Chapter 3H

Specialty Nursing Competencies -Cockatoo Ward



Nursing Competency Workbook, 10th Edition

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

Chapter 1

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

Chapter 2

Generic Nursing Competency Assessment Forms

Chapter 3

Specialty Nursing Competency Assessment Forms

Appendix 1

Unit / Department Nursing Orientation

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

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

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Competency Feedback & Reflection

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Anatomy and Physiology of the Brain and Nervous System

Competency Statement:

The nurse discusses anatomy and physiology of the brain and nervous system

COMF	PETENCY ELEMENTS
Κ	 Name the lobes of the brain and at least one function of each lobe List three main areas of the brain Locate on diagram the motor and sensory areas of the brain Explain the production and circulation of CSF Summarise the function of Brocas area Summarise the function of Wernickes area List the cranial nerves and their function Briefly summarise the central and peripheral nervous system
S	Not Applicable

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

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

Nurse Name:

Signature:

Signature:

Date:

Assessment (Neonates)

Competency Statement:

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

COMPETENCY ELEMENTS		
Κ	 Explain when a neonatal assessment should be performed Describe the maternal history of the neonate being assessed Describe the labour and delivery of the neonate being assessed 	
S	 Performs a head to toe physical assessment of the neonate explaining the procedure using the following headings: a. Vital signs b. Behaviour and tone c. Head and neck d. Chest e. Abdomen and genitalia f. Musculoskeletal Accurately document findings from the neonatal assessment 	

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.

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

COMP	ете	NCY ELEMENTS
Κ	2. 3.	List three commonly ordered blood tests that can be obtained with a heel pick List four potential complications associated with performing a blood collection by heel prick Discuss the rationale for wiping away the first drop of blood when obtaining a blood sample. Describe correct procedure for transport of collected specimen
S	2. 3. 4.	Collect and correctly assemble required equipment Discuss and demonstrate preparation of the neonate/infant for the procedure Select appropriate site on heel for puncture and provides a rationale for this Demonstrate correct procedure for blood collection from a heel prick a. Cleansing b. Holding the foot c. Assisting blood flow d. Collecting blood in tube e. Stopping blood flow when sample collected Correctly labels all specimens and accurately completes all documentation

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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

	1	Locate and read Criteria Led Discharge procedure
Κ	2.	Discuss the benefits of criteria led discharge (Clinical practices guidelines) a. For the family b. For the organisation
		Discuss the expectations of nursing staff within the criteria led discharge process Discuss the required authorization from medical staff for criteria led discharge to occur and identify where this particular information is documented
		Discuss the medical review requirements for a child who will have a criteria led discharge Highlight some of the issues that may need addressing when discharging a patient via a criteria led discharge order
	7.	Discuss the discharge follow up required and how this is arranged
S		1. Demonstrate discussion with the family explaining the criteria led discharge process

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Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Diabetes mellitus

Competency Statement:

The nurse safely and effectively cares for children / young people with diabetes and their families.

ALERT: This competency should be completed in conjunction with the insulin administration competency

RCH references related to this competency: RCH Clinical Guidelines: Diabetes Mellitus

COMP	PETENCY ELEMENTS
κ	 Locate and read the diabetes mellitus clinical practice guideline Describe the signs and symptoms that might indicate a diagnosis of diabetes mellitus Describe the significance of blood glucose levels (BGL); normal range, why, when and how they should be monitored Discuss the management of low and high BGL Discuss ways in which ketone levels can be determined and when ketone levels should be checked Discuss the management of ketoacidosis State what basic 'hypo management' entails and the time frame in which this should be completed Discuss the role of the Dietician in educating the child and family about the food plan Discuss the role of the Diabetes Nurse Educator Describe the role of the ward nurse in the absence of the Diabetes Nurse Educator
S	 Demonstrate collection of a capillary BGL Demonstrate teaching the child and family: a. to perform blood glucose testing b. to draw up and administer insulin c. about key principles of dietary management d. about identification and management of low and high BGL

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Nurse Name:	Signature:	Date:
Assessor 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

COMP	ETENCY ELEMENTS
Κ	 Locate and read the diabetes and surgery clinical practice guideline Discuss guidelines regarding initiation of fasting, BSL (including frequency of testing) and insulin administration – sub cut and IV State the considerations for a diabetic patient who is fasting. Outline management of post operative recovery regarding blood sugar monitoring, insulin administration and re-introduction of diet Discuss criteria to be met prior to discharge of patient
S	Not Applicable

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Nurse Name:	Signature:	Date:

Assessor Name:

Signature:

External Ventricular Drains and Intracranial Pressure Monitoring

Competency Statement:

The nurse safely and effectively cares for a patient with an External Ventricular Drain (EVD) and/or Intracranial Pressure (ICP) monitor

RCH references related to this competency: RCH Clinical Guidelines: External Ventricular Drains and Intracranial Pressure Monitoring

COM	PETENCY ELEMENTS
K	 Identify reasons for a patient requiring EVD List daily care requirements and considerations for a patient with EVD Explain the actions required in the event The EVD becomes disconnected from the line The EVD is pulled out of the patient's head State the procedure required when transporting a patient with an EVD State procedures involving the EVD that should never be undertaken by nursing staff Discuss the removal of EVD including the nurse's role during the procedure State the normal ICP ranges for infants and children Identify reasons why a patient may require ICP monitoring Explain how ICP is measured using an EVD
S	 List the nursing considerations for a patient having ICP monitoring Demonstrate hourly check required for EVD care including: a. levelling of EVD to patient tragus b. checking dressing site c. checking line for oscillating CSF d. checking volume drained e. Documentation of all care. Demonstrate collection of CSF specimen using sterile technique. Demonstrate ability to zero monitor with ICP transducer.

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Nurse Name:	Signature:	Date:

Signature:

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

1.	Locate and read the following clinical practice guidelines
	a. Febrile Neutropenia and
2	b. Septic Shock State the normal values
Ζ.	a. Haemoglobin
	b. Platelets
	c. White Blood count
	d. Neutrophils
3.	Describe the function of neutrophils
	Define the term febrile neutropenia
	Discuss the observations required during an admission for neutropenia
	Discuss the actions to be taken where observations are outside the normal range for the child
	age
7.	Discuss the use of paracetamol and Ibuprofen in the care of children who have febr
	neutropenia
8.	Explain the rationale for the following investigations as part of a septic work up
	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 20 child
	. Discuss CVAD line set up for administration of antibiotics for the child with febrile neutropen
	. Discuss the management of suspected febrile neutropenia on presentation to emergency
	. Discuss the management provided in the first 72 hours of admission for febrile neutropeni
	. State the antibiotics and dosages used as first line treatment for febrile neutropenia
	Discuss treatment options for patients with unresolved fever
	. State the signs and symptoms of septic shock
10	. Identify potential sources/portals/causes of infection in patients with neutropenia and discu ways to minimise the risk
17	List ways in which staff / parents and children can help prevent infection
1/	List ways in which starry parents and children can help prevent infection
-	Discuss/Demonstrate collection of blood cultures from a Central Venous Access Device

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Nurse Name: Signature: Date:

Signature:

Fluid Management (Neonates)

Competency Statement:

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

COMPET	ENCY ELEMENTS
	 Locate and read the neonatal fluid guidelines Identify expected fluid requirements for neonates a. Day 1 b. Day 2 c. Day 3 d. Beyond Day 3
4. 5. 6. 7. 8.	 Identify four clinical indications for commencing intravenous therapy State rationale for choice of fluid selected for intravenous therapy in neonates Describe the potential effects intravenous therapy may have on a neonate's blood sugar level (BSL) and interventions that may need to be taken a. Identify normal ranges for BSL and true blood glucose (TBG) Identify interventions to minimise the risk of extravasation Describe the physical signs that indicate the cannula is tissued Discuss interventions to be taken if cannula is suspected of having tissued With regards to replacement fluids a. Identify which fluid losses can be replaced b. Identify when to commence fluid replacement for gastro-intestinal losses
	c. Identify which fluids are used for fluid replacementd. Identify when to cease fluid replacement
S ¹	 Demonstrate basic assessment of the neonate's hydration status including a. Fluid balance b. Electrolytes c. Fontanelles d. Urine output e. Vital signs
	 With regards to replacement fluids Demonstrate accurate calculation of losses in ml / kg / day Demonstrate accurate calculation of required replacement Demonstrate setting of intravenous pump to required rate Correctly document fluid losses and replacement
3.	Demonstrate explanations and confirmation of understanding with the parents

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Nurse Name:	Signature:	Date:

Assessor Name:

Signature:

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	 Locate and read Gastrostomy – common problems clinical practice guideline Gastrostomy – acute replacement of displaced tubes Discuss the reasons why a gastrostomy tube might be inserted Describe a gastrostomy tube including all the key parts Discuss post operative care of gastrostomy tube post insertion Discuss immediate use of gastrostomy tube post insertion Discuss rotating or turning the gastrostomy tube Discuss the daily care requirements for a child with a gastrostomy tube Discuss the role of the dietician in the management of feeding via a gastrostomy tube Describe the process for administering feeds via a gastrostomy tube Discuss the care required for the stoma site State common problems with a gastrostomy and discuss nursing interventions required State the immediate management of a patient with a dislodged gastrostomy tube 		
S	1. Demonstrate venting of a gastrostomy tube		

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Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Head Injury

Assessor Name:

Competency Statement:

The nurse discusses different types of head injury and nursing management

RCH references related to this competency: RCH Clinical Guidelines: Head Injury

Element Exemptions: Dolphin (K6-7)

СОМР	PETENCY ELEMENTS
Κ	 Define head injury Explain the differences between primary and secondary head injury List the signs and symptoms of concussion Define extradural haematoma and discuss the treatment Define subdural haematoma and discuss the treatment Define intracerebral haematoma and discuss the treatment Discuss diffuse axonal injury Identify the nursing considerations for a patient with head injury
S	1. Discuss and demonstrate the education that will need to be provided to the family of a child who has had a head injury

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Nurse Name:	Signature:	Date:

Signature:

Insulin Administration

Competency Statement:

The nurse safely and effectively administers insulin

ALERT: The Diabetes mellitus competency should be completed in conjunction with this competency

RCH references related to this competency: RCH Clinical Guidelines: Diabetes Mellitus

COMP	ETENCY ELEMENTS
Κ	 Locate and read the Diabetes Mellitus Clinical Practice Guideline Describe common insulin regimes Discuss types of insulin used including their onset and duration of action State the correct requirements for an insulin order State the nursing responsibilities when receiving a phone order for insulin
S	 Demonstrate the correct procedure for Drawing up insulin into syringe via vial/penfill Administering Insulin via syringe Dial up insulin via pen device Administer insulin via pen device Demonstrate documentation of insulin administration in MAR

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Nurse Name:	Signature:	Date:
Assessor Name:	Signature:	Date:

Intrathecal Baclofen

Competency Statement:

Assessor Name:

The nurse safely and effectively cares for a patient with a baclofen pump

RCH references related to this competency: RCH Clinical Guidelines: Intrathecal; RCH Intranet: Kids Health Info – Fact Sheets

COMPETENCY ELEMENTS Image: Lements I

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Nurse Name:	Signature:	Date:

Signature:

Ketogenic Diet

Competency Statement:

The nurse discusses care of a patient on a Ketogenic diet

RCH references related to this competency: RCH Clinical Guidelines: Ketogenic Diet - Acute Illness Management

COMP	TENCY ELEMENTS	
Κ	 List signs for hypoglycaemia List signs for high blood keton Discuss the actions required if a. The patient's BSL is b. The patient's blood List some of the nursing considered the source of the ongoing considered and s	$s \leq 2.5$ mmol/l ketones are >4 lerations for a patient on the Ketogenic diet with an acute illness iderations for a patient on Ketogenic diet l need to be provided to the family for a patient on a ketogenic
S	1. Demonstrate education to fam	nily for BSL/ketone testing and urine ketone testing

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Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Liver Disease

Competency Statement:

The nurse safely and effectively cares for patients with liver disease

COMP	ETENCY ELEMENTS
K	 Locate and describe the function of the following areas of the liver Gall Bladder Common bile duct Portal vein Hepatic vein Hepatic artery List five main functions of the liver and discuss the impact of dysfunction Differentiate between acute and chronic liver disease and the implications for nursing care List three causes of acute liver disease List three causes of chronic liver disease Discuss the nursing care required for children with liver disease with Variceal bleeding (haematemesis and malaena) Ascites / hypoalbuminaemia Bacterial peritonitis Encephalopathy Malabsorption and malnutrition Cholangitis Coagulopathy Temperature regulation Discuss the importance of strict fluid balance monitoring in patients with liver disease and what this includes Describe the psychosocial impact liver disease might have on the child and family and measures that can be taken to minimise the impact
S	 Demonstrate care of patient with liver disease in respect to : a. Hydration and fluid balance b. Nutrition c. Infection control d. Specimen collection e. Skin integrity f. Medications

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Nurse Name:	Signature:	Date:

Signature:

Metabolic Conditions

ALERT: Element 5 is only applicable for nurses working in the neurosciences ward

Competency Statement:

The nurse discusses care of a patient with a metabolic condition

COMP	COMPETENCY ELEMENTS		
κ	3. 4.	Explain in basic terms what a metabolic condition is Summarise catabolism and anabolism List some of the metabolic conditions that are commonly seen at the Royal Children's Hospital Discuss the main principles around sick day management for a patient with a metabolic condition Identify who can check medications for a patient with a metabolic condition on Cockatoo	
S	1.	Demonstrate care of a patient with a metabolic condition	

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Nurse Name:	Signature:	Date:

Assessor Name:

Signature:

Monitoring (Advanced ECG)

Competency Statement:

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

COMP	ETENCY ELEMENTS
Κ	 Discuss common patient categories which require continuous cardiac monitoring Describe what the ECG trace is representing Discuss what defines a sinus rhythm Recognise the following rhythms a. VT - Ventricular Tachycardia b. VF - Ventricular Fibrillation c. AF - Atrial Fibrillation d. Heart block e. SVT - Supraventricular Tachycardia Ventricular Ectopics
S	 Demonstrate correct ECG dot placement for 3 and 5 lead monitoring and describe differing monitoring capabilities of same Demonstrate the entering of patient details in to the monitoring system including "Patient Paced" parameter and explain rationale for same Demonstrate changing lead trace (on monitor at bedside and telemetry) and discuss rationale for same Demonstrate change size of ECG trace Demonstrate how to calculate an ECG rate Print a continuous recording of an ECG

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.

Nurse Name:	Signature:	Date:
Assessor Name:	Signatura	Date:
ASSESSOF Name:	Signature:	Date:

Neurological Observations

Competency Statement:

The nurse accurately and effectively performs neurological observations on paediatric patients

COMF	COMPETENCY ELEMENTS		
Κ	1. 2. 3. 4. 5. 6. 7. 8.	State the difference between performing neurological observations and a neurological assessment Discuss each component of neurological observations and how they assist in determining a patient's neurological condition a. Glascow Coma Scale b. Pupils c. Limb strength d. Vital signs Identify the preferred method of painful stimuli Describe decorticate and decerebrate posturing and what causes them Discuss how acquired or developmental intellectual impairment will affect the collection of accurate neurological observations List the signs and symptoms of raised ICP and how these change as the infant/child gets older Explain the Cushing Reflex State the actions required if a patient has deterioration in neurological status	
S	1. 2. 3.	Assemble the equipment required to perform neurological observations Demonstrate neurological observations on paediatric patients in the following age groups: a. Infant (<1year) b. 1 - 4 year c. 5 - 12 year d. 12 + years Demonstrate documentation of observation findings in Flowsheets - observation	

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Assessor Name: Signature: Date:	Nurse Name:	Signature:	Date:	
Assessor Name: Signature: Date:				
Assessor Name: Signature: Date:				
	Assessor Name:	Signature:	Date:	

Neurological Status (Altered)

ALERT: Neurological observations competency should be completed prior to this competency

Competency Statement:

The nurse safely and effectively cares for a patient with altered neurological status

COMP	COMPETENCY ELEMENTS		
K	 List reasons why a patient may have altered neurological status Discuss nursing considerations for a patient with altered neurological status List the monitoring/observation required for a patient with altered neurological status Identify the actions required by nursing staff when a patient has rapid deterioration in neurological status Discuss the reason that may cause a rapid deterioration of neurological status in a patient 		
S	Not Applicable		

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Nurse Name:

Assessor Name:

Signature:

Signature:

Date:

Nutrition (Parenteral)

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

Competency Statement:

The nurse safely and effectively administers Parenteral Nutrition

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

1.	Locate & read the
	a. Parenteral Nutrition Clinical Guideline (Hospital
	b. Parenteral Nutrition (PN) Cue Card
	State the general indications for use of PN
3.	Identify members of the multidisciplinary team involved in the care of this patient group, including each member's role
4.	Identify at least five components which can be found in the PN solution
5.	State the ideal IV access for patients receiving
	a. Low dextrose nutrient solutions
	b. High dextrose nutrient solutions
6.	Discuss the differences between hospital PN & Baxter PN for the following
	a. Fluid prescription and documentation
	b. Preparation & administration
7.	Discuss the ongoing care requirements and management of patients receiving PN
	a. commencing
	b. ceasing
	c. weaning
	d. frequency of monitoring:
	i. Bloods
	ii. Urine
	iii. Weight
	iv. CVAD
	v. Documentation
	Discuss how to administer non-compatible IV antibiotics to a patient receiving high dextrose PN solution
9.	Discuss the correct action to be taken in the event that the nutrient solution finishes prior to the next
	bag being delivered from pharmacy
13	State the maximum amount of potassium to be placed in a PN bag
1.	Demonstrate checking of IV medication compatibility with PN prior to medication administration
	Demonstrate IV line assembly & priming for the patient receiving
	a. Hospital PN Solution
	b. Baxter PN Solution
3	Demonstrate programming of IV pumps for all stages of weaning on & off PN

