Chapter 3M

Specialty Nursing Competencies
Perioperative-Recovery (PACU)

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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Workbook Edition 10, January 2018

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Peri-Operative Attire

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

COMPETENCY ELEMENTS	
K	1. Discuss the hospital policy and ACORN standard on Peri-Operative attire 2. Discuss why finger nails are to be kept sort, clean and free of nail polish and artificial nails 3. Discuss when a surgical mask is required to be worn 4. Discuss when shoe covers are required 5. Discuss appropriate perioperative attire for restricted, semi restricted and non-restricted areas of the perioperative environment 6. Discuss the wearing of jewellery in the perioperative environment
S	1. Demonstrate the wearing of correct Peri-Operative attire 2. Cover hair with theatre hat 3. Demonstrate the correct wearing of protective eye wear and surgical mask 4. Demonstrate adherence to hand hygiene principles including the use of hand gel

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

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Nurse Name: Signature: Date:

Assessor Name: Signature: Date:

Peri-Operative Nursing Principles of Care

Competency Statement:
The nurse demonstrates adherence to Peri-Operative nursing principles of care to achieve optimal patient outcomes

RCH references related to this competency: RCH Policies & Procedures: Blood transfusion, Consent

COMPETENCY ELEMENTS	
K	1. Explain the rationale for a quiet environment during patient induction 2. Explain the strategies to prevent hypothermia 3. Discuss potential complications of incorrect positioning 4. State patient considerations when using a diathermy such as cochlear implant, metal, skin integrity 5. Discuss precautions when positioning/moving an unconscious patient's limb 6. Explain the observations for blood loss and actions to be taken when loss is excessive. 7. Discuss blood storage and retrieval processes 8. Discuss precautions for a patient with a latex allergy 9. Discuss where to find the patients allergy status in EMR
S	1. Prioritises identified health needs using a problem solving and critical thinking approach 2. Demonstrates collaboration with team members to ensure pre-operative care and orders have been completed 3. Demonstrate releasing an intraoperative order in the patients charts in EMR 4. Demonstrate maintenance of respect and dignity of the peri-operative patient 5. Demonstrate correct measures taken to manage a patient with an allergy 6. Demonstrate correct positioning and pressure area care of the patient 7. Demonstrate documentation of positioning and pressure area care in EMR 8. Demonstrate application of the principles of standard precautions 9. Demonstrates adherence to the principles of asepsis 10. Demonstrate correct placement and checking of the diathermy plate and site and documentation in EMR 11. Demonstrate correct use of the diathermy machine and equipment including foot pedals

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Nurse Name: Signature: Date:

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Procedural Safety Checklist

Competency Statement:
The nurse participates in the surgical safety checklists to ensure patient safety and prevent adverse events.
RCH references related to this competency:
RCH Policies & Procedures: Procedural Safety-Correct Patient, Correct Procedure, Correct site.
RCH Intranet – Division of Surgery - Local Procedure: Surgical Site Marking

COMPETENCY ELEMENTS	
K	1. Describe the purpose of performing a procedural safety check called the Time Out prior to the commencement of any surgery/procedure 2. List the members of the team that participate in the Time Out 3. Discuss why and how surgical sites should be marked, if the surgery involves repositioning of the patient/limb explain how the site marking should be done 4. Describe the exceptions for marking the operative sites 5. What is the intraop orders for Theatre and where is it located in EMR 6. Explain why imaging displayed should be confirmed as matching the patient identity 7. State where the presence of implants is documented in EMR 8. Outline the process for an incorrect consent 9. Discuss the policy for intraoperative photography 10. What does the statement "is hand over to bed-card unit" mean
S	1. Confirm the presence of Day of Surgery Consent is complete in EMR 2. Confirm the presence of the printed surgical consent and check for correctness 3. Demonstrate and document in EMR a Time Out procedure 4. Demonstrate and document in EMR a Sign Out procedure 5. Demonstrate verify of these checklists

