

# Chapter 3F

## Specialty Nursing Competencies- Possum & Surgical Short Stay 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.

**For further information contact:**

Melody Trueman

Director, Nursing Education

T: (03) 9345 6716 | E: [melody.trueman@rch.org.au](mailto:melody.trueman@rch.org.au)

**Workbook Edition 10 January 2017**

# Table of Contents

---

Assessment (Neonates)	1
Buttock Care	2
Cardiac Catheterisation	3
Cleft Lip Repair	4
Criteria Led Discharge	5
Diabetes (Surgery)	6
ENT Care	7
Fluid Management (Neonates)	8
Gastrostomy Tubes	9
Hip Spica Cast	10
Neurological Observations	11
Neurovascular Assessment	12
Oximetry (Overnight)	13
Pain (Analgesia Infusion)	14
Pain – Epidural/Regional Analgesia	15
Pain (Patient Controlled Analgesia)	16
Peri-Operative Attire	17
Plaster Care	18
Post Anaesthetic Care (Immediate)	19
Post Anaesthetic Nursing Principles of Care	21
Pre-Operative Care in Theatres	22
Procedure Safety Checks	23
Respiratory Assessment and Illness	24
Spinal Immobilisation & Log Rolling	26
Surgical Drains	27
Thermoregulation (Neonates)	28
Urinary Catheters	30
<b>Competency Feedback &amp; Reflection</b>	<b>31</b>



## Assessment (Neonates)

### Competency Statement:

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

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"><li>1. Explain when a neonatal assessment should be performed</li><li>2. Describe the maternal history of the neonate being assessed</li><li>3. Describe the labour and delivery of the neonate being assessed</li></ol>
<b>S</b>	<ol style="list-style-type: none"><li>1. Performs a head to toe physical assessment of the neonate explaining the procedure using the following systems:<ol style="list-style-type: none"><li>a. Respiratory</li><li>b. Cardiovascular</li><li>c. Neurological</li><li>d. Gastrointestinal</li><li>e. Elimination</li><li>f. Musculoskeletal</li></ol></li><li>2. Accurately document findings from the neonatal assessment</li></ol>

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: \_\_\_\_\_

# Buttock Care

**Competency Statement:**

The nurse will safely and effectively care for a child requiring buttock care

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"><li>1. State rationale for performing buttock care</li><li>2. State the patient groups that commonly require buttock care as part of their treatment</li><li>3. Discuss products and applications in the care of buttocks</li><li>4. Identify other personnel or resource teams who could be involved in buttock care management</li></ol>
<b>S</b>	<ol style="list-style-type: none"><li>5. Demonstrate assessment of a child's buttocks</li><li>6. Locate available resources</li><li>7. Collect all equipment required</li><li>8. Demonstrate application of buttock care products</li><li>9. Demonstrate accurate documentation in the progress notes</li><li>10. Demonstrate education of the family on the procedure and the rationale</li></ol>

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: \_\_\_\_\_

# Cardiac Catheterisation

## Competency Statement:

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

RCH references related to this competency: RCH Intranet: Cardiology – Intranet Resources

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"><li>1. Access and read the relevant sections of the Cardiology Intranet Resources page</li><li>2. Describe interventional procedures able to be undertaken by cardiac catheter</li><li>3. Discuss diagnostic procedures able to be undertaken by cardiac catheter</li><li>4. Discuss how the management of the child post-operative differs between diagnostic and interventional catheters</li><li>5. Discuss the preoperative care required by the patient including<ol style="list-style-type: none"><li>a. Fasting times and hydration</li><li>b. Observations</li><li>c. Investigations</li><li>d. Medications to withhold</li></ol></li><li>6. Discuss the post-operative observations required for a patient having undergone a cardiac catheter and the rationale for each</li><li>7. Discuss possible complications of cardiac catheter and implications for nursing care</li><li>8. Discuss the possible need for Heparin or Lytic therapy</li><li>9. Discuss the discharge education required for parents</li></ol>
<b>S</b>	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: \_\_\_\_\_

# Cleft Lip Repair

**ALERT:** The pain competencies should be completed in conjunction with this competency

**Competency Statement:**

The nurse safely and effectively cares for a child post cleft lip repair

**RCH references related to this competency:** RCH Intranet: Kids Health Info – Fact Sheets – Cleft Lip & Palate – An overview

