

Chapter 3B

Specialty Nursing Competencies – Koala Ward



Nursing Competency Workbook, 9th 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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Anticoagulation

Competency Statement:

The nurse is able to effectively implement a plan of care for a patient who is receiving therapeutic anticoagulation as an inpatient and will be discharged home on anticoagulation therapy

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

COMPETENCY ELEMENTS	
K	General 1. Locate and read the anticoagulation therapy clinical practice guideline 2. Discuss indications for therapeutic anticoagulant therapy 3. Discuss anticoagulant drugs used for therapeutic anticoagulation and reasons for choice of anticoagulation drug 4. Discuss action and side effects of three drugs used for therapeutic anticoagulation 5. Discuss blood tests to monitor blood levels of anticoagulant therapy for each of the three anticoagulant drugs and the preferred timing of blood tests
	Warfarin 6. With regards to warfarin state a. The action b. The method of administration c. The side effects d. The confounders to stable therapy e. The antidote 7. Identify the blood test used to monitor effectiveness of Warfarin a. Name b. Patient's therapeutic range c. Method of collection d. Timing of collection
	Heparin 8. With regards to Heparin state a. The action b. The method of Administration c. How the correct prescription for Heparin should be written d. How to calculate correct dose for patient's weight e. The side effects f. The antidote 9. Identify the blood test used to monitor effectiveness of Heparin a. Name b. Method of collection c. Timing of collection
	10. Discuss when Heparin infusions should be turned off prior to certain procedures
	Enoxaparin 11. With regards to enoxaparin state d. The action e. The method of administration f. The usual dose in mg/kg g. The side effects h. The antidote i. The actions required to minimise side effects 12. Identify the blood test used to monitor effectiveness of Enoxaparin including a. Name b. Method of collection c. Timing of collection

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	Heparin 1. Demonstrate the process of making up a Heparin infusion, including set up of guardrails Warfarin 2. Participate in teaching session of patient and their family Enoxaparin 3. Participate in a teaching session for a patient receiving enoxaparin and their family 4. Demonstrate insertion of insulflon where appropriate
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Nurse Name: _____ Signature: _____ Date: _____

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Blood Gas Analysis

Competency Statement

The nurse safely and effectively performs and interprets the analysis of a blood gas specimen

COMPETENCY ELEMENTS	
K	1. Identify the following components measured in arterial blood gas analysis and state their normal ranges: a. pH b. pCO₂ c. pO₂ d. BE e. HCO₃ 2. Identify the normal variables for the a. Venous sample b. Capillary sample c. Arterial sample 3. State the possible indications for a taking a blood gas sample 4. Identify a. Respiratory acidosis b. Respiratory alkalosis c. Metabolic acidosis d. Metabolic alkalosis 5. State the causes of a. Respiratory acidosis b. Respiratory alkalosis c. Metabolic acidosis d. Metabolic alkalosis 6. Discuss compensation in acid – base status 7. Articulate considerations for patients with mixed circulation when performing blood gas analysis 8. Identify the correct management of the patient with altered blood gas analysis

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	1. Demonstrate the correct procedure to obtain a a. Arterial blood gas sample b. Venous blood gas sample c. Capillary blood gas sample 2. Demonstrate a step by step process to interpret the blood gas analysis
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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Blood sampling (Heel Prick)

Competency Statement:

The nurse safely and effectively obtains a blood sample by way of a heel prick

COMPETENCY ELEMENTS

K

1. Locate and read the Policy & Procedure for Collection of Capillary Blood Samples
2. List three commonly ordered blood tests that can be obtained with a heel prick
3. List four potential complications associated with performing a blood collection by heel prick
4. Discuss the rationale for wiping away the first drop of blood when obtaining a blood sample.
5. Describe correct procedure for transport of collected specimen
6. Explain PASP (Pre-Analytical Specimen Problem)

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Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Date:

S

7. Collect and correctly assemble required equipment
8. Discuss and demonstrate preparation of the neonate for the procedure
9. Select appropriate site on heel for puncture and provides a rationale for this
10. 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
11. Correctly labels all specimens and accurately completes all documentation

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Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Date:

