Chapter 3R

Specialty Nursing Competencies-
Dolphin Ward

The Royal Children's Hospital Melbourne

Nursing Competency Workbook, 10thEdition

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

Table of Contents

Anaphylaxis

Competency Statement:
The nurse safely and effectively cares for a child at risk of or experiencing anaphylaxis

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

Element Exemptions: RCH@Home (K9a-d, S3a-c)

COMPETENCY ELEMENTS	
K	1. Locate and read Anaphylaxis Clinical Practice Guideline 2. Define anaphylaxis 3. Discuss the pathophysiology of anaphylaxis 4. Identify common causes of anaphylaxis in children 5. Describe the signs and symptoms associated with anaphylaxis 6. Discuss management of the following for a child experiencing anaphylaxis a. Airway b. Breathing c. Circulation d. Skin e. Gastrointestinal system 7. State the drug used as first line treatment for anaphylaxis 8. Identify suitable locations for administration of IM injections 9. Discuss the planning required for discharge a. Medications b. Action Plan c. Referrals d. Resources 10. Discuss specific precautions required for a child admitted to hospital with a latex allergy
S	1. Demonstrate or discuss a. Correct calculation b. Correct drawing up c. Route of administration d. When to give e. How often to give 2. Demonstrate correct administration of an EPIPEN trainer 3. Demonstrate discussion with families the use of a. an anaphylaxis plan b. EPIPEN administration c. Care of an EPIPEN e.g. Expiry date, temperature control

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:

Bowel Washout

Competency Statement:
The nurse safely and effectively cares for a child requiring a bowel washout

RCH references related to this competency: RCH Clinical Practice Guidelines: Neonatal Bowel Washout (Rectal)

COMPETENCY ELEMENTS	
K	1. Locate and read Neonatal Bowel Washout (Rectal) Clinical Practice Guideline 2. State the rationale for a performing bowel washout on a patient 3. Collect all equipment required
S	4. Perform a bowel washout 5. Demonstrate accurate documentation in the progress notes 6. Educate the family on the procedure and the rationale as appropriate 7. Effectively discharges a child who requires bowel washouts into the community

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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

RCH references related to this competency: RCH Clinical Practice Guideline: Criteria Led Discharge

COMPETENCY ELEMENTS	
K	1. Locate and read Criteria Led Discharge procedure 2. Discuss the benefits of criteria led discharge (Clinical practices guidelines) a. For the family b. For the organisation 3. Discuss the expectations of nursing staff within the criteria led discharge process 4. Discuss the required authorization from medical staff for criteria led discharge to occur and identify where this particular information is documented 5. Discuss the medical review requirements for a child who will have a criteria led discharge 6. 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	8. Demonstrate discussion with the family explaining the criteria led discharge process

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Nurse Name: Signature: Date:

Assessor Name: Signature: Date:

Diabetes Mellitus

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

RCH references related to this competency: RCH Clinical Practice Guideline: Diabetes Mellitus

COMPETENCY ELEMENTS	
K	1. Locate and read the Diabetes Mellitus Clinical Practice Guideline 2. Describe the signs and symptoms that might indicate a diagnosis of diabetes mellitus 3. Describe the significance of blood glucose levels (BGL); normal range, why, when and how they should be monitored 4. Discuss the management of low and high BGL 5. Discuss ways in which ketone levels can be determined and when ketone levels should be checked 6. Discuss the management of ketoacidosis 7. State what basic 'hypo management' entails and the time frame in which this should be completed 8. Discuss the basic principles of dietary management of diabetes 9. Describe the role of the Dietician in educating the child and family about the food plan 10. Discuss the role of the Diabetes Nurse Educator 11. Describe the role of the ward nurse in the absence of the Diabetes Nurse Educator
S	1. Demonstrate collection of a capillary BGL 2. 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:

Eczema (Wet dressings and topical treatment)

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

RCH references related to this competency: RCH Clinical Practice Guideline: Eczema

COMPETENCY ELEMENTS	
K	1. Locate and read the a. Eczema management clinical practice guideline 2. Describe the signs and symptoms of Eczema a. Mild b. Moderate c. Severe 3. Describe the signs and symptoms of infected Eczema 4. Describe the topical process for treating bacterial infected Eczema 5. Discuss what causes Eczema to flare 6. State how the following conditions can alter a patient's treatment a. Infected Eczema b. Herpes Simplex Virus 1 Eczema 7. Discuss the rationale for the use of bleach baths 8. Discuss the rationale for wet dressings 9. Discuss the rationale for the use of topical steroids 10. State which topical steroids should be applied to what part of the body and how a. Hydrocortisone 1% ointment b. Elocon ointment c. Advantan fatty ointment
S	1. Demonstrate accurate completion of an Equipment Distribution Centre Card for supplies 2. Demonstrate accurate completion of an Eczema Treatment Plan 3. Demonstrate assessment of a child's Eczema 4. Demonstrate application of wet dressings, topical steroids and moisturisers