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"><li>1. State the preferred route and rationale for taking temperatures in patients post cleft lip repair</li><li>2. Describe the expected colour / consistency of oral ooze post cleft lip repair</li><li>3. State the rationale for mouth care post cleft lip surgery &amp; describe when mouth care is necessary</li><li>4. State the rationale for use of nasal stents in some patients post cleft lip repair</li><li>5. Discuss the differences in mouth care of patients with<ol style="list-style-type: none"><li>a. Sutures</li><li>b. Dermabond</li></ol></li></ol>
<b>S</b>	<ol style="list-style-type: none"><li>1. Demonstrate discussion with patients and caregivers with regard to the importance of<ol style="list-style-type: none"><li>a. Mouth care</li><li>b. Nasal Stent care</li></ol></li><li>2. Demonstrate correct technique in performing mouth care &amp; stent care for a patient post cleft palate surgery</li><li>3. Demonstrate education of caregivers regarding the correct technique in performing mouth care &amp; stent care</li></ol>

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: \_\_\_\_\_



## Criteria Led Discharge

### Competency Statement:

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

**RCH references related to this competency:** RCH Clinical Practice Guideline: Criteria Led Discharge Background, Criteria Led Discharge Link

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"><li>1. Locate and read references related to this competency</li><li>2. Discuss the benefits of criteria led discharge (Clinical practices guidelines)<ol style="list-style-type: none"><li>a. For the family</li><li>b. For the organisation</li></ol></li><li>3. Discuss the expectations of nursing staff within the criteria led discharge process</li><li>4. Discuss the required authorization from medical staff for criteria led discharge to occur and identify where this particular information is documented</li><li>5. Discuss the medical review requirements for a child who will have a criteria led discharge</li><li>6. Highlight some of the issues that may need addressing when discharging a patient via a criteria led discharge order</li><li>7. Discuss the discharge follow up required and how this is arranged</li></ol>
<b>S</b>	<ol style="list-style-type: none"><li>8. Demonstrate discussion with the family explaining the criteria led discharge process</li></ol>

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: \_\_\_\_\_

## Diabetes (Surgery)

### Competency Statement:

The nurse will safely and effectively care for the patient with diabetes pre and post-surgery and anaesthesia

**RCH references related to this competency:** RCH Clinical Practice Guideline: Diabetes Mellitus and Surgery, Fasting Guidelines

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"><li>1. Locate and read the diabetes and surgery clinical practice guideline</li><li>2. Discuss guidelines regarding initiation of fasting, BSL (including frequency of testing) and insulin administration – sub cut and IV</li><li>3. State the considerations for a diabetic patient who is fasting.</li><li>4. Outline management of post-operative recovery regarding blood sugar monitoring, insulin administration and re-introduction of diet</li><li>5. Discuss criteria to be met prior to discharge of patient</li></ol>
<b>S</b>	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: \_\_\_\_\_

# ENT Care

**Competency Statement:**

The nurse will safely and effectively care for a child requiring ENT surgery

**Element Exemptions:** Dolphin (K1f-h)

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"><li>1. Describe the following procedures<ol style="list-style-type: none"><li>a. Adenoidectomy</li><li>b. Tonsillectomy</li><li>c. Ventilation tube (grommet) and T-Tube insertion</li><li>d. Turbinectomy</li><li>e. Septoplasty</li><li>f. Bronchoscopy</li><li>g. Oesophagoscopy</li><li>h. Choanal atresia</li></ol></li><li>2. Discuss post – op management for each of the above procedures including<ol style="list-style-type: none"><li>a. Wound check / dressings / packing</li><li>b. Diet / Fluid</li><li>c. Pain relief</li></ol></li><li>3. Discuss possible complications of ENT surgery</li><li>4. Discuss signs, time frame and management of haemorrhage in the child post tonsillectomy</li><li>5. Locate available resources for caring for children undergoing ENT surgery</li><li>6. Discuss discharge planning and education including diet and pain management at home</li></ol>
<b>S</b>	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: \_\_\_\_\_