Cardiac Catheterisation

Competency Statement

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

COMPETENCY ELEMENTS	
K	1. Locate and read the Cardiac Catheter Clinical Practice Guideline 2. Describe interventional procedures able to be undertaken by cardiac catheter 3. Discuss diagnostic procedures able to be undertaken by cardiac catheter 4. Discuss how the management of the child post operatively differs between diagnostic and interventional catheters 5. Discuss the preoperative care required by the patient including a. Fasting times and hydration b. Observations c. Investigations d. Medications to withhold 6. Discuss the post operative observations and care required for a patient having undergone a cardiac catheter and the rationale for each 7. Discuss possible complications of cardiac catheter and implications for nursing care 8. Discuss the possible need for Heparin or Lytic therapy 9. Discuss the discharge education required for parents

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	1. Demonstrate care of the child with cyanotic heart disease pre cardiac catheterisation 2. Demonstrate care of the child and family post cardiac catheterisation
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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Cardiac Tamponade

Competency Statement

The nurse can recognise a patient with tamponade and safely and effectively provide emergency nursing care

COMPETENCY ELEMENTS	
K	1. Define cardiac tamponade 2. Explain the pathophysiology of cardiac tamponade including early and late compensation mechanisms 3. Outline the potential causes of tamponade 4. Describe assessment findings with rationales for a patient who is developing a tamponade 5. Explain the presentation and significance of pulsus paradoxus for a. the patient who is spontaneously breathing b. the patient who is ventilated. 6. State the diagnostic test that can be performed on a patient thought to have a tamponade 7. Discuss the emergency nursing management for the patient who has a cardiac tamponade 8. Identify the two emergency procedures that may be performed for a patient with tamponade
S	Not Applicable

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Nurse Name: _____ Signature: _____ Date: _____

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Chest Drain & Underwater Seal Drain (UWSD) Management

Competency Statement:

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

COMPETENCY ELEMENTS

K

1. Locate and read the following Clinical Practice Guidelines: Chest Drain Management and Pleural and Mediastinal drain management after cardiothoracic surgery
2. Locate and read the following: Cardiac Surgical Wound Dressings
3. Describe the anatomy of the chest including the lining of the lungs
4. Identify the mechanics of breathing including negative intrapleural space
5. Identify the location of the proximal end of the chest drain
6. Describe the function of the 3 chamber UWSD apparatus
7. Provide rationales for insertion of UWSD chest drain
8. Explain the specific safety precautions required for the patient with an UWSD
9. Describe the correct procedure for securing the chest drain and dressing the insertion site
10. Describe the ongoing patient assessment required when a patient has chest drain with UWSD including:
 - a. Start of shift checks
 - b. Vital signs
 - c. Pain
 - d. Drain insertion site
11. Discuss the nursing management for chest drainage losses
12. Describe the indications and procedure for changing the UWSD unit
13. Describe the precautions required for transporting a patient with an UWSD
14. Outline the complication of a chest drain and UWSD
15. Discuss the difference between an UWSD and redivac drain
16. Post removal of a chest drain, if drain sutures remain insitu, discuss when drain sutures are removed

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Date:

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. Wet suction unit (Atrium Ocean)
 - e. Dry suction unit (Atrium Oasis)
2. Using the UWSD apparatus identify how you would determine if the patient has an ongoing air leak
3. Demonstrate the correct procedure for measuring chest drainage
4. Demonstrate the correct method of documenting the chest drainage activity and drainage
5. Demonstrate the correct method for obtaining a specimen from the UWSD unit
6. Demonstrate the process of removing a chest drain and care of the child post drain removal

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Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Date:

Criteria Led Discharge

Competency Statement:

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

COMPETENCY ELEMENTS	
K	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: _____

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Febrile Neutropenia

Competency Statement:

The nurse will safely and effectively care for a patient with Febrile Neutropenia

RCH references related to this competency: RCH Clinical Practice Guidelines: Febrile Neutropenia, Sepsis – Assessment and Management