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Nurse Name: Signature: Date:

Assessor Name: Signature: Date:

Febrile Illness

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

RCH references related to this competency: RCH Clinical Practice Guideline: Febrile Child, Sepsis – assessment and management

COMPETENCY ELEMENTS	
K	1. Locate and read the febrile child clinical practice guideline 2. Locate and read the Sepsis – assessment and management Clinical Practice Guideline. 3. State an acceptable temperature range for neonates and children 4. Discuss the significance of low temperature recordings in infants under 3 months 5. Discuss the significance of high temperature recordings in neonates 6. Discuss the significance of high temperature readings in children who are immuno-compromised 7. Provide examples of investigations that may be undertaken to determine the cause of fever a. Under 3 months b. 2 year old with abdo pain and fever c. 3 year well, not distressed with runny nose d. Child who is immunocompromised 8. Discuss the use of antipyretics in the care of a child with a febrile illness
S	1. Demonstrate a primary assessment of a child who is febrile a. Airway b. Breathing c. Circulation d. Disability 2. Demonstrate the different methods used to obtain a temperature and describe the benefits and disadvantages of each a. Tympanic b. Per Axilla c. Per Rectal 3. Demonstrate education to families and caregivers regarding fever management and the use of antipyretics including fever handout education 4. Provide families / caregivers with accurate information regarding febrile convulsions 5. Display reassurance to distressed families and caregivers about their child with a febrile illness

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Nurse Name: Signature: Date:

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Head Injury

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)

COMPETENCY ELEMENTS	
K	1. Define head injury 2. Explain the differences between primary and secondary head injury 3. List the signs and symptoms of concussion 4. Define extradural haematoma and discuss the treatment 5. Define subdural haematoma and discuss the treatment 6. Define intracerebral haematoma and discuss the treatment 7. Discuss diffuse axonal injury 8. 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:

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Immunisations (Opportunistic)

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

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

COMPETENCY ELEMENTS	
K	1. Locate and read the opportunistic immunisation clinical practice guideline 2. Discuss the current Australian national immunisation schedule 3. Discuss reasons why a child's immunisations may be delayed 4. Discuss reasons why families may choose not to immunise their child and identify resources available to assist families in decision making 5. Discuss the documentation requirements when providing immunisations a. Pre Immunisation check list b. Common side effects to vaccines c. Vaccine administration form – ACIR d. child health book (blue book) and / or yellow form for parents records e. Medication Chart 6. State the resources available to ensure the correct vaccination is prescribed for the child 7. Identify the trade names and antigens for a prescribed vaccine 8. Discuss the administration techniques for different vaccines a. Route of administration b. Age appropriate sites for injection c. Positioning patients 9. Discuss distraction techniques used during immunisation 10. Discuss the safety requirement used during immunisation a. Sharps removal b. Observations required post immunisation 11. Discuss the treatment and reporting of adverse reactions post immunisation a. Common side effects versus anaphylaxis b. SAEFVIC 12. State who a referral should be made to if the child requires a catch up schedule for immunisations
S	Not Applicable

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Nurse Name: Signature: Date:

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Invasive Procedures (Emergency Department)

Competency Statement:
The nurse effectively and safely cares for children requiring invasive procedures in the Emergency Department (ED)

RCH references related to this competency: RCH Clinical Guidelines: Indwelling urinary catheter – insertion and ongoing care, IV insertion, Lumbar puncture, Suprapubic Aspirate;
RCH Policies & Procedures: Consent

COMPETENCY ELEMENTS	
K	1. Locate and read the RCH hospital policy and procedure regarding 'consent' 2. Locate and read the following clinical practice guidelines a. IV insertion b. Suprapubic Aspirate Guideline c. Indwelling urinary catheter – insertion and ongoing care d. Lumbar puncture guideline. 3. Discuss invasive procedures commonly performed in the ED 4. Explain the procedure to the patient using age appropriate language and cues 5. Discuss the role and involvement of play therapist in invasive procedures in the ED 6. Identify situations when procedural sedation may need to be used 7. Identify which procedural sedation agents are used in the ED and discuss any clinical, pharmacological and medico legal considerations relating to their usage
S	1. Demonstrate the obtaining of parental / caregiver consent for procedure prior to commencement 2. Discuss and demonstrate effective use of the following during invasive procedure a. Language b. Positioning c. Distraction 3. Discuss and demonstrate inclusion and involvement of parents during invasive procedures 4. Demonstrate correct set up for the following invasive procedures a. Intravenous Cannulation b. Blood Sampling c. Supra pubic aspiration d. In out catheter e. Lumbar puncture 5. Demonstrate effective assistance/performance of procedures (according to RCH policies and procedure, and guidelines): a. Intravenous Cannulation b. Blood sampling c. Suprapubic aspiration d. In out catheter e. Lumbar puncture 6. Demonstrate accurate documentation of invasive procedure