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Nurse Name: Signature: Date:

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Management of Sharps in the Perioperative Environment

Competency Statement:
The nurse demonstrates safe work practices while handling sharp instruments and needles
RCH references related to this competency: RCH Policies & Procedures: Sharps Handling

COMPETENCY ELEMENTS	
K	1. Outline the procedure following a sharps injury, including immediate first aid management and reporting 2. Describe why double gloving is preferable when performing the role of instrument nurse 3. Discuss the available equipment used for the correct storage of sharps in the sterile field
S	1. Demonstrate correct loading and unloading of blade onto scalpel handle 2. Demonstrate safe loading and unloading of atraumatic sutures onto a needle holder 3. Correctly assemble and pass a hypodermic needle and syringe and a scalpel blade 4. Show correct handling of sharps when passing to surgeon/proceduralist 5. Show correct storage of sharps on instrument trolley when not being used by surgeon/proceduralist 6. Demonstrate safe disposal of sharps 7. Correctly return any sharp instruments for reprocessing to CSSD

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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

<table>
<tr><th colspan="2">COMPETENCY ELEMENTS</th></tr>
<tr><td>K</td><td>
1. Describe the role of the PACU Nurse
2. Demonstrates the correct Emergency Call procedures for both Stage 1 recovery and Medical Imaging Recovery
3. Discuss hospital policy and procedures and the ACORN Standards of a PACU nurse

4. Discuss ACORN Standards of a PACU nurse
5. Demonstrates safety checks and use
  a. Defibrillator
  b. MET trolley
  c. Oxygen and Suction / Portable Oxygen and Suction
  d. Drugs of addiction Book
  e. Laerdal Bag and Mask
  f. T Piece
  g. Blood Gas Machine
  h. Blood Glucose Machine
  I. Hemaccue
  j. Stage one monitor
  k. Syringe drivers, Epidural pumps, PCA'S and IVAC's

6. Discuss why and how modes of anaesthesia are used
  a. IV
  b. Inhalational
  c. Rapid Sequence Induction
  d. Total Intravenous Anaesthesia
7. Discusses the importance of premedication
8. Discusses differences of depolarising and non-depolarising muscle relaxants
9. Recalls the indications of propofol administration
10. Demonstrates and discusses the uses of airway devices MASKS/NPA/GAUDEL/LMA/ETT
11. Differentiates the differences between spontaneous ventilation and controlled ventilation
12. Discuss the importance of PONV Mx
13. Demonstrates the use of PONV escalation including drug administration and common side effects
14. Discuss the importance of local anaesthesia
15. Discuss key elements that should be communicated with the anaesthetic team on receiving the patient in PACU
1. Identify factors to be considered in calling family into recovery
</td></tr>
<tr><td>S</td><td>
1. Demonstrate safety checks
  a. Defibrillator and Internal Adaptor
  b. Resuscitation Trolley
  c. Oxygen and Suction / Portable Oxygen and Suction
  d. Drugs and Addiction Book
  e. Laerdal Bag and Mask
2. Demonstrate use of intercom systems if applicable
3. Demonstrate communication of accurate information to
  a. Anaesthetists
  b. Surgeons
4. Demonstrate inclusion of families in post anaesthetic care
5. Demonstrate use of the Lanpage system for post anaesthetic care
6. Accurately enter Post-operative data into the ORMIS system
7. Accurately complete documentation for the patient in the PACU including
  a. Anaesthesia Medical Record (MR800/A)
  b. Fluid Balance and Treatment Orders (MR730/A)
  c. Medicine Chart (MR690/A)
  d. PONV Attachment
</td></tr>
</table>

	e. Opioid Infusion attachment 8. Patient Controlled Analgesia (PCA) attachment

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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