COMPETENCY ELEMENTS	
K	1. Locate and read the following clinical practice guidelines a. Febrile Neutropenia and b. Septic Shock 2. State the normal values a. Haemoglobin b. Platelets c. White Blood count d. Neutrophils 3. Describe the function of neutrophils 4. Define the term febrile neutropenia 5. Discuss the observations required during an admission for neutropenia 6. Discuss the actions to be taken where observations are outside the normal range for the child's age 7. Discuss the use of paracetamol and Ibuprofen in the care of children who have febrile neutropenia 8. Explain the rationale for the following investigations as part of a septic work up a. Blood cultures b. Swabs – nose / throat / CVAD c. Urine d. Stool 9. Explain which blood cultures need to be taken and how much blood you would take for a 20kg child 10. Discuss CVAD line set up for administration of antibiotics for the child with febrile neutropenia? 11. Discuss the management of suspected febrile neutropenia on presentation to emergency 12. Discuss the management provided in the first 72 hours of admission for febrile neutropenia 13. State the antibiotics and dosages used as first line treatment for febrile neutropenia 14. Discuss treatment options for patients with unresolved fever 15. State the signs and symptoms of septic shock 16. Identify potential sources/portals/causes of infection in patients with neutropenia and discuss ways to minimise the risk 17. List ways in which staff / parents and children can help prevent infection
S	1. Discuss/Demonstrate collection of blood cultures from a Central Venous Access Device 2. Demonstrate education of children and families about neutropenia

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Nurse Name: _____ Signature: _____ Date: _____

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Fluid Management (Cardiac Conditions)

Competency Statement:

The nurse safely and effectively manages fluids in patients with cardiac conditions

COMPETENCY ELEMENTS	
K	1. Explain rationale for fluid restriction 2. Discuss fluid allowance according to age/size 3. Discuss the usual pattern of fluid restriction in the post operative cardiac patient 4. Explain the importance of accurate fluid balance maintenance 5. State signs of symptoms of concern in regards to fluid imbalance 6. Explain rationale for deciding how frequently a patient's balance should be calculated 7. State three complications of over/under hydration in the patient with Congestive cardiac failure and or post operative cardiac surgery and nursing actions to prevent or detect these 8. State rationale for frequent monitoring of patient weight and demonstrate accurate documentation thereof 9. Discuss factors to be considered when formulating a feeding / drinking plan 10. Explain factors to be considered when calculating intravenous fluid infusion rates including drug administration
S	1. Demonstrate accurate fluid balance charting

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Haemodialysis Catheters – Basic Care

ALERT: Only trained Haemodialysis Nurses may access the lines

Competency Statement:

The Nurse safely and effectively manages a child with a haemodialysis catheter

RCH references related to this competency: RCH Intranet: Nephrology - Protocols – Haemodialysis Protocol Index

COMPETENCY ELEMENTS	
K	1. Locate and read the RCH Haemodialysis Protocol 2. State the rationale for insertion of a haemodialysis catheter 3. Describe the anatomy relevant to haemodialysis catheters including a. Arterial and venous lumens b. How to ascertain correct priming / flushing volumes 4. State nursing responsibilities regarding the education of the child and their family including a. Warfarin Education b. Management of line at home 5. State the observations required on the child who has a haemodialysis catheter 6. State the mobility and activity restrictions for children with a haemodialysis catheter in situ and discuss the rationale for these 7. Identify the location of the protocol for making up a permcath helplock 8. State the rationale for aspirating the haemodialysis catheter prior to use 9. State the nursing responsibilities regarding dressings including: a. Assessment of the exit site b. Type of dressing to be used c. How often the dressing should be changed d. Procedure for performing a dressing change in absence of haemodialysis staff 10. State the rationale for having at least 10mls/hr minimum flow rate via permath being used for an infusion (with consultant approval)
S	Not Applicable

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Nurse Name: _____ Signature: _____ Date: _____

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Hypertension (Pulmonary Arterial)

Competency Statement:

The nurse safely and effectively cares for a patient with pulmonary arterial hypertension

RCH references related to this competency: RCH Intranet: Cardiology – intranet resources