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Nurse Name:Signature:Date:

Assessor Name:

Signature:

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

СОМР	ETENCY ELEMENTS
Κ	 State rationale for performing overnight oximetry. State rationale for oximeter probe site rotation Outpatient Testing Describe process for transport of oximeter to and from home and hospital. Describe how to fill in the diary sheet.
S	 Prepare oximeter for test: 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 Accurately record observations required of a patient requiring overnight oximetry. Demonstrate how to download and print oximetry data. Demonstrate how to retrieve previous oximetry data. Develop a plan of care using the Overnight Oximetry Request form. Demonstrate oximeter to parent / caregiver. Confirm that pick up and drop off have been arranged. Demonstrate explanation of contact numbers and troubleshooting to families.

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Nurse Name:	Signature:	Date:

Assessor Name:

Signature:

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

СОМР	ETENCY ELEMENTS
Κ	 Locate and read the RCH Opioid Infusion Guidelines Ketamine Infusion Guidelines Describe the pharmacokinetics of the analgesia infusion Discuss the potential side effects of analgesia infusions State the minimal clinical observations required for a patient receiving an analgesia infusion Discuss reportable parameters Discuss nursing actions to take if pain escalates Discuss when to give analgesia boluses and when to increase analgesia infusions State when, why and how much naloxone should be given for opioid induced puritus, sedation and respiratory depression Locate and complete the opioid primary competency quiz
S	 Demonstrate pain assessment with an understanding of child development, language and appropriate pain assessment tools Demonstrate accurate documentation of observations and assessment Demonstrate correct set up of analgesia infusion pumps Demonstrate explanation, answering questions and confirmation of understanding with family

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

Nurse Name:	Signature:	Date:
Assessor 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

COMP	ETENCY ELEMENTS
Κ	 Locate and read the RCH Patient Controlled Analgesia Guidelines Describes the pharmacokinetics of the opioid analgesia used Discuss the potential side effects of PCA Describe the PCA pump program and demonstrates where the prescribed program is documented State the minimum observations for a patient receiving a PCA and recognizes reportable parameters Discuss the nursing actions to take if pain escalates Discuss when, why and how much naloxone should be given for opioid induced pruritus, sedation and respiratory depression Discuss how to transition from a PCA to oral analgesia
S	 Demonstrate a pain assessment Demonstrate accurate documentation of PCA use Demonstrate explanation, answering of questions and confirmation of understanding with family Locate and complete the PCA primary competency quiz

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|--|

Assessor Name:

Signature:

Post Traumatic Amnesia

Competency Statement:

The nurse discusses Post traumatic amnesia (PTA) and the nursing management required

COMP	COMPETENCY ELEMENTS		
Κ	 Explain Post Traumatic Amnesia (PTA) including why a patient may experience PTA, and the behaviour that is commonly seen in patients List the nursing considerations for a patient with PTA Discuss the education that may need to be provided to the child and family Explain low stimulus environment 		
S	Not applicable		

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

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

Nurse Name:	Signature:	Date:

Assessor Name:

Signature:

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 Guidlines: Asthma, Brochiolitis, Croup, Pertussis, Pneumonia; RCH Emergency Department Respiratory Learning Package