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Nurse Name: Signature: Date:

Assessor Name: Signature: Date:

Neurological Observations

Competency Statement:
The nurse accurately and effectively performs neurological observations on paediatric patients

COMPETENCY ELEMENTS	
K	1. State the difference between performing neurological observations and a neurological assessment 2. Discuss each component of neurological observations and how they assist in determining a patient's neurological condition a. Glasgow Coma Scale b. Pupils c. Limb strength d. Vital signs 3. Identify the preferred method of painful stimuli 4. Describe decorticate and decerebrate posturing and what causes them 5. Discuss how acquired or developmental intellectual impairment will affect the collection of accurate neurological observations 6. List the signs and symptoms of raised ICP and how these change as the infant/child gets older 7. Explain the Cushing Reflex 8. State the actions required if a patient has deterioration in neurological status
S	1. Assemble the equipment required to perform neurological observations 2. 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

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Nurse Name: Signature: Date:

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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

COMPETENCY ELEMENTS	
K	1. List reasons why a patient may have altered neurological status 2. Discuss nursing considerations for a patient with altered neurological status 3. List the monitoring/observation required for a patient with altered neurological status 4. Identify the actions required by nursing staff when a patient has rapid deterioration in neurological status 5. Discuss the reason that may cause a rapid deterioration of neurological status in a patient
S	Not Applicable

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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	
K	1. Explain the importance of neurovascular assessment 2. Discuss frequency of neurovascular assessment a. Commencing & RPAO b. Frequency c. Ceasing 3. Discuss abnormal and potential complications of findings 4. Discuss what action is required if abnormal neurovascular observations are assessed
S	1. Demonstrate a neurovascular assessment on a patient and record findings on correct hospital documentation a. Colour b. Warmth c. Movement d. Sensation e. Swelling f. Ooze g. Pulses h. Venous Return i. Pain Score 2. Demonstrate provision of information and confirmation of understanding with families

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Nurse Name: Signature: Date:

Assessor Name: Signature: Date:

Procedural Sedation Nitrous Oxide competency – theory

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

Competency statement: The nurse has the requisite knowledge to assess and prepare a child and family for nitrous oxide sedation and to safely and effectively administers nitrous oxide throughout the sedation period
RCH references related to this competency: RCH Website - Comfort Kids – For Health Professionals – nitrous oxide Accreditation Process RCH CPG Sedation-Procedural Sedation-Ward & Ambulatory areas and RCH CPG Procedural Pain Management. RCH Record of Sedation for procedure MR755/A

COMPETENCY ELEMENTS	
K	1. Locate and read a. CPG Sedation-Procedural Sedation-Ward & Ambulatory areas b. CPG Procedural Pain Management c. Procedural Sedation learning guide for healthcare professionals d. Orientation package for nitrous oxide e. Record of sedation for procedure MR755/A 2. Discuss the role and responsibility of the "Sedationist" 3. Describe the pharmacological effects of nitrous oxide 4. Outline the fasting guidelines for nitrous oxide and the consent process 5. State the three RCH services available to provide procedural sedation advice/consultation and when this is required 6. Describe how to prepare a child/family for a nitrous oxide sedation event 7. State any specific variation to nitrous oxide delivery or documentation that applies to your area (DMU, PICU) 8. Describe what considerations should be taken when administering nitrous oxide with another primary sedation agent or an opioid medication 9. State the appropriate gas flow rate (L/min) and reservoir bag size (L) for a child and adolescent 10. State what is required and the rationale for: a. Risk assessment b. Exclusion criteria c. Monitoring - Baseline and ongoing observation of vital signs d. Continual assessment of UMSS and maintaining verbal contact e. Line of sight clinical observation and appropriate staffing f. Maintaining a quiet environment g. Falls prevention h. Time out and positive identification i. Emergency equipment j. Occupational Health and Safety k. nitrous oxide storage l. Post sedation discharge criteria m. Documentation and reporting of adverse events 11. State the action required for: a. Equipment faults b. Loss of nitrous oxide or oxygen gas flow c. Failure to sedate or adequate analgesic effect 12. Describe the management and possible prevention of: a. Patient who is combative – including loss of facemask seal b. Patient who complains of nausea or vomits c. Patient who desaturates, is apnoeic or respiratory depressed d. Patient who is distress from double vision or hallucinations e. Patient who is excessive drooling or excessively sweating f. Patient who progresses to an unintended deeper level of sedation g. Patient who is coughing or develops respiratory distress - include airway obstruction and laryngospasm h. Patient who has impaired coordination / balance 13. State the maximum time of administration (minutes) recommended for a nitrous oxide procedural sedation event 14. State the location of the emergency equipment in your area
S	Not Applicable