COMPETENCY ELEMENTS	
K	General 1. Locate and read the pulmonary arterial hypertension protocol 2. Discuss the physiology of Pulmonary Arterial hypertension Oral Medications 3. Describe the reason for using Sildenafil in a child with Pulmonary Arterial Hypertension 4. Identify the dosage of the drug and potential adverse reactions 5. Describe the nursing considerations when administering Sildenafil 6. Describe the reason for using Bosentan Monohydrate in a child with Pulmonary Arterial Hypertension 7. Discuss the potential adverse reactions of Bosentan Monohydrate and its use in Pulmonary hypertension 8. State the paediatric dosing of Bosentan and its relationship to patient weight 9. Discuss patient safety in relation to potential abnormalities in liver function and haemoglobin during Bosentan therapy and the importance of ongoing blood testing during therapy 10. Discuss the nursing considerations when caring for the patient at commencement and increased doses of Bosentan 11. Discuss the guidelines for reconstituting Bosentan tablets for the young children / babies. Intravenous Medication 12. Discuss the nursing responsibilities in caring for the child/young person and their family, who require an epoprostenol (Veletri/Flolan) infusion as part of their inpatient stay: a. Long term CVAD management in relation to site care b. Daily IV orders & documentation for Veletri/Flolan infusion c. Dosing guidelines and recognition of side effects d. Discharge planning and family education Long Term Care 13. Describe the implications to the family regarding the ongoing care once discharged home. 14. Discuss the role of the multidisciplinary team in the ongoing care of child with Pulmonary Arterial Hypertension For theatre only 15. Discuss the peri operative nursing management when patients are scheduled for an elective CV line / PICC insertion in theatre. 16. Describe the complications in theatres that may arise during an insertion 17. Discuss the surgical preparation for these scheduled cases
S	1. Demonstrate reconstitution of Veletri/Flolan into medication cassette 2. Demonstrate cassette change instructions and management of stability issues of Veletri/Flolan 3. Demonstrate changing of pump, batteries & extension tubing

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Hypoplastic Left Heart Syndrome

Competency Statement:

The nurse safely and effectively cares for patients with HLHS.

COMPETENCY ELEMENTS

K

1. Describe the basic anatomy of HLHS
2. Discuss how foetal circulation supports newborns with HLHS
3. Outline the three main stages of palliative surgery this child will receive and the aim of each stage
4. Discuss acceptable oxygen saturations for these patients at different stages of surgery
5. Discuss why a patient with HLHS should not have saturations >95%
6. Discuss feeding issues for a patient with HLHS including
 - a. Vocal Chord Palsy risks
 - b. Poor Gut perfusion
7. Discuss the social impact of HLHS on the patient and family

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Nurse Name: _____ Signature: _____ Date: _____

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S

1. Demonstrate caring for a child following 1st Stage Palliative Surgery and discuss the nursing considerations
2. Demonstrate caring for a child following 2nd Stage Palliative Surgery and discuss the nursing considerations
3. Demonstrate caring for a child following 3rd Stage Palliative Surgery and discuss the nursing considerations

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Nurse Name: _____ Signature: _____ Date: _____

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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)

COMPETENCY ELEMENTS	
K	1. Locate and read the Telemetry Clinical Practice Guideline 2. Discuss common patient categories which require continuous cardiac monitoring either by bedside and/or telemetry 3. Describe what the ECG trace is representing 4. Discuss what defines a sinus rhythm 5. 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	1. Demonstrate correct ECG dot placement for 3 and 5 lead monitoring and describe differing monitoring capabilities of same 2. Demonstrate the entering of patient details in to the monitoring system including “Patient Paced” parameter and explain rationale for same 3. Demonstrate changing lead trace (on monitor at bedside and telemetry) and discuss rationale for same 4. Demonstrate change size of ECG trace 5. Demonstrate how to calculate an ECG rate 6. Print a continuous recording of an ECG

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Nurse Name: _____ Signature: _____ Date: _____

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Nasojejunal Tube Insertion & Management

Competency Statement:

The safely and effectively insert and manages a transpyloric feeding tube

Element Exemptions: Medical Imaging (S6 & S8)

COMPETENCY ELEMENTS	
K	1. Outline the rationale for transpyloric tube feeding 2. List the contra-indications for placing a tube 3. Outline the post – insertion procedure requirements to be attended to 4. Describe how confirmation of tube placement will be determined 5. List the possible complications of tube insertion and use 6. Describe the rationale for the feeding method required with a tube in place 7. Describe the administration of medications via a tube 8. Outline the monitoring and ongoing care of the child with a tube in place

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	1. Demonstrate the preparation for inserting a tube a. Correct equipment assembled b. Patient prepared 2. Demonstrate the procedure for insertion of the tube 3. Demonstrate accurate documentation of insertion and management of tube
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Nurse Name: _____ Signature: _____ Date: _____

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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: _____

Assessor Name: _____ 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)

