Tracheostomy Management

Competency Statement:

The nurse safely and effectively cares for the infant / child with a Tracheostomy Tube

RCH references related to this competency: RCH Clinical Practice Guidelines: Tracheostomy Management; Nursing: Tracheostomy Video; Nursing: Tracheostomy Decannulation; PICU Intranet Artificial airway suctioning, RCH Policies & Procedures – Documentation: Medical Records Documentation – Medical Records

Element Exemptions: Banksia, Cockatoo, Dolphin, Emergency, Kelpie, Koala, Kookaburra, Medical Imaging, Perioperative, Platypus, Possum, RCH@Home, Sugar Glider (K21-23, S7); Butterfly (K10)

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none"> 1. Locate and read RCH Tracheostomy management CPG 2. Watch the RCH Tracheostomy Care Video 3. Describe the basic anatomy of the trachea 4. State 3 underlying principles for which a tracheostomy tube is inserted 5. Describe 3 clinical conditions for which a tracheostomy tube is inserted 6. State essential aspects of the upper airway that are bypassed when a tracheostomy tube is inserted 7. Identify the different tracheostomy tubes used at RCH and discuss their management 8. Identify the different tracheostomy tapes used at RCH and discuss age related safety issues 9. State immediate and long term complications following insertion of a tracheostomy tube 10. Discuss the process for transition of a recently tracheostomied patient from PICU / NICU to a ward 11. Discuss patient safety when transporting within hospital 12. Discuss nursing supervision requirements of a patient with a tracheostomy tube 13. State the signs that indicate when suctioning is required. 14. Describe the different secretions that may be observed and what each might indicate 15. State what a granuloma is, why they occur and how they are resolved 16. State options available for providing humidification via a tracheostomy tube 17. State options available for providing oxygen via a tracheostomy tube 18. Describe signs and symptoms of a blocked tracheostomy tube and state interventions required 19. Identify and discuss safety issues in relation to <ol style="list-style-type: none"> a. Bathing b. Feeding c. Travel d. Clothing e. Play 20. Discuss discharge planning for family / caregivers including: routine care and procedures, emergency procedures, community support and supplies 21. Discuss the post-operative nursing management (<7days) of a newly established tracheostomy <ol style="list-style-type: none"> a. availability of tracheostomy set or airway dilators at bedside b. availability of spare tracheostomy tubes at bedside c. timing 1st tube change d. personnel 1st tube change e. procedure for soiled ties f. assessment of stoma g. routine for changing trachy dressing h. airway clearance and tube patency 22. Discuss the rationale for stay – sutures
S	<ol style="list-style-type: none"> 1. Add 'Tracheostomy' to flowsheets under LDA's 2. Demonstrate correct documentation of Tracheostomy cares using EMR: <ul style="list-style-type: none"> • LDA Assessment • Observations - Suction 3. Demonstrate the procedure for changing tracheostomy ties 4. Demonstrate recommended bedside setup / transport kit / emergency kit 5. Demonstrate correct procedure for stoma care 6. Assemble equipment and demonstrate procedure for routine tracheostomy tube change 7. Demonstrate emergency management of a tracheostomy tube with respect to <ol style="list-style-type: none"> a. Blockage b. Accidental decannulation 8. Demonstrate correct suctioning technique 9. Demonstrate application of humidification and oxygen via the tracheostomy tube. 10. Demonstrate care of a patient undergoing planned decannulation 11. Demonstrate management of a percutaneous tracheostomy tube

Nurse Declaration on next page

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____

Ventilation: Mechanical (Basic Principles)

Competency Statement:

The nurse demonstrates a sound understanding of the principles of mechanical ventilation

RCH references related to this competency: RCH Intranet – PICU – Guidelines: Nursing management of the patient with invasive mechanical ventilation in PICU; Ventilator Alarm Settings; Artificial airway suctioning; Ventilator & accessory selection guide for PICU; Nitric oxide protocols; ED respiratory package (available from ED education) RCH Policies & Procedures – Documentation: Medical Records Documentation – Medical Records

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none"> 1. Locate and read RCH references related to this competency 2. Describe the physiology of normal spontaneous breathing 3. Discuss the lung characteristics of <ol style="list-style-type: none"> a. Airway resistance b. Lung compliance c. Tidal volume (VT) d. Minute volume (VE) e. Dead Space f. Shunt g. Inspiratory / Expiratory ratio (I:E ratio) h. Ventilation / Perfusion ratio (VQ) 4. State the aims of mechanical ventilation 5. Define mechanical ventilation and explain <ol style="list-style-type: none"> a. Invasive ventilation b. Non-invasive ventilation c. Negative pressure ventilation 6. Distinguish the two main modes of ventilation and discuss their application in ventilating children <ol style="list-style-type: none"> a. Volume ventilation b. Pressure ventilation 7. State the clinical management for initiation of mechanical ventilation for the paediatric patient with <ol style="list-style-type: none"> a. Acute respiratory failure b. Chronic respiratory failure 8. Explain the types of breaths that may be delivered by a ventilator <ol style="list-style-type: none"> a. Mandatory Breaths b. Spontaneous: triggered, assisted, supported 9. Determine the difference between SIMV breaths and Assist Control breaths 10. Identify the components of the ventilation circuit <ol style="list-style-type: none"> a. Inspiratory limb b. Expiratory limb c. Exhalation valve d. Humidifier e. Oxygen inlet and monitor 11. Define the ventilation parameters <ol style="list-style-type: none"> a. PIP / IPAP b. PEEP / EPAP c. Pressure Support d. Assist sensitivity (Flow Trigger) e. Inspiratory Time f. Flow g. Minimum / Maximum inspiratory time (TiMin/ TiMax) h. FiO2 12. State the causes of and appropriate response for <ol style="list-style-type: none"> a. Low pressure alarm b. High pressure alarm c. Low minute volume alarm 1. Demonstrate and discuss appropriate alarm settings for <ol style="list-style-type: none"> a. Pressure parameters 13. Flow parameters 14. Provide a rationale for the use of humidification and discuss <ol style="list-style-type: none"> a. Care of the humidifier and temperature probes b. Temperature setting c. Humidity control d. Troubleshooting
S	N/A