# Fluid Management (Neonates)

## Competency Statement:

The nurse is able to safely manage fluid requirements of a neonate

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"><li>1. Locate and read the neonatal fluid guidelines</li><li>2. Identify expected fluid requirements for neonates<ol style="list-style-type: none"><li>1. Day 1</li><li>2. Day 2</li><li>3. Day 3</li><li>4. Beyond Day 3</li></ol></li><li>3. Identify four clinical indications for commencing intravenous therapy</li><li>4. State rationale for choice of fluid selected for intravenous therapy in neonates</li><li>5. Describe the potential effects intravenous therapy may have on a neonate's blood sugar level (BSL) and interventions that may need to be taken<ol style="list-style-type: none"><li>1. Identify normal ranges for BSL and true blood glucose (TBG)</li></ol></li><li>6. Identify interventions to minimise the risk of extravasation</li><li>7. Describe the physical signs that indicate the cannula is tissued</li><li>8. Discuss interventions to be taken if cannula is suspected of having tissued</li><li>9. With regards to replacement fluids<ol style="list-style-type: none"><li>1. Identify which fluid losses can be replaced</li><li>2. Identify when to commence fluid replacement for gastro-intestinal losses</li><li>3. Identify which fluids are used for fluid replacement</li><li>4. Identify when to cease fluid replacement</li></ol></li></ol>
<b>S</b>	<ol style="list-style-type: none"><li>1. Demonstrate basic assessment of the neonate's hydration status including<ol style="list-style-type: none"><li>a. Fluid balance</li><li>b. Electrolytes</li><li>c. Fontanelles</li><li>d. Urine output</li><li>e. Vital signs</li></ol></li><li>2. With regards to replacement fluids<ol style="list-style-type: none"><li>a. Demonstrate accurate calculation of losses in ml / kg / day</li><li>b. Demonstrate accurate calculation of required replacement</li><li>c. Demonstrate setting of intravenous pump to required rate</li><li>d. Correctly document fluid losses and replacement</li></ol></li><li>3. Demonstrate explanations and confirmation of understanding with the parents</li></ol>

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: \_\_\_\_\_

# 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	
<b>K</b>	<ol style="list-style-type: none"> <li>1. Locate and read               <ol style="list-style-type: none"> <li>a. Gastrostomy – common problems clinical practice guideline</li> <li>b. Gastrostomy – acute replacement of displaced tubes</li> </ol> </li> <li>2. Discuss the reasons why a gastrostomy tube might be inserted</li> <li>3. Describe a gastrostomy tube including all the key parts</li> <li>4. Discuss postoperative care of gastrostomy tube post insertion</li> <li>5. Discuss immediate use of gastrostomy tube post insertion</li> <li>6. Discuss rotating or turning the gastrostomy tube</li> <li>7. Discuss the daily care requirements for a child with a gastrostomy tube</li> <li>8. Differentiate between the types of gastrostomy tubes, including time frames for tube changes</li> <li>9. Discuss the role of the dietician in the management of feeding via a gastrostomy tube</li> <li>10. Describe the process for administering feeds via a gastrostomy tube including the types of feeding methods</li> <li>11. Describe the process for administering medications via a gastrostomy tube</li> <li>12. Discuss the care required for the stoma site</li> <li>13. State common problems with a gastrostomy and discuss nursing interventions required</li> <li>14. State the immediate management of a patient with a dislodged gastrostomy tube</li> </ol>
<b>S</b>	<ol style="list-style-type: none"> <li>1. Demonstrate venting of a gastrostomy tube</li> </ol>

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: \_\_\_\_\_

# Hip Spica Cast

## Competency Statement:

The nurse safely and effectively cares for a patient with a hip spica cast.

RCH references related to this competency: RCH Intranet: Kids Health Info – Fact Sheets – Cast Care at Home

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"><li>1. Discuss the reasons for Hip Spica application</li><li>2. Demonstrate the fitting of the patient in an appropriate car seat and pram / wheelchair for transportation<ol style="list-style-type: none"><li>a. Use of padding</li></ol></li><li>3. Identify the process for equipment hire from the Equipment Distribution Centre<ol style="list-style-type: none"><li>a. Documentation required</li><li>b. After-hours access</li></ol></li><li>4. Discuss the information, including discharge education, that should be given to the child and family when caring for a child in a Hip Spica Cast<ol style="list-style-type: none"><li>a. Car seating (equipment hire / indemnity &amp; medical letters)</li><li>b. Cast care at home (Kids Health Information for Parents-Intranet)</li></ol></li></ol>
<b>S</b>	<ol style="list-style-type: none"><li>1. Discuss and demonstrate the nursing responsibilities of a patient with a Hip Spica Cast<ol style="list-style-type: none"><li>a. Pain assessment</li><li>b. Neurovascular assessment</li><li>c. Nappy changes</li><li>d. Pressure area care</li><li>e. Positioning (comfort and activities)</li><li>f. Cast Care (scotching and sleeking)</li></ol></li></ol>