<table>
<tr><th colspan="2">COMPETENCY ELEMENTS</th></tr>
<tr><td>K</td><td>General
1. Discuss life threatening complications and management including advanced life support
Airway
2. Describe airway assessment
3. Discuss the importance of correct patient positioning to maintain airway and identify complications or poor positioning
4. Describe techniques for airway support under anaesthesia
5. Describe indications for oxygen delivery via
a. Face mask
b. T piece
c. LMA
6. Identify signs and symptoms of Laryngospasm
7. Discuss treatment and intervention for Laryngospasm
Cardiovascular
8. Identify the risks for impaired cardiovascular status in the immediate post-operative period
9. Discuss nursing management of impaired cardiovascular status in the immediate post-operative period
Neurological
10. Identify indications for assessment of neurological status immediately post anaesthetic
11. Identify potential neurological complications following surgical intervention
12. Discuss nursing management of impaired neurological status in the immediate post anaesthetic period
Pain
13. Discuss nursing management of pain in PACU
14. Discuss opioid agents commonly used in PACU including dose / kg calculations
15. Describe types and use of adjunct analgesics
Neurovascular
16. Identify indications for assessment of neurovascular status immediately post anaesthetic
17. Identify potential neurovascular complications following surgical intervention
18. Discuss nursing management of impaired neurovascular status in the immediate post anaesthetic period
Temperature
19. State the normal temperature ranges for neonates and children
20. Identify signs and symptoms of Malignant Hypothermia and notifies medical staff of abnormal or rapid changes in temperature</td></tr>
<tr><td>S</td><td>General
1. Discuss and demonstrate correct patient monitoring
2. Discuss and demonstrate individualised planning for patients based on
a. Assessment
b. Procedure
c. Underlying conditions
3. Demonstrate accurate patient assessment and documentation of findings post anaesthetic
a. Airway/Respiratory
b. Cardiovascular
c. Neurological
d. Pain
e. Neurovascular
f. Temperature
g. Surgical wound / drains
4. Demonstrate correct connection of defibrillator paddles
Airway
5. Demonstrate correct obstructive airway interventions and discuss rationales for different age groups
6. Recall indications for use of a guedel airway and demonstrate correct size selection and insertion technique
7. Describe indications for oxygen delivery via
d. Face mask
e. T piece
f. LMA</td></tr>
</table>

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

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Nurse Name: ______________________ Signature: ______________ Date: ________

Assessor Name: ____________________ Signature: ______________ Date: ________

Discharge to Ward from Post Anaesthetic Care Unit (PACU)

Competency Statement:
The nurse safely and effectively discharges a patient from PACU to a ward

COMPETENCY ELEMENTS	
K	1. Discuss the importance of sedation score 2. Discuss key elements to be communicated with receiving nurse 3. Correctly transfers patients using oxygen and suction 4. Differentiates between ward patient transfer and Day of Surgery patient transfer
S	5. Demonstrate assessment of sedation 6. Accurately complete the Recovery from Anaesthesia Chart (MR835/A 7. Accurately completes post-op pathways a. MET Criteria b. Renal / Liver Biopsy c. Craniofacial d. Apnoea monitoring for small babies 8. Assemble all correctly completed documentation 9. Demonstrate accurate handover of patient between PACU nurse and receiving nurse

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Nurse Name: Signature: Date:

Assessor Name: Signature: Date:

Arterial Line

Competency Statement:
The nurse safely and effectively prepares for and provides care for the child or infant with an intra – arterial line

RCH references related to this competency: RCH Intranet – PICU – Guidelines – Invasive Haemodynamic Monitoring; Drug Infusions & Maintenance fluid in PICU; RCH Policies & Procedures – Documentation: Electronic Medical Records (EMR)