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

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

Nurse Name:	Signature:	Date:

Assessor Name:	Signature:	Date:

Procedural Sedation Nitrous Oxide competency – skill

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

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

RCH references related to this competency: RCH Website - Comfort Kids – For Health Professionals – nitrous oxide Accreditation Process RCH CPG Sedation-Procedural Sedation-Ward & Ambulatory areas and RCH CPG Procedural Pain Management. RCH Record of Sedation for procedure MR755/A

COMPETENCY ELEMENTS	
K	1. State when the sedation period starts and ends 2. State how to assess and maintain a patent airway for your patient 3. State the function of the nitrous oxide delivery unit, include all components 4. State the two built in safety features on the nitrous oxide delivery unit, include the rationale 5. Identify the appropriate time and support personnel to delivery nitrous oxide
S	6. Complete the "Prior to the sedation" section of the Record of sedation for procedure (MR755/A) to: a. Identify risk and to meet the criteria for nitrous oxide administration b. Obtain informed verbal consent and provide information (fact sheet) c. Obtain an order for nitrous oxide+/-additional analgesic+/- Topical LA 7. Demonstrate patient assessment, including correct sizing of the facemask 8. Demonstrate preparation of the child and parent, prior to the sedation event 9. Demonstrate the safety checks for the nitrous oxide delivery unit and assemble the disposable components of the unit, prior to the sedation event 10. Demonstrate preparation of treatment area and emergency equipment as per the Record of sedation for procedure MR755/A, prior to the sedation event 11. Demonstrate how to turn on the scavenging system for the nitrous oxide gas and ensure compliance with Occupation Health and Safety standards 12. Demonstrate Time out or Positive Patient Identification 13. Demonstrate leadership as the "Sedationist": a. Clarify the roles of staff and family, prior to the sedation event b. State when the child is ready for the procedure to begin c. Direct staff and family, maintaining one leader and a calm environment 14. Demonstrate non pharmacological strategies, as part of the sedation event 15. Maintain line of sight and verbal contact throughout the sedation period 16. Demonstrate continuous monitoring of vital signs and UMSS, documenting as per the Record of sedation for procedure MR755/A 17. Deliver nitrous oxide making adjustment to: a. the concentration of nitrous oxide based on anxiety, pain and sedation requirements b. the gas flows based on the patients age (child or adolescent), breathing pattern and volume of gas in the reservoir bag c. the facemask in order to maintain a seal over the nose and mouth 18. Demonstrate safe and timely management of side effects or adverse events 19. Monitor administration time and communicates timing with the Proceduralist 20. Demonstrate delivery of oxygen post procedure for 3-5 minutes 21. Perform the "end of sedation period" assessment, include level of alertness and return to baseline vital signs 22. Demonstrate "recovery" positioning and handover of patient when indicated 23. Complete all documentation for the sedation event per the Record of sedation for procedure (MR755/A) and medication chart (MR690A) 24. Demonstrate debrief of child and parent, include positive reinforcement 25. Discuss post sedation care with family and child, include falls prevention 26. Discuss travel arrangements and supervision (for outpatients)

Nurse competency statement on next page

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

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

Nurse Name: Signature: Date:

Assessor Name: Signature: Date:

Record of Nitrous Oxide Administration

The recommended number of supervised nitrous oxide sedation events is based on prior experience of nitrous oxide administration. Refer to-Comfort Kids Website-For health professionals - nitrous oxide accreditation process

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

Rash Recognition

Competency Statement:
The nurse identifies common childhood rashes and implements safe and effective nursing management.