COMPETENCY ELEMENTS 1. Locate and read: Κ a. RCH Emergency Department Respiratory Learning Package b. Asthma clinical practice guideline c. Bronchiolitis clinical practice guideline d. Croup clinical practice guideline e. Pneumonia clinical practice guideline f. Pertussis clinical practice guideline 2. Describe the anatomical & physiological differences between a paediatric and adult airway. 3. Describe the anatomical & physiological differences in relation to the respiratory system for a. infant b. small child c. older child 4. State the normal values for respiratory rates in an a. infant b. small child c. older child 5. Discuss preparation of the environment, equipment, and child for respiratory assessment 6. Identify and state significance of respiratory noises a. Wheeze b. Stridor c. Crackles: Course / fine d. Grunting 7. State the signs and symptoms of mild, moderate, severe respiratory distress 8. Discuss oxygen saturation monitoring in relation to respiratory assessment and illness 9. Discuss the relationship between pulse oximetry and the oxyhaemoglobin dissociation curve. 10. Describe the pathophysiology underlying common respiratory conditions: a. Asthma b. Bronchiolitis c. Pneumonia d. Croup e. Pertussis 11. Discuss interventions/management of common respiratory conditions: a. Asthma b. Bronchiolitis Pneumonia c. d. Croup e. Pertussis 12. Describe clinical indications and rationale for commencing oxygen therapy 13. Describe process for escalating care of a patient who develops an oxygen requirement 14. Describe observation regime for patients when weaning oxygen therapy. 1. Demonstrate effective respiratory assessment in relation to: S a. Level of consciousness b. Inspection (Look) c. Auscultation (Listen) d. Palpation (Feel) e. History Taking Effort & Efficiency of breathing f. 2. Accurately document findings of respiratory assessment: a. Air entry Respiratory rate and character b. c. Rise and fall of chest wall d. Normal sounds on auscultation e. Work of breathing Landmarks and sequence for auscultation f. g. Use of accessory muscles 3. Demonstrate effective use of spacer for different age groups 4. Demonstrate asthma education to parents / caregivers

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Nurse Name:	Signature:	Date:

Assessor Name:

Signature:

Seizures

ALERT: Elements 7, 8 are only required for nurses working in the neurosciences unit

Competency Statement:

The nurse discusses the care required for a patient during a seizure and with a seizure disorder

COMP	COMPETENCY ELEMENTS		
Κ	 Explain the different types of seizures and how they can present Define epilepsy Define refractory epilepsy List some of the investigations a child may need who presents with seizures Discuss the emergency management of a child during a seizure Explain the nursing care required for a patient having Video EEG Monitoring (VEM) 		
S	 Demonstrate care of a patient during a seizure Demonstrate care of a patient having VEM Demonstrate documentation of seizure on flowsheet – focus assessment 		

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Nurse Name:	Signature:	Date:	
Assessor Name:	Signature:	Date:	

Spinal Injury (Acute)

ALERT: The spinal immobilisation competency should be completed in conjunction with this competency

Competency Statement:

The nurse safely and effectively cares for a patient with an acute spinal injury

RCH references related to this competency: RCH Clinical Guidelines: Acute Spinal Injury

COMPETENCY ELEMENTS

- 1. Locate and read Κ
 - a. RCH Acute Spinal Injury Guideline
 - b. Cue Card Acute Spinal Injury Define an acute spinal injury
 - 2. Define an acute spinal injury
 - 3. Differentiate between primary and secondary spinal cord injury
 - 4. Differentiate between complete and incomplete spinal cord injury
 - Define SCIWORA
 - 6. Indentify the aims of nursing care for a child with an acute spinal cord injury
 - 7. Differentiate between spinal shock and neurogenic shock
 - 8. Identify the nursing care for the patient with an acute spinal injury
 - a. Neurological assessment
 - b. Vital signs (and loss of autonomic control)
 - c. Spinal immobilisation:
 - i. 1st 24hr
 - ii. Ongoing
 - d. Positioning & Pressure Area Care
 - e. Bladder management
 - f. Bowel management
 - g. Psychological care
 - 9. Discuss autonomic dysreflexia:
 - a. Definition
 - b. Causes
 - c. Signs and symptons
 - d. Management
 - 10. Discuss the complications of acute spinal cord injury in children
 - a. Postural hypotension
 - b. Pulmonary complications
 - c. Hip dysplasia
 - Joint contractures d.
 - e. Spinal scoliosis
- 1. Discuss and demonstrate the difference between a full spinal precaution roll and a log roll

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Nurse Name: Signature: Date: Assessor Name: Signature: Date:

Stroke

Competency Statement:

The nurse safely and effectively cares for a child who has had a stroke

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

COMP	COMPETENCY ELEMENTS		
κ	2. 3. 4. 5. 6. 7.	Define a stroke List the risk factors for infants and children for stroke State the two types of stroke and identify the differences in treatment for each Discuss the nursing considerations for a child who has had a stroke Discuss the nursing care required for a patient requiring a standard therapeutic heparin infusion Discuss the care required for a patient post surgery to treat stroke List the allied health team members that will need to be involved in the patient's care post stroke and the contribution each makes Identify some of the long term problems for a child who has had a stroke	
S		Demonstrate care of patient with standard therapeutic heparin infusion Demonstrate care of patient post surgery to treat stroke	

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Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Stomal Care

Competency Statement:

The nurse will safely and effectively care for a child with a stoma

COMF	ете	INCY ELEMENTS
K	2. 3. 4.	State the difference between an Ileostomy and Colostomy Locate available resources for post operative management and care following formation of an ileostomy or colostomy Discuss nursing considerations for post – operative care Discuss the differences between the amount and consistency of output expected from an a. Ileostomy b. Colostomy
	6. 7. 8.	State actions if stoma output is excessive Discuss the role of the stomatherapist Discuss members of the multidisciplinary team and their roles in the care of patients with stomas Discuss potential complications of stomas and their management Discuss resources available for patients and families
S	2. 3.	Demonstrate accurate documentation of stoma output Demonstrate application of a stoma appliance Demonstrate application of a stoma dressing Demonstrate accurate documentation of procedures associated with stoma care

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Nurse Name:	Signature:	Date:
	5	

Assessor Name:

Signature:

Surgical Drains

Competency Statement:

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

СОМР	COMPETENCY ELEMENTS		
Κ	 Identify reasons why a surgical drain might be inserted Identify the following surgical drains a. Jackson – Pratt b. Redivac c. Mini – Vac State how it would be evident if each of the above drains was on suction Explain the correct procedure to address a Redivac which is not patent State how frequently a surgical drain should be measured and / or emptied Discuss two potential complications of surgical drains List four signs indicating infection of a surgical drain site Discuss the rationale for removal of a surgical drain 		
S	 Demonstrate emptying a Jackson Pratt drain Demonstrate emptying a Mini – Vac drain Demonstrate correct procedure for obtaining an accurate measurement of a Redivac drain 		

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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

	Th	ermoregulation Overview
	1.	State the normal range for a

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

Radiant Warmers

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

Incubators

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

S Radiant Warmers 1. Demonstrate the

- 1. Demonstrate the functions of a radiant warmer
- 2. Collect and prepare equipment to pre-warm the radiant heater
- 3. Position the infant correctly on the radiant warmer
- 4. Demonstrate correct application of the skin probe and
 - a. discuss factors that can interfere with probe function
 - b. discuss nursing interventions to rectify probe problems

Incubators

- 5. Demonstrate how to set the NTE for two neonates of different gestation and weights in Incubators
- 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
- 7. Accurately documents information related to thermoregulation of the neonate

Nurse Declaration on next page
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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 Exlusions - everyone but NICU/PICU 27 onwards

RCH references related to this competency: RCH Clinical Practice Guidelines: Tracheostomy Management

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

COMPETENCY ELEMENTS

Κ

- 1. Locate and read the Tracheostomy Management Guidelines 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 an demonstrate correct suctioning technique
- 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 and demonstrate their application
- 17. State options available for providing oxygen via a tracheostomy tube and demonstrate their application
- 18. Describe signs and symptoms of a blocked tracheostomy tube and state interventions required
- 19. Identify and discuss safety issues in relation to
 - 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
 - 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

23. Discuss the process for transition of a recently tracheostomied patient from PICU / NICU to a ward

- 1. Demonstrate the procedure for changing tracheostomy ties
- S 2. Demonstrate recommended bedside setup / transport kit / emergency kit
 - 3. Demonstrate correct procedure for stoma care
 - 4. Assemble equipment and demonstrate procedure for routine tracheostomy tube change
 - 5. Demonstrate emergency management of a tracheostomy tube with respect to
 - a. Blockage
 - b. Accidental decannulation
 - 6. Demonstrate care of a patient undergoing planned decannulation
 - 7. Demonstrate management of a percutaneous tracheostomy tube

Nurse Declaration on next page

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Nurse Name:	Signature:	Date:	
Assessor Name:	Signature:	Date:	

Transplant (Post operative liver)

Competency Statement: The nurse safely and effectively cares for the paediatric patient post liver transplant