COMPETENCY ELEMENTS	
K	1. Locate & read the a. Parenteral Nutrition Clinical Guideline (Hospital) b. Parenteral Nutrition (PN) Cue Card 2. 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 8. 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
S	1. Demonstrate checking of IV medication compatibility with PN prior to medication administration 2. 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: _____ Date: _____

Pacing Wires – Temporary Non-paced Patient

Competency Statement:

The nurse safely and effectively cares for a non-paced patient with temporary pacing wires

COMPETENCY ELEMENTS	
K	1. Identify need for and location of Temporary Pacing Wires 2. Distinguish between and identify indications for use of: a. Quad wires (non-redo) and Single (skin / redo) wires b. Atrial and Ventricular wires c. Dermal wires 3. Discuss precautions required to ensure electrical safety 4. Discuss the importance of pacing wires in an event of cardiac emergency 5. Discuss the relevance of temporary pacing wires for any permanent pacemaker procedures in theatres. 6. Describe the assessment required for the pacing wire site and dressings. 7. State the precautions prior to removal and rationale for removal on day 4-5 8. State three complications of removal of Pacing Wires and nursing actions to prevent or detect these 9. Discuss follow up of patient post removal of pacing wires

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	1. Demonstrate care of the patient with pacing wires but not paced 2. Demonstrate the correct way to insert pacing wire ends into the protectors and explain the rationale 3. Demonstrate removal of pacing wires, following Clinical Practice Guidelines
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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: _____

Pacing Wires – Temporary Paced Patient

Competency Statement:

The nurse safely and effectively cares for a paced patient with temporary pacing wires

COMPETENCY ELEMENTS

K

1. Identify common reasons for Temporary Pacing
2. Distinguish between atrial, ventricular and skin wires
3. Define the terms "output" and "sensitivity"
4. Discuss commonly used pacing modes
 - a. AOO
 - b. DDD
 - c. AAI
 - d. VVI
5. State precautions necessary to be taken to ensure patient safety
6. Identify the start of shift checks required for the paced patient
7. Describe how to assess the effectiveness of pacing
8. Identify the following complications, stating the causes and appropriate actions for
 - a. Failure to sense
 - b. Failure to capture
 - c. Failure to pace
 - d. Competition
9. Describe nursing practice required when pacing is being decreased or ceased

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____

Signature: _____

Date: _____

Assessor Name: _____

Signature: _____

Date: _____

S

1. Demonstrate how you would set up a monitor for a patient being paced
2. Demonstrate accurate documentation and observation of pacemaker use, and explain rationale for same
3. Demonstrate a temporary pacemaker battery change

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

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

Nurse Name: _____

Signature: _____

Date: _____

Assessor Name: _____

Signature: _____

Date: _____

Pain (Analgesia Infusion)

Competency Statement:

The nurse will safely and effectively administer analgesia infusions

RCH references related to this competency: RCH Intranet: Surgery – Acute Pain Management CPMS – Ketamine Infusion, Surgery – Acute Pain Management CPMS – Opioid Infusion

COMPETENCY ELEMENTS	
K	1. Locate and read the RCH a. Opioid Infusion Guidelines b. Ketamine Infusion Guidelines 2. Describe the pharmacokinetics of the analgesia infusion 3. Discuss the potential side effects of analgesia infusions 4. State the minimal clinical observations required for a patient receiving an analgesia infusion 5. Discuss reportable parameters 6. Discuss nursing actions to take if pain escalates 7. Discuss when to give analgesia boluses and when to increase analgesia infusions 8. State when, why and how much naloxone should be given for opioid induced pruritus, sedation and respiratory depression 9. Locate and complete the opioid primary competency quiz
S	1. Demonstrate pain assessment with an understanding of child development, language and appropriate pain assessment tools 2. Demonstrate accurate documentation of observations and assessment 3. Demonstrate correct set up of analgesia infusion pumps 4. 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.