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	
<b>K</b>	<ol style="list-style-type: none"><li>1. State the difference between performing neurological observations and a neurological assessment</li><li>2. Discuss each component of neurological observations and how they assist in determining a patient's neurological condition<ol style="list-style-type: none"><li>a. Glasgow Coma Scale</li><li>b. Pupils</li><li>c. Limb strength</li><li>d. Vital signs</li></ol></li><li>3. Identify the preferred method of painful stimuli</li><li>4. Describe decorticate and decerebrate posturing and what causes them</li><li>5. Discuss how acquired or developmental intellectual impairment will affect the collection of accurate neurological observations</li><li>6. List the signs and symptoms of raised ICP and how these change as the infant/child gets older</li><li>7. Explain the Cushing Reflex</li><li>8. State the actions required if a patient has deterioration in neurological status</li></ol>
<b>S</b>	<ol style="list-style-type: none"><li>1. Assemble the equipment required to perform neurological observations</li><li>2. Demonstrate neurological observations on paediatric patients in the following age groups:<ol style="list-style-type: none"><li>a. Birth – 1 year</li><li>b. 1 – 5 yrs</li><li>c. + 5 yrs</li></ol></li></ol>

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: \_\_\_\_\_

# Neurovascular Assessment

## Competency Statement:

The nurse safely and effectively performs a neurovascular assessment on a patient

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"><li>1. Explain the importance of neurovascular assessment</li><li>2. Discuss frequency of neurovascular assessment<ol style="list-style-type: none"><li>a. Commencing &amp; RPAO</li><li>b. Frequency</li><li>c. Ceasing</li></ol></li><li>3. Discuss abnormal and potential complications of findings</li><li>4. Discuss what action is required if abnormal neurovascular observations are assessed</li></ol>
<b>S</b>	<ol style="list-style-type: none"><li>1. Demonstrate a neurovascular assessment on a patient and record findings on correct hospital documentation<ol style="list-style-type: none"><li>a. Colour</li><li>b. Warmth</li><li>c. Movement</li><li>d. Sensation</li><li>e. Swelling</li><li>f. Ooze</li><li>g. Pulses</li><li>h. Venous Return</li><li>i. Pain Score</li></ol></li><li>2. Demonstrate provision of information and confirmation of understanding with families</li></ol>

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: \_\_\_\_\_



## Oximetry (Overnight)

### Competency Statement:

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

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

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

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

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

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	
<b>K</b>	<ol style="list-style-type: none"><li>1. Locate and read the references related to this competency</li><li>2. Describe the pharmacokinetics of the local anaesthetic and additives</li><li>3. Discuss the potential side effects of the local anaesthetic and explain the signs and symptoms</li><li>4. Describe the components of epidural / regional lines</li><li>5. Discuss the importance of the markings of the epidural / regional catheters</li><li>6. State the minimum observations for a patient receiving an epidural</li><li>7. Discuss reportable parameters</li><li>8. Explain the potential complications of an epidural</li><li>9. Discuss the importance of pressure care for patients with an epidural</li><li>10. Discuss the nursing actions to take is pain escalates</li><li>11. Discuss the relevance of a high or low epidural sensory blockade</li><li>12. Describe the removal of the epidural / regional catheter, observations during the procedure and where and what to document</li><li>13. Locate and complete the epidural primary competency quiz</li></ol>
<b>S</b>	<ol style="list-style-type: none"><li>1. Demonstrate set up and programming on the epidural / regional pump</li><li>2. Demonstrate how and when to assess and document dermatomes and bromage</li><li>3. Demonstrate accurate documentation of observations and assessment</li><li>4. Demonstrate explanation, answering questions and confirmation of understanding with the family</li></ol>

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	
<b>K</b>	<ol style="list-style-type: none"><li>1. Locate and read the references related to this competency</li><li>2. Describes the pharmacokinetics of the opioid analgesia used</li><li>3. Discuss the potential side effects of PCA</li><li>4. Describe the PCA pump program and demonstrates where the prescribed program is documented</li><li>5. State the minimum observations for a patient receiving a PCA and recognizes reportable parameters</li><li>6. Discuss the nursing actions to take if pain escalates</li><li>7. Discuss when, why and how much naloxone should be given for opioid induced pruritus, sedation and respiratory depression</li><li>8. Discuss how to transition from a PCA to oral analgesia</li></ol>
<b>S</b>	<ol style="list-style-type: none"><li>1. Demonstrate a pain assessment</li><li>2. Demonstrate accurate documentation of PCA use</li><li>3. Demonstrate explanation, answering of questions and confirmation of understanding with family</li><li>4. Locate and complete the PCA primary competency quiz</li></ol>

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: \_\_\_\_\_

## Peri-Operative Attire

### Competency Statement:

The nurse wears the correct attire when entering the Peri-Operative area

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"><li>1. Discuss the hospital policy and ACORN standard on Peri-Operative attire</li><li>2. Discuss why finger nails are to be kept short, clean and free of nail polish and artificial nails</li><li>3. Discuss when a surgical mask is required to be worn</li></ol>
<b>S</b>	<ol style="list-style-type: none"><li>1. Demonstrate the wearing of correct Peri-Operative attire</li><li>2. Demonstrate the correct wearing of protective eye wear and surgical mask</li><li>3. Demonstrate adherence to hand hygiene principles</li></ol>

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: \_\_\_\_\_

## Plaster Care

### Competency Statement:

The nurse safely and effectively cares for a child with a plaster cast.