COMPETENCY ELEMENTS	
K	1. Locate and read RCH online references related to this competency 2. Identify the indications for invasive arterial line placement 3. Identify the correct infusion to prime and maintain patency of the arterial line a. For infant <2kg & Liver transplant post-operative b. For neonates and children 4. Correctly interpret the monitoring and waveform to identify normal waveforms and irregular recordings a. Waveform scale b. Systolic, Dichotic notch, Diastolic Pressures c. Cardiac cycle and ECG interpretation d. Respiratory Effect 5. Identify the potential complications of intra-arterial line placement and continuous monitoring
S	1. Demonstrate safe practice in the care and maintenance of the arterial line transducer and infusion a. Cannula security b. Prevention of infection c. Prevention of air and debris emboli d. Prevention of bleeding e. Circulation checks 2. Correctly assemble the equipment required to insert line and establish monitoring a. Cannula and lines b. Transducer and cables c. Monitor 3. Accurately zero and level the transducer 4. Demonstrate gaining an accurate pressure reading from the monitoring system 5. Demonstrate correct procedure for taking a blood sample from the arterial line a. Dead space b. Technique return blood c. Sample accuracy d. Aseptic technique 6. Provide correct care for the IA insertion site and cannula a. Securing the cannula b. Limb immobilisation c. Labelling d. Periphery perfusion e. Exposure of insertion site 7. Demonstrate the ability to troubleshoot and problem solve technical problems with transducer and pressure measurement 8. Demonstrate safe removal of arterial line 9. Document assessment of the arterial line access point in the LDA Assessment flowsheet on the EMR. 10. Ensure IAL infusion is correct and document this in the MAR of the EMR.

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Nurse Name: Signature: Date:

Assessor Name: Signature: Date:

Chest Drain & Underwater Seal Drain (UWSD) Management

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

RCH references related to this competency: RCH Clinical Practice Guidelines – Nursing – Chest Drain Management; Procedural Pain Management; External website: Atrium Medical – Chest Drainage – Education (accessed via Chest Drain Management guideline); RCH Policies & Procedures: Aseptic Technique; Documentation: Electronic Medical Records (EMR)

COMPETENCY ELEMENTS	
K	1. Locate and read RCH online references related to this competency 2. Describe the anatomy of the chest including the lining of the lungs 3. Identify the mechanics of breathing including negative intra pleural space 4. Identify the location of the proximal end of the chest drain 5. Describe the function of the 3 chamber UWSD apparatus 6. Provide rationales for insertion of UWSD chest drain 7. Explain the specific safety precautions required for the patient with an UWSD 8. Describe the correct procedure for securing the chest drain and dressing the insertion site 9. Describe the ongoing patient assessment required when a patient has chest drain with UWSD including: a. Start of shift checks and documentation within the LDA flowsheet of the EMR b. Vital signs c. Pain d. Drain insertion site 10. Using the USWD apparatus identify how you would determine if the patient has an ongoing air leak 11. Outline the correct procedure for measuring chest drainage 12. Discuss the nursing management for chest drainage losses 13. Describe the indications and procedure for changing the UWSD unit 14. Describe the precautions required for transporting a patient with an UWSD 15. Outline the complication of a chest drain and UWSD
S	1. Demonstrate the correct assembly of the UWSD apparatus for connection to the chest drain, and suction (if ordered) a. Correct pressure b. Connecting one unit to suction c. Connecting 2 units to suction (splitting) d. Dry suction unit (Atrium Oasis) 2. Demonstrate the correct method of documenting the chest drainage activity and drainage in the fluid balance flowsheet of the EMR. 3. Demonstrate the correct method for obtaining a specimen from the UWSD unit

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Nurse Name: Signature: Date:

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External Ventricular Drains & 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 Practice Guidelines – Nursing: External Ventricular Drains and Intracranial Pressure Monitoring (including link to Medtronic: Exacta- external drainage and monitoring system – quick reference guide); RCH Policies & Procedures – Aseptic Technique; Documentation: Electronic Medical Records (EMR)