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

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Pain – Epidural/Regional Analgesia

Competency Statement:

The nurse safely and effectively administer epidural or regional infusions

RCH references related to this competency: RCH Intranet: Surgery – Anaesthesia & Pain Management – Epidural infusion, Surgery – Anaesthesia & Pain Management – Regional Anaesthetic Infusion Blocks

COMPETENCY ELEMENTS

K	1. Locate and read the RCH Epidural and Regional Analgesia Guidelines 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 is pain escalates 11. Discuss the relevance of a high or low epidural sensory blockade 12. Describe the removal of the epidural / regional catheter, observations during the procedure and where and what to document 13. Locate and complete the epidural primary competency quiz
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I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	1. Demonstrate set up and programming on the epidural / regional pump 2. Demonstrate how and when to assess and document dermatomes and bromage 3. Demonstrate accurate documentation of observations and assessment 4. Demonstrate explanation, answering questions and confirmation of understanding with the family
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I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in this competency. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

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

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Pain (Patient Controlled Analgesia)

Competency Statement:

The nurse will safely and effectively administer patient controlled analgesia (PCA)

RCH references related to this competency: RCH Clinical Guidelines: Patient Controlled Analgesia

COMPETENCY ELEMENTS	
K	1. Locate and read the RCH Patient Controlled Analgesia Guidelines 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

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	1. Demonstrate a pain assessment 2. Demonstrate accurate documentation of PCA use 3. Demonstrate explanation, answering of questions and confirmation of understanding with family 4. Locate and complete the PCA primary competency quiz
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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: _____

Peritoneal Dialysis (Automated)

Competency Statement:

The nurse will safely and effectively care for a patient requiring Automated Peritoneal Dialysis

RCH references related to this competency: RCH Intranet: Nephrology – Protocols – Index Peritoneal Dialysis Protocol Manual

COMPETENCY ELEMENTS	
K	1. Complete Basic Renal and the Peritoneal Dialysis (PD) Learning Package (available on Koala) 2. Locate all policies and procedures associated with PD 3. Identify the rationale for Automated PD 4. Discuss PD dialysate and available concentrations at RCH 5. Discuss the role of the members of the multidisciplinary team involved in the care of renal patients 6. Discuss the steps involved in ending the therapy early 7. Discuss the steps involved in obtaining an effluent sample 8. Discuss managing machine alarms 9. State nursing responsibilities if alarms cannot be resolved 10. Discuss nursing responsibilities with regards to documentation including a. Recording the initial drain b. Recording the total ultra filtrate c. Obtaining and recording cycle by cycle ultra filtrate d. Obtaining a dry weight e. Maintaining an accurate fluid balance chart 11. Discuss the potential risks and complications to the child due to being on Peritoneal Dialysis

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Date:

S	1. Locate and assemble all necessary equipment 2. Demonstrate the steps involved in starting the therapy including a. Aseptic non-touch technique b. Gathering the correct supplies c. Checking the solution bags d. Reviewing and changing the programme 3. Demonstrate the steps involved in setting up the Sleep Safe including a. Preparing the correct set (Adults / Paediatric) b. Loading the cassette in the Sleep Safe c. Change the program from Adults to Paediatrics 4. Demonstrate the steps involved in preparing the solution bags including a. Opening the bags. Mixing solution and hanging on trolley hooks b. Opening the lines and placing appropriately in the drawer 5. Demonstrate connecting drain bag and priming line 6. Demonstrate connecting the Sleep Safe to the patient a. Placing patient line in Sleep Safe Organiser b. Placing patient extension in Sleep Safe Organiser c. Removing Cap off patient line d. Removing disinfection cap from patient extension and connecting to the patient line 7. Demonstrate the steps in ending the therapy including a. Retrieving the dialysis information b. Disconnecting from the sleep safe and applying the disinfection cap c. Discarding set and disposing of used dialysate 8. Discuss the appropriate drain bag usage
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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: _____

Peritoneal Dialysis (Manual)

Competency Statement:

The nurse safely and effectively cares for patients who require manual peritoneal dialysis

RCH references related to this competency: RCH Intranet: Nephrology – Protocols – Index Peritoneal Dialysis Protocol Manual

COMPETENCY ELEMENTS

- | | |
|---|---|
| K | <ol style="list-style-type: none">1. Complete the Basic Renal and Peritoneal Dialysis (PD) Learning Package (available on Koala)2. Locate all policies and procedures associated with PD3. Identify the rationale for manual PD4. Discuss importance of maintaining accurate fluid balance5. Discuss importance of daily weighs6. Discuss the rationale for monitoring patient electrolytes |
|---|---|