COMPETENCY ELEMENTS	
K	1. Locate and read the Department of Health guidelines for the control of infectious disease http://www.health.vic.gov.au/ideas/bluebook/ 2. Define the following terms in relation to rashes a. Macule b. Papule c. Vesicle d. Urticaria e. Petechiae f. Purpura g. Bulla h. Pustule i. Wheal j. Erythema k. Lichenification l. Blanching m. Non Blanching 3. Discuss the following common childhood conditions and nursing management of each a. Measles b. Chickenpox c. Impetigo d. Scabies e. Erythema infectiosum / slapped cheek f. Coxsackie virus / hand foot and mouth disease g. Eczema 4. Identify and discuss rashes linked to illness that require isolation 5. Identify the types of rashes that are associated with potentially life threatening illness 6. Accurately describe and document rash and rash location
S	1. Demonstrate provision of patient and family with education and handouts on rashes and management

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Nurse Name: Signature: Date:

Assessor Name: Signature: Date:

Respiratory Assessment and Illness

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

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

COMPETENCY ELEMENTS	
K	1. Locate and read a. RCH Emergency Department Respiratory Learning Package b. Sugarglider Medical Unit Respiratory Learning Package c. Asthma clinical practice guideline d. Bronchiolitis clinical practice guideline e. Croup clinical practice guideline f. Pneumonia clinical practice guideline g. Pertussis clinical practice guideline 2. Describe the anatomical & physiological differences in relation to the respiratory system for a. infant b. small child c. older child d. adult 3. State the normal values for respiratory rates in an a. infant b. small child c. older child 4. Discuss preparation of the environment, equipment, and child for respiratory assessment 5. Identify and state significance of respiratory noises a. Wheeze b. Stridor c. Crackles: Course / fine d. Grunting 6. State the signs and symptoms of mild, moderate, severe respiratory distress 7. Discuss saturation monitoring in relation to respiratory assessment and illness 8. Describe the pathophysiology underlying common respiratory conditions a. Asthma b. Bronchiolitis c. Pneumonia d. Croup e. Pertussis 9. Discuss interventions / management of common respiratory conditions a. Asthma b. Bronchiolitis c. Pneumonia d. Croup e. Pertussis Describe clinical indications and rationale for commencing oxygen therapy
S	1. Demonstrate effective respiratory assessment in relation to i. Level of consciousness j. Inspection (Look) k. Auscultation (Listen) l. Palpation (Feel) m. History Taking n. Effort & Efficiency of breathing 2. Accurately document findings of respiratory assessment a. Air Entry b. Respiratory rate and character c. Rise and fall of chest wall d. Normal sounds on auscultation e. Work of breathing f. Landmarks and sequence for auscultation g. Use of accessory muscles 3. Demonstrate effective use of spacer for different age groups 4. Demonstrate asthma education to parents / caregivers

Nurse Declaration on next page

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Nurse Name:	Signature:	Date:

Assessor Name:	Signature:	Date:

Seizures

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

COMPETENCY ELEMENTS	
K	1. Explain the different types of seizures and how they can present 2. Define epilepsy 3. Define refractory epilepsy 4. List some of the investigations a child may need who presents with seizures 5. Discuss the emergency management of a child during a seizure a. Pathway of treatment b. When do we treat a seizure? c. Oxygen use d. Drugs of choice
S	1. Demonstrate care of a patient during a seizure

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Nurse Name: Signature: Date:

Assessor Name: Signature: Date:

High Flow Nasal Prong (HFNP) Therapy

***ALERT*:**

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

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

COMPETENCY ELEMENTS	
K	1. Define HFNP therapy 2. State the clinical indications for applying HFNP 3. State the clinical contraindications to applying HFNP 4. State nursing care responsibilities for a patient receiving HFNP with regard to: o Initiation o Patient management o Patient monitoring o Documentation on EMR o Weaning 5. Describe the potential complications of HFNP
S	1. Demonstrate use of the Airvo 2 with regard to: o Function keys o Start up o Alarm identification and troubleshooting. o Circuit selection and assembly o Interface selection and assembly o Nasal prong selection and application o Cleaning and Disinfection 2. Differentiate: o Paediatric circuit from adult circuit o Paediatric mode from adult mode 3. Demonstrate nursing care responsibilities for a patient receiving HFNP with regard to: o Initiation o Patient management o Patient monitoring o Using Flowsheets, add 'Airvo' as oxygen delivery device o Documentation on EMR o Weaning

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

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Nurse Name: Signature: Date:

Competency Feedback & Reflection

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

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

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

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

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

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

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

Competency Name:			
Element(s):			
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Assessor [sign and date]		**Nurse** [sign and date]	

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Competency Name:			
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Assessor [sign and date]		**Nurse** [sign and date]	

Competency Name:			
Element(s):			
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Assessor [sign and date]		**Nurse** [sign and date]	

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