<table>
<tr><th colspan="2">COMPETENCY ELEMENTS</th></tr>
<tr><td>K</td><td>1. Locate and read RCH online references related to this competency
2. Identify patient groups which require an EVD/ ICP monitoring
3. List daily care requirements and considerations for a patient with EVD
4. Explain the actions required in the event
a. The EVD becomes disconnected from the line
b. The EVD is accidently removed
5. State the procedure required when transporting a patient with an EVD
6. Discuss the removal of EVD including the nurse's role during the procedure
7. State the normal ICP ranges for infants and children
8. Explain how ICP is measured using an EVD
9. List the nursing considerations for a patient having ICP monitoring</td></tr>
<tr><td>S</td><td>1. Demonstrate hourly check required for EVD care including:
a. leveling of EVD to patient tragus of the ear
b. checking dressing site
c. checking line for oscillating CSF
d. checking volume and colour of CSF drainage
e. Documentation of all care within EMR.
2. Demonstrate collection of CSF specimen using sterile technique.
3. Discuss how to view medical order and print pathology form from the EMR
4. Demonstrate ability to zero monitor with ICP transducer.</td></tr>
</table>

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Nurse Name: Signature: Date:

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Pain (Analgesia Infusion)

Competency Statement:
The nurse will safely and effectively administer analgesia infusions

- **RCH references related to this competency:** RCH Intranet: Paediatric Injectable Guidelines; Surgery – Acute Pain Management CPMS – Ketamine Infusion, Surgery – Acute Pain Management CPMS – Opioid Infusion; Surgery – Post-operative Nausea Vomiting PONV; PICU – Guidelines: Pain and Sedation PICU; Drug infusion and maintenance fluid in PICU; Anaesthesia & Pain Management: Children Pain Management service CPMS; RCH Clinical Practice Guidelines – Analgesia and Sedation, Policies & Procedures: Documentation: Electronic Medical Records (EMR)

Element Exemptions: Rosella PICU (S5a); All other units (S5b)

<table>
<tr><th colspan="2">COMPETENCY ELEMENTS</th></tr>
<tr><td>K</td><td>1. Locate and read RCH online references related to this competency
2. Describe the pharmacokinetics of the analgesia infusion
3. Discuss the potential side effects of analgesia infusions
4. State the minimal clinical observations required for a patient receiving an analgesia infusion
5. Discuss reportable parameters
6. Discuss nursing actions to take if pain escalates
7. Discuss when to give analgesia boluses and when to increase analgesia infusions
8. State when, why and how much naloxone should be given for opioid induced pruritus, sedation and respiratory depression
9. Discuss signs of withdrawal syndrome</td></tr>
<tr><td>S</td><td>1. Demonstrate pain assessment with an understanding of child development, language and appropriate pain assessment tools
2. Demonstrate accurate documentation of observations and assessment within EMR
3. Demonstrate correct set up of analgesia infusion pumps
4. Demonstrate the use of the Withdrawal Assessment Tool (WAT-1) in weaning of opioid and analgesia and how to control these symptoms
a. Discuss where to locate this tool within the EMR
5. Demonstrate explanation, answering questions and confirmation of understanding with family
6. Locate and complete:
a. The online learning Primary Opioid competency
b. The online learning Rosella Pain & Sedation competency</td></tr>
</table>

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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; RCH Policies & Procedures – Documentation: Electronic Medical Records(EMR)

Element Exemptions: Banksia, Butterfly, Cockatoo, Dolphin, Kelpie, Koala, Kookaburra, Medical Imaging, Platypus, Possum, Rosella, Sugar Glider (S1)

COMPETENCY ELEMENTS	
K	1. Locate and read RCH online the reference related to this competency 2. Describe the pharmacokinetics of the local anaesthetic and additives 3. Discuss the potential side effects of the local anaesthetic and explain the signs and symptoms 4. Describe the components of epidural / regional lines 5. Discuss the importance of the markings of the epidural / regional catheters 6. State the minimum observations for a patient receiving an epidural 7. Discuss reportable parameters 8. Explain the potential complications of an epidural 9. Discuss the importance of pressure care for patients with an epidural 10. Discuss the nursing actions to take if pain escalates 11. Discuss the relevance of a high or low epidural sensory blockade 12. Describe the removal of the epidural / regional catheter and document this is in the LDA assessment flowsheet of the EMR
S	1. Demonstrate set up and programming on the epidural / regional pump 2. Demonstrate how and when to assess and document dermatomes and bromage within EMR 3. Demonstrate accurate documentation of observations and assessment within the EMR 4. Demonstrate explanation, answering questions and confirmation of understanding with the family 5. Locate and complete the online learning Epidural Primary Competency in Learning Hero.