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"><li>1. Discuss the indications for use of plaster</li><li>2. Discuss the principles of plaster care</li><li>3. Identify the frequency of neurovascular observation post plaster application</li><li>4. Explain compartment syndrome</li><li>5. Discuss the prevention of compartment syndrome</li><li>6. Discuss discharge education for patient and family</li></ol>
<b>S</b>	<ol style="list-style-type: none"><li>7. Identify the location and use of different plaster tools<ol style="list-style-type: none"><li>a. Plaster scissors</li><li>b. Spreader</li><li>c. Plaster saw</li></ol></li><li>8. Demonstrate the application of Scotchcast to plaster &amp; explain indications for use</li><li>9. Discuss/demonstrate positioning of patient with plaster</li></ol>

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: \_\_\_\_\_

## Post Anaesthetic Care (Immediate)

**ALERT:** This competency should be completed in conjunction with the post anaesthetic nursing principles of care competency

### Competency Statement:

The nurse safely and effectively cares for a patient in the immediate post anaesthetic period

COMPETENCY ELEMENTS	
<b>K</b>	<p><b>General</b></p> <ol style="list-style-type: none"><li>1. Discuss life threatening complications and management including advanced life support</li></ol> <p><b>Airway</b></p> <ol style="list-style-type: none"><li>2. Describe airway assessment</li><li>3. Discuss the importance of correct patient positioning to maintain airway and identify complications or poor positioning</li><li>4. Describe techniques for airway support under anaesthesia</li><li>5. Describe indications for oxygen delivery via<ol style="list-style-type: none"><li>a. Face mask</li><li>b. T piece</li><li>c. LMA</li></ol></li><li>6. Identify signs and symptoms of Laryngospasm</li><li>7. Discuss treatment and intervention for Laryngospasm</li></ol> <p><b>Cardiovascular</b></p> <ol style="list-style-type: none"><li>8. Identify the risks for impaired cardiovascular status in the immediate post-operative period</li><li>9. Discuss nursing management of impaired cardiovascular status in the immediate post-operative period</li></ol> <p><b>Neurological</b></p> <ol style="list-style-type: none"><li>10. Identify indications for assessment of neurological status immediately post anaesthetic</li><li>11. Identify potential neurological complications following surgical intervention</li><li>12. Discuss nursing management of impaired neurological status in the immediate post anaesthetic period</li></ol> <p><b>Pain</b></p> <ol style="list-style-type: none"><li>13. Discuss nursing management of pain in PACU</li><li>14. Discuss opioid agents commonly used in PACU including dose / kg calculations</li><li>15. Describe types and use of adjunct analgesics</li></ol> <p><b>Neurovascular</b></p> <ol style="list-style-type: none"><li>16. Identify indications for assessment of neurovascular status immediately post anaesthetic</li><li>17. Identify potential neurovascular complications following surgical intervention</li><li>18. Discuss nursing management of impaired neurovascular status in the immediate post anaesthetic period</li></ol> <p><b>Temperature</b></p> <ol style="list-style-type: none"><li>19. State the normal temperature ranges for neonates and children</li><li>20. Identify signs and symptoms of Malignant Hypothermia and notifies medical staff of abnormal or rapid changes in temperature</li></ol>
<b>S</b>	<p><b>General</b></p> <ol style="list-style-type: none"><li>1. Discuss and demonstrate correct patient monitoring</li><li>2. Discuss and demonstrate individualised planning for patients based on<ol style="list-style-type: none"><li>a. Assessment</li><li>b. Procedure</li><li>c. Underlying conditions</li></ol></li><li>3. Demonstrate accurate patient assessment and documentation of findings post anaesthetic<ol style="list-style-type: none"><li>a. Airway/Respiratory</li><li>b. Cardiovascular</li><li>c. Neurological</li><li>d. Pain</li><li>e. Neurovascular</li><li>f. Temperature</li><li>g. Surgical wound / drains</li></ol></li><li>4. Demonstrate correct connection of defibrillator paddles</li></ol> <p><b>Airway</b></p> <ol style="list-style-type: none"><li>5. Demonstrate correct obstructive airway interventions and discuss rationales for different age groups</li><li>6. Recall indications for use of a guedel airway and demonstrates correct size selection and insertion technique</li><li>7. Describe indications for oxygen delivery via<ol style="list-style-type: none"><li>d. Face mask</li><li>e. T piece</li></ol></li></ol>