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

- | | |
|---|--|
| S | <ol style="list-style-type: none">1. Locate all necessary equipment2. Demonstrate the correct technique for PD:<ol style="list-style-type: none">a. Warming bags or line warmerb. Assembling equipment and priming the set (paediatric burette set vs manual dial)c. Connecting and disconnecting patient to and from the setd. Performing a dialysis cyclee. Changing the bagf. Performing exit site careg. Administering medications to dialysate bagsh. Collecting specimens3. Demonstrate correct documentation |
|---|--|

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: _____

Phototherapy

Competency Statement:

The nurse safely and effectively cares for a neonate requiring phototherapy

COMPETENCY ELEMENTS

K	1. Identify 4 risk factors for or causes of neonatal jaundice 2. State the difference in serum bilirubin (SBR) levels a. conjugated b. unconjugated 3. Discuss the action of phototherapy light in reducing SBR 4. Identify the major complication of hyperbilirubinaemia and state the signs and symptoms 5. State 2 methods available to deliver phototherapy 6. Discuss nursing care required including: a. assessment of jaundice and effect of blue light therapy b. response to therapy and specifics of blood specimen collection to monitor SBR c. temperature assessment and control under radiant warmer or incubator d. hydration status assessment and altered fluid requirements e. stooling pattern alteration and associated hygiene needs f. comfort and developmental needs of the neonate receiving phototherapy 7. Discuss and demonstrate ways in which parents can be involved in the care of their child receiving phototherapy
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I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Date:

S	1. Correctly assess the indication for phototherapy based on acceptable SBR range for neonate's gestation and postnatal age, and correctly plot SBR on chart 2. Assemble and operate phototherapy lights safely and effectively a. position lights at correct height and provide rationale b. position the neonate to maximise light exposure 3. Accurately document assessment and care associated with phototherapy 4. Demonstrate explanations and confirmation of understanding with parents
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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.

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 EPIC Sedation Documentation – Pre Sedation Check list: 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 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 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 EPIC Sedation Documentation and MAR 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)

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

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

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Record of Nitrous Oxide Administration <i>The recommended number of supervised nitrous oxide sedation events is based on prior experience of nitrous oxide administration. Refer to-Comfort Kids Website-For health professionals - nitrous oxide accreditation process</i>			
Event Number & Date	Feedback <i>Prompts required Areas to improve</i>	Outcome for Event <i>Assisted - Repeat Independent - Competent</i>	Assessor <i>Signature & Designation</i>

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 administer nitrous oxide throughout the sedation period

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

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. EPIC Sedation Documentation 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 Intravenous Midazolam competency – theory

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

Competency statement

The nurse has the requisite knowledge to assess and prepare a child and family for an Intravenous Midazolam sedation event and to safely and effectively administer Intravenous Midazolam throughout the sedation period

RCH references related to this competency: RCH Website - Comfort Kids – For Health Professionals – Intravenous Midazolam Accreditation Process. RCH CPG Sedation-Procedural Sedation-Ward & Ambulatory areas and RCH CPG Procedural Pain Management.

COMPETENCY ELEMENTS	
K	1. Locate and read f. CPG Sedation-Procedural Sedation-Ward & Ambulatory areas g. CPG Procedural Pain Management h. Procedural sedation learning guide for healthcare professionals i. Comfort Kids Intravenous (IV) Midazolam for procedures poster 2. Discuss the role and responsibility of the "Sedationist" for an IV Midazolam procedural sedation event 3. State when it would be appropriate to use IV Midazolam in your area and for which patient groups IV Midazolam is used 4. Identify the reversal agent for IV Midazolam, include the location and how to administer this agent 5. List the 3 effects (pharmacodynamics) of IV Midazolam and the expected patient response 6. State the onset of action and duration of effect for IV Midazolam 7. State the dose of IV Midazolam in 10mls of 0.9% normal saline for: a. Children >6 months and <12 months b. Children >12months <50kg c. Children weighing >50kg 8. State the bolus regime and maximum total dose of IV Midazolam for: a. Children >6 months and <12 months b. Children >12months <50kg c. Children weighing >50kg 9. Outline the fasting guidelines for IV Midazolam and the consent process 10. State the three RCH services available to provide procedural sedation advice/consultation and when this is required 11. Describe how to prepare a child & family for a IV Midazolam sedation event 12. Describe what considerations should be taken when administering IV Midazolam with an opioid medication 13. Identify the interaction and risks associated with IV Midazolam and the following; antihistamine, benzodiazepine or antihypertensive medication 14. 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. End of sedation and discharge criteria k. Documentation and reporting of adverse events 15. Describe the management and possible prevention for: a. Patient who develops hiccups b. Patient who becomes hypotensive c. Patient who complains of nausea or vomits d. Patient who desaturates, is apnoeic or respiratory depressed e. Patient who experiences delirium or paradoxical agitation f. Patient who progresses to an unintended deeper level of sedation

	g. Patient who develops respiratory distress - include airway obstruction and laryngospasm h. Patient who has impaired coordination / balance 16. 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 Intravenous Midazolam competency – skill