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Nurse Name: Signature: Date:

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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; Surgery – Acute Pain Management; Surgery – Patient Controlled Analgesia PCA; Surgery – Post-operative Nausea Vomiting PONV; RCH Policies & Procedures – Documentation: Electronic Medical Records (EMR)

COMPETENCY ELEMENTS	
K	1. Locate and read RCH references related to this competency 2. Describes the pharmacokinetics of the opioid analgesia used 3. Discuss the potential side effects of PCA 4. Describe the PCA pump program and demonstrates where the prescribed program is documented 5. State the minimum observations for a patient receiving a PCA and recognizes reportable parameters 6. Discuss the nursing actions to take if pain escalates 7. Discuss when, why and how much naloxone should be given for opioid induced pruritus, sedation and respiratory depression 8. Discuss how to transition from a PCA to oral analgesia
S	1. Demonstrate a pain assessment including documentation in the EMR 2. Demonstrate explanation, answering of questions and confirmation of understanding with family 3. Locate and complete the online learning PCA primary competency

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Assessor Name: Signature: Date:

Spinal Surgery – Post-operative Care

Competency Statement:
The nurse safely and effectively cares for patients post spinal surgery

RCH references related to this competency: RCH Intranet – PICU – Guidelines: Pain & Sedation PICU; Nursing management of the patient with invasive mechanical ventilation in PICU; Spinal fusion surgery cue card; RCH Policies & Procedures – Documentation: Electronic Medical Records (EMR); Safe Transfer and Handling of Patients and Materials

Element exemption: Rosella (K4)

<table>
<tr><th colspan="2">COMPETENCY ELEMENTS</th></tr>
<tr><td>K</td><td>1. Locate and read RCH online references related to this competency
2. List the indications for spinal surgery in the paediatric population
3. Discuss the different types of spinal surgery performed at RCH
    a. Anterior Spinal Release
    b. Posterior Spinal Fusion
    c. Other
4. Discuss the rationale for the ward nurse to assess the spinal patient post-operatively in Recovery prior to transfer to the ward
5. Explain the rationale for lying the patient post spinal surgery flat for 4 hrs after transfer from theatre
6. Identify the specific care required by the PICU nurse in preparation for transfer to the ward.
7. Discuss 5 possible complications of spinal surgery</td></tr>
<tr><td>S</td><td>1. Explain & demonstrate the management of the patient post spinal surgery in regard to
    a. Respiratory assessment
    b. Circulatory assessment (fluid management, intake / output)
    c. Neurovascular assessment
    d. Wound assessment
    e. Skin assessment
2. Demonstrate proper patient positioning post spinal surgery
3. Demonstrate patient mobilisation post spinal surgery
    a. sitting up
    b. standing
    c. sitting out of bed</td></tr>
</table>

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Assessor Name: Signature: Date:

Tracheostomy Management

Competency Statement:
The nurse safely and effectively cares for the infant / child with a Tracheostomy Tube Exclusions – 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, Perioperative, Platypus, Possum, RCH@Home, Sugar Glider (K21-23, S7)

COMPETENCY ELEMENTS	
K	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 for a patient who has recently had a tracheostomy inserted, 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 tracheostomy dressing h. airway clearance and tube patency 22. Discuss the rationale for stay – sutures 23.
S	1. Demonstrate the procedure for changing tracheostomy ties 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 de-cannulation 6. Demonstrate care of a patient undergoing planned de-cannulation 7. Demonstrate management of a percutaneous tracheostomy tube

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:

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).

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