	<p style="text-align: center;">f. LMA</p> <p><b>Cardiovascular</b></p> <p>8. Describe and demonstrate the correct technique for removal of an arterial cannula</p> <p><b>Neurological</b></p> <p>9. Demonstrate reporting of deviations from baseline or change in neurological status in a timely manner</p> <p><b>Pain</b></p> <p>10. Demonstrate the use of non-pharmacological methods of pain control</p> <p>11. Demonstrate reporting of unrelieved pain to the medical staff</p> <p><b>Temperature</b></p> <p>12. Describe and demonstrate techniques to improve and / or maintain temperature that is within normal limits</p> <p><b>Wounds &amp; Drains</b></p> <p>13. Discuss and demonstrate management of surgical wounds and drains in PACU</p> <p><b>Emergence Delirium</b></p> <p>14. Discuss and demonstrate management of the child with emergency delirium</p>
--	--

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: \_\_\_\_\_



## Post Anaesthetic Nursing Principles of Care

**ALERT:** This competency should be completed in conjunction with the post anaesthetic care (immediate) competency

### Competency Statement:

The nurse safely and effectively performs the role of the post anaesthetic care (PACU) nurse

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"> <li>1. Describe the role of the PACU Nurse</li> <li>2. Discuss hospital policy and procedures and the ACORN Standards of a PACU nurse</li> <li>3. Discuss why and how modes of anaesthesia are used               <ol style="list-style-type: none"> <li>a. IV</li> <li>b. Inhalational</li> <li>c. Rapid Sequence Induction</li> <li>d. Total Intravenous Anaesthesia</li> </ol> </li> <li>4. Discuss the intra-operative procedure</li> <li>5. Discuss key elements that should be communicated with the anaesthetic team on receiving the patient in PACU</li> <li>6. Identify factors to be considered in calling family into recovery</li> </ol>
<b>S</b>	<ol style="list-style-type: none"> <li>1. Demonstrate safety checks               <ol style="list-style-type: none"> <li>a. Defibrillator and Internal Adaptor</li> <li>b. Resuscitation Trolley</li> <li>c. Oxygen and Suction / Portable Oxygen and Suction</li> <li>d. Drugs and Addiction Book</li> <li>e. Laerdal Bag and Mask</li> </ol> </li> <li>2. Demonstrate use of intercom systems if applicable</li> <li>3. Demonstrate communication of accurate information to               <ol style="list-style-type: none"> <li>a. Anaesthetists</li> <li>b. Surgeons</li> </ol> </li> <li>4. Demonstrate inclusion of families in post anaesthetic care</li> <li>5. Demonstrate use of the Lanpage system for post anaesthetic care</li> <li>6. Accurately enter Post-operative data into EMR</li> <li>7. Accurately complete documentation for the patient in the PACU including               <ol style="list-style-type: none"> <li>a. Observation Flowsheet</li> <li>b. Fluid Balance Flowsheet</li> <li>c. MAR</li> </ol> </li> </ol>

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: \_\_\_\_\_

# Pre-Operative Care in Theatres

**Competency Statement:**

The nurse safely and effectively performs the role of the pre-operative nurse

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"><li>1. Discuss the role of the Pre-Operative (Pre-Op) Nurse</li><li>2. Discuss the hospital policy and procedures and the ACORN Standards of a Pre-Op Nurse</li><li>3. Discuss the key elements that should be communicated when receiving a patient into the Pre-Op area</li><li>4. Discuss assessment of the patient in the Pre-Op area</li></ol>
<b>S</b>	<ol style="list-style-type: none"><li>1. Demonstrate use of intercom systems if in place</li><li>2. Demonstrate use of the Lanpage system in Pre-Op care</li><li>3. Demonstrate engagement with families in the Pre-Op area including ways in which they can be involved in their child's care</li><li>4. Demonstrate accurate safety checks of oxygen and suction</li><li>5. Demonstrate accurate entry of Pre-Op data into EMR</li></ol>

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: \_\_\_\_\_

## Procedure Safety Checks

### Competency Statement:

The nurse safely and effectively performs a procedural safety check prior to theatre