COMP	ETE	ENCY ELEMENTS
	1.	Locate and read the
K		a. Royal Childrens Hospital Liver Transplant Protocol
	2.	Discuss the following relevant to liver transplantation
		a. Whole, Split or cut down liver transplant
		b. Biliary Anastomosis
		c. Portal Vein, Hepatic vein and hepatic artery anastomosis
		d. Living donor.
	3.	Identify the post-operative care required in PICU / Ward relating to
		 cardiovascular monitoring and haemodynamic stability
		 renal function, fluid balance, electrolytes and glucose
		c. respiratory monitoring and support
		d. central nervous system functioning
		e. immunosuppression and infection control
		f. coagulopathy monitoring and control
		g. routine post-operative investigations
		h. medication administration / interactions
		i. wound management
		j. nutrition
		k. infection control
	1	I. documentation State rationale for insertion and describe management of:
	4.	State rationale for insertion and describe management of: a. Jackson Pratt tube
		b. T-tube
	5	Discuss the following complications and their management
	5.	a. Infection
		b. Renal dysfunction
		c. Ascites
		d. Haemorrhage
		e. Organ rejection
		f. Bile duct obstruction / leak
		g. Hepatic vein, portal vein and hepatic artery thrombosis / obstruction
		h. Post transplant diabetes
		i. Abnormal LFT / FBE / U+E
		Discuss the rationale for immunosuppression and state potential complications / side effects.
	7.	State the roles of the following multidisciplinary team members:
		a. Gastroenterology Consultant
		b. Liver Transplant Coordinator
		c. Pharmacist
	_	d. Physiotherapist
	8.	Describe the psychosocial management of liver transplantation on:
		a. Parent education / involvement b. ADL's
		c. Discharge planning
		d. Holistic care
	9.	Discuss the follow up of children / young people required post discharge
C	1.	Demonstrate the preparation required for receiving the patient post liver transplant
Э		a. Equipment, fluid and drug preparation
	2	b. Receiving the patient from theatre / PICU Demonstrate management of JP/T-tube drains
		Demonstrate education to family to enable discharge
	5.	bemonstrate education to family to enable discharge

Nurse Declaration on next page

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Nurse Name:	Signature:	Date:

Assessor Name:

Signature:

Transplant (Pre operative liver)

Competency Statement:

The nurse safely and effectively cares for the paediatric patient about to undergo liver transplantation

	 Discuss the conditions that children may have that require a liver transplant Identify potential sources of donor livers Discuss the immediate nursing responsibilities when preparing a patient for live transplantation including a. pre - operative nursing and medical assessment b. pre - operative procedures c. individual patient protocols d. psychosocial needs Describe the roles of the members of the multidisciplinary team in supporting the child/ your person about to undergo a liver transplant and their family
5	Not Applicable

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Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Tumors of the Neurological System

Competency Statement:

The nurse discusses and demonstrates how to care for a patient with a brain or spinal tumour

RCH references related to this competency: RCH Intranet: Children's Cancer Centre – Diagnoses – Brain Tumour

СОМР	ETENCY ELEMENTS
K	 Define tumour Describe each of these brain tumours a. Ependymoma b. Astrocytoma c. Medulloblastoma d. Brainstem Glioma Explain the grading system of brain tumours Outline the nursing considerations for a patient with a brain tumour Outline the nursing considerations for a patient with a spinal tumour Summarise the nursing care for a patient post surgery to remove/biopsy tumour Identify the needs of family with a child who has a newly diagnosed brain tumour
S	Not Applicable

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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

CONT	стг	
K	1. 2. 3. 4. 5. 6. 7. 8.	Define urinary catheterisation State the reasons why a urinary catheter would be required Describe the position of the following types of catheters a. Indwelling catheter (IDC) b. Suprapublic Catheter (SPC) c. Ureteric Catheter d. Nephrostomy Tube State the frequency that urine output should be measured based on the child's condition State the expected urine output in mls/kg/hr for the post operative patient Discuss the catheter care for different types of catheters Discuss potential causes of a non – draining catheter State actions if a nephrostomy or ureteric catheter has stopped draining and discuss for why urine output may have stopped Discuss the resources and education required for children and families when a child is to be discharged with a urinary catheter in situ
S	2. 3.	Demonstrate the correct emptying of the urinary catheter bag Demonstrate accurate documentation of urine output Demonstrate how an IDC should be taped for a. Boys b. Girls Perform catheter care

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Nurse Name:	Signature:	Date:

Assessor Name:

Signature:

Ventricular Peritoneal Shunt

Competency Statement:

The nurse safely and effectively cares for a patient with ventricular peritoneal shunt

COMF	COMPETENCY ELEMENTS		
Κ	 Explain the flow of CSF Define hydrocephalus Discuss some of the causes of hydrocephalus Explain what a VP shunt is and its function List the resources available on the ward to assist in providing education to families about VP shunts Discuss the nursing management of a patient post insertion or revision of shunt List the common complications of VP shunts 		
S	 8. Demonstrate education to a family about VP shunts 9. Demonstrate care required for a patient post insertion or revision of shunt 10. Demonstrate the discharge education required for a patient post insertion or revision of shunt 		

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Nurse Name:

Assessor Name:

Signature:

Signature:

Date:

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

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