Nurse declaration on next page

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Nurse Name: _____ Signature: _____ Date: _____

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Ventilation (Non-Invasive)

Non-Invasive positive pressure ventilation (NPPV)

Competency Statement:

The nurse safely and effectively cares for the child receiving CPAP and BiPAP

RCH references related to this competency: RCH Intranet: PICU Intranet – Guidelines: Non-invasive respiratory support in PICU; Ventilator and accessory selection guideline; High flow nasal prong NFNP oxygen therapy; PICU ventilation package (obtain from PICU education); Non-invasive BiPAP ventilation package (obtain from ED education) Continuous Positive Airway Pressure (CPAP) and Non-invasive Ventilation (NIV) CPG

COMPETENCY ELEMENTS	
K	<ol style="list-style-type: none">1. Locate and read RCH references related to this competency2. Describe the physiology of normal spontaneous breathing.3. Differentiate between type I and type II respiratory failure.4. Describe the lung characteristics of:<ul style="list-style-type: none">• Airway resistance• Lung compliance• Tidal volume (VT)• Dead Space• Shunt• Inspiratory / Expiratory ratio (I:E ratio)• Ventilation / Perfusion ratio (VQ)• Shunt / Dead Space5. Define and differentiate clinical requirements for CPAP and BiPAP. Cite clinical exemplars for each.6. Define the following terms:<ul style="list-style-type: none">• PIP/IPAP• PEEP/EPAP• Minute Ventilation (VE)• Minimum and Maximum Inspiratory Time• Breath Rate7. State normal blood gas parameters and demonstrate ability to interpret blood gas specimen.8. Differentiate between Spontaneous(S), Spontaneous Timed (ST) and Timed (T) modes.9. Differentiate between CPAP circuit and BiPAP circuit.<ul style="list-style-type: none">○ State circuit change schedule○ Identify CO2 blow-off – mask and circuit10. Differentiate between CPAP mask and BiPAP mask.<ul style="list-style-type: none">○ Nasal / Full Face / Total Face○ Identify CO2 blow off and anti-asphyxiation valve11. State possible causes of and demonstrate trouble shooting for alarm violations12. Provide a rationale for the use of humidification and discuss:<ul style="list-style-type: none">○ Care of the humidifier and temperature probes○ Temperature settings○ Rain-out○ Troubleshooting alarms13. Discuss nursing management of the patient requiring non-invasive ventilation:<ul style="list-style-type: none">○ Monitoring and observations○ Start of shift checks○ Respiratory assessment and Ventilation assessment○ Airway patency and clearance○ Hygiene and Pressure area care○ Aspiration and suffocation risk.○ Complications and Trouble Shooting○ Psychological / Psychosocial support15. Discuss principles of infection control when caring for a patient receiving CPAP / BiPAP.
S	<ol style="list-style-type: none">1. Demonstrate the function/use of the following CPAP settings:<ul style="list-style-type: none">○ Set CPAP pressure○ C-flex and C-flex+ (Remstar Pro series only)○ Set ramp pressure and time○ Mask off alarm2. Demonstrate the function/use of the following bilevel settings:

	<ul style="list-style-type: none"> ○ On/Standby ○ Lock and Unlock driver ○ S, ST and T mode ○ IPAP/EPAP, CPAP ○ Respiratory Rate ○ Ti min and Ti max ○ I:E ratio ○ Rise Time ○ Trigger sensitivity ○ Cycle ○ Mask type ○ Humidifier type ○ Tube length ○ AB filter <p>3. CPAP circuit and BiPAP circuit.</p> <ul style="list-style-type: none"> ○ Assemble circuit and perform circuit change ○ Convert BiPAP circuit to CPAP circuit <p>4. Demonstrate correct fitting of mask and head-strap.</p> <p>5. Add oxygen and oxygen analyser to circuit.</p> <p>6. Calibrate oxygen analyser.</p> <p>7. Demonstrate use of external pressure manometer (tracheostomy CPAP only)</p> <p>8. Demonstrate ability to set appropriate alarm parameters.</p> <ul style="list-style-type: none"> ○ High Pressure ○ Low Pressure ○ Low Minute Volume ○ Leak Alarm <p>3. Demonstrate use of battery for patient transport.</p> <p>4. Identify and demonstrate appropriate documentation for patient receiving NIV on EMR:</p> <ul style="list-style-type: none"> ○ Checking Order / Therapy Plan against settings ○ Add/Remove CPAP/BiPAP row in Flowsheets ○ Populating ventilation observations in Flowsheets
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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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Element(s):			
Assessor Feedback:			
Self-Reflection:			
Assessor [sign and date]		Nurse [sign and date]	

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Assessor [sign and date]		Nurse [sign and date]	

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Self-Reflection:			
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Assessor [sign and date]		Nurse [sign and date]	

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Assessor Feedback:			
Self-Reflection:			
Assessor [sign and date]		Nurse [sign and date]	

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

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