COMPETENCY ELEMENTS	
<b>K</b>	<b>ID &amp; Allergy Bands</b> 1. State the action to be taken if ID and or allergy bands are incorrect or missing <b>Fasting</b> 2. Identify the importance of fasting times 3. Describe the actions to be taken if fasting is inadequate <b>Consent</b> 4. Identify all components of the consent that require checking 5. Discuss action to be taken if consent is incomplete or inaccurate 6. Discuss the action to be taken if there is a discrepancy between the written consent and the family's verbal understanding
<b>S</b>	<b>ID &amp; Allergy Bands</b> 1. Demonstrate correct technique in checking ID bands and allergy bands <b>Consent</b> 2. Demonstrate consultation with family to discuss procedure and confirm family expectation matches written consent <b>General</b> 3. Demonstrate checking of the surgical site marking 4. Accurately document all information in the Theatre Handover tab under the ADT navigator.

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

**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: \_\_\_\_\_

# Spinal Immobilisation & Log Rolling

**Competency Statement:**

The nurse safely and effectively cares for a patient requiring spinal immobilisation

**RCH references related to this competency:** RCH Clinical Practice Guidelines: Cervical spine injury

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"> <li>1. Locate and read the references related to this competency</li> <li>2. Describe the rationale for spinal immobilisation</li> <li>3. Identify the patients that require cervical collar application and immobilisation</li> <li>4. Discuss the difference between hard and soft collars and identify available hard and soft collars</li> <li>5. State when a one piece hard collar should be replaced with an Aspen hard collar</li> <li>6. Discuss the process of fitting an Aspen collar and who is authorised to fit them?</li> <li>7. Discuss the rationale for log rolling a patient requiring spinal precautions</li> <li>8. Discuss the nursing care for a patient with spinal immobilisation               <ol style="list-style-type: none"> <li>a. Observations</li> <li>b. Documentation</li> <li>c. Radiology</li> <li>d. Hygiene and collar care</li> <li>e. Pressure area care including frequency and sequence</li> <li>f. Transfer</li> </ol> </li> <li>9. Identify the correct process for clearing the spinal column and removing the collar</li> <li>10. Describe an Occian pad and when should it be used to assist in maintaining neutral alignment of the paediatric spine</li> </ol>
<b>S</b>	<ol style="list-style-type: none"> <li>1. Demonstrate how to immobilise a patient with cervical collar discussing limitations to immobilisations</li> <li>2. Demonstrate how to log roll a patient with a spinal injury discussing limitations to immobilisations</li> <li>3. Demonstrate maintenance of neutral alignment when the collar is removed for hygiene, examination, or airway management</li> <li>4. Demonstrate how to tilt the bed on a patient who is having spinal precautions</li> <li>5. Discuss and demonstrate spinal immobilisation education to patients and families / caregivers</li> </ol>

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	
<b>K</b>	<ol style="list-style-type: none"><li>1. Identify reasons why a surgical drain might be inserted</li><li>2. Identify the following surgical drains<ol style="list-style-type: none"><li>a. Jackson – Pratt</li><li>b. Redivac</li><li>c. Mini – Vac</li></ol></li><li>3. State how it would be evident if each of the above drains was on suction</li><li>4. Explain the correct procedure to address a Redivac which is not patent</li><li>5. State how frequently a surgical drain should be measured and / or emptied</li><li>6. Discuss two potential complications of surgical drains</li><li>7. List four signs indicating infection of a surgical drain site</li><li>8. Discuss the rationale for removal of a surgical drain</li></ol>
<b>S</b>	<ol style="list-style-type: none"><li>1. Demonstrate emptying a Jackson Pratt drain</li><li>2. Demonstrate emptying a Mini – Vac drain</li><li>3. Demonstrate correct procedure for obtaining an accurate measurement of a Redivac drain</li></ol>

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	
<b>K</b>	<p><b>Thermoregulation Overview</b></p> <ol style="list-style-type: none"> <li>1. State the normal range for axilla and rectal temperatures in a neonate or infant</li> <li>2. State to correct technique for obtaining a rectal temperature in children under 3 months of age</li> <li>3. Define neutral thermal environment (NTE)</li> <li>4. Explain the four mechanisms of heat loss and state two strategies to prevent heat loss for each of the four mechanisms</li> <li>5. State risk factors for temperature imbalance in neonates/infants</li> <li>6. Discuss cold stress and impact this has on the critically ill neonate/infant</li> <li>7. Outline the nursing management for hypothermia</li> <li>8. Define hyperthermia and describe the assessment findings in the neonate/infant</li> <li>9. Outline the nursing management for hyperthermia</li> <li>10. Describe the advantages/disadvantages of             <ol style="list-style-type: none"> <li>a. Radiant warmer</li> <li>b. Incubator</li> </ol> </li> <li>11. Explain how nursing an extremely low birth weight neonate is humidity affects temperature balance</li> <li>12. Explain the mechanism of servo control</li> </ol> <p><b>Radiant Warmers</b></p> <ol style="list-style-type: none"> <li>1. State how often the temperature should be monitored when neonates are nursed on a radiant warmer             <ol style="list-style-type: none"> <li>a. identify how to manage the radiant warmer when the neonate is hypothermic</li> <li>b. identify how to manage the radiant warmer when the neonate is hyperthermic</li> </ol> </li> <li>13. Describe and demonstrate specific nursing assessment and care required of the neonate on a radiant warmer</li> <li>14. State when it is appropriate to transfer a neonate to             <ol style="list-style-type: none"> <li>a. an incubator</li> <li>b. open cot</li> </ol> </li> <li>15. Describe the specific nursing care to maintain thermoregulation stability when transferring to an open cot.</li> </ol> <p><b>Incubators</b></p> <ol style="list-style-type: none"> <li>16. State how often neonates temperature should be monitored when in an Incubator and the procedure for increasing Incubator temperature if needed</li> <li>17. State why an Incubator should not be turned off while a neonate is still being nursed in it</li> <li>18. State the factors to be considered in weaning a neonate from an Incubator to an open cot</li> <li>19. Describe procedure for weaning a neonate from an incubator to an open cot</li> <li>20. Explain the mechanism of servo control in the Incubator stating two reasons why this mode would be used</li> </ol>
<b>S</b>	<p><b>Radiant Warmers</b></p> <ol style="list-style-type: none"> <li>1. Demonstrate the functions of a radiant warmer</li> <li>2. Collect and prepare equipment to pre-warm the radiant heater</li> <li>3. Position the infant correctly on the radiant warmer</li> <li>4. Demonstrate correct application of the skin probe and             <ol style="list-style-type: none"> <li>a. discuss factors that can interfere with probe function</li> <li>b. discuss nursing interventions to rectify probe problems</li> </ol> </li> </ol> <p><b>Incubators</b></p> <ol style="list-style-type: none"> <li>5. Demonstrate how to set the NTE for two neonates of different gestation and weights in Incubators</li> <li>6. 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 documentation</li> <li>7. Accurately documents information related to thermoregulation of the neonate</li> </ol>

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: \_\_\_\_\_

# Urinary Catheters

## Competency Statement:

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

COMPETENCY ELEMENTS	
<b>K</b>	<ol style="list-style-type: none"><li>1. Define urinary catheterisation</li><li>2. State the reasons why a urinary catheter would be required</li><li>3. Describe the position of the following types of catheters<ol style="list-style-type: none"><li>a. Indwelling catheter (IDC)</li><li>b. Suprapubic Catheter (SPC)</li><li>c. Ureteric Catheter</li><li>d. Nephrostomy Tube</li></ol></li><li>4. State the frequency that urine output should be measured based on the child's condition</li><li>5. State the expected urine output in mls/kg/hr for the post-operative patient</li><li>6. Discuss the catheter care for different types of catheters</li><li>7. Discuss potential causes of a non – draining catheter</li><li>8. State actions if a nephrostomy or ureteric catheter has stopped draining and discuss for why urine output may have stopped</li><li>9. Discuss the resources and education required for children and families when a child is to be discharged with a urinary catheter in situ</li></ol>
<b>S</b>	<ol style="list-style-type: none"><li>10. Demonstrate the correct emptying of the urinary catheter bag</li><li>11. Demonstrate accurate documentation of urine output</li><li>12. Demonstrate how an IDC should be taped for<ol style="list-style-type: none"><li>a. Boys</li><li>b. Girls</li></ol></li><li>13. Perform catheter care</li></ol>

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).

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

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

<b>Competency Name:</b>			
<b>Element(s):</b>			
<b>Assessor Feedback:</b>			
<b>Self-Reflection:</b>			
<b>Assessor</b> [sign and date]		<b>Nurse</b> [sign and 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).

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

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

<b>Competency Name:</b>			
<b>Element(s):</b>			
<b>Assessor Feedback:</b>			
<b>Self-Reflection:</b>			
<b>Assessor</b> [sign and date]		<b>Nurse</b> [sign and 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).

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

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

<b>Competency Name:</b>			
<b>Element(s):</b>			
<b>Assessor Feedback:</b>			
<b>Self-Reflection:</b>			
<b>Assessor</b> [sign and date]		<b>Nurse</b> [sign and 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).

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

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

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