ALERT: This competency should follow the procedural sedation IV Midazolam 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 an Intravenous Midazolam sedation event and safely and effectively administers IV Midazolam throughout the sedation period

RCH references related to this competency: RCH Website - Comfort Kids – For Health Professionals – Intravenous Midazolam Accreditation Process. RCH CPG Sedation-Procedural Sedation-Ward & Ambulatory areas and RCH CPG Procedural Pain Management.

COMPETENCY ELEMENTS	
K	1. State when the sedation period starts and ends 2. Identify the appropriate time & support personnel to delivery IV Midazolam 3. State how to assess and maintain a patent airway for your patient
S	1. Complete EPIC Pre Sedation Documentation Checklist: a. Identify risk & ensure the patient meets the criteria for IV Midazolam b. Obtain informed verbal consent and provide information (fact sheet) c. Obtain an order for IV Midazolam +/- analgesic +/- Topical LA 2. Demonstrate patient assessment for a procedural sedation event 3. Demonstrate preparation of the child and parent, prior to the sedation event 4. Demonstrate preparation of treatment area and emergency equipment prior to the sedation event 5. Demonstrate Time out or Positive Patient Identification 6. Demonstrate leadership as the "Sedationist": d. Clarify the roles of staff and family, prior to the sedation event e. State when the child is ready for the procedure to begin f. Direct staff and family, maintaining one leader and a calm environment 7. Demonstrate non pharmacological strategies, as part of the sedation event 8. Demonstrate calculation of the correct dose of IV Midazolam for the patient and dilutes this dose to the correct concentration 9. Demonstrate accurate and safe delivery of IV Midazolam bolus not exceeding total maximum dose, as per RCH guideline (Refer - RCH CPG Sedation - Procedural Sedation-ward & ambulatory areas) 10. Maintain line of sight and verbal contact throughout the sedation period 11. Demonstrate continuous monitoring of vital signs and UMSS, documenting as per EPIC Sedation Documentation 12. Demonstrate safe and timely management of side effects or adverse events 13. Perform the "end of sedation period" assessment including level of alertness and return to baseline vital signs 14. Demonstrate "recovery" positioning when indicated 15. Demonstrate handover of patient when indicated 16. Complete all documentation for the sedation event as per EPIC Sedation Documentation and MAR 17. Demonstrate debrief of child and parent, include positive reinforcement 18. Demonstrate discussion of post sedation care with family and child, including falls prevention

I have demonstrated the necessary knowledge, skills, abilities and attributes to be deemed competent in independently administering IV Midazolam. The minimum recommended number of supervised IV Midazolam 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 Intravenous Midazolam Administration

For the recommended number of supervised Intravenous Midazolam sedation events refer to-Comfort Kids Website-For health professionals – Intravenous Midazolam accreditation process

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

Prostaglandin (Prostin) Infusion

Competency Statement:

The nurse safely and effectively cares for a patient on Prostaglandin

RCH references related to this competency: RCH Clinical Practice Guidelines: Prostaglandin Management;
RCH Intranet: Cardiology – Intranet Resources – Prostaglandin Protocol

COMPETENCY ELEMENTS

K	1. Locate and read the - Prostaglandin Management Guidelines clinical practice guideline - Prostaglandin (Koala) protocol
	2. Discuss foetal circulation and the changes that occur at birth
	3. State indications for a Prostaglandin Infusion and the relevance of “duct dependent circulation”
	4. Identify 3 conditions where a Prostaglandin Infusion would be necessary
	5. State what the normal drug dosage and dosage accepted on the ward, PICU and NICU
	6. Identify methods of administration
	7. Describe why it is important to have 2 forms of IV access when a patient is on a Prostaglandin Infusion
	8. State common side effects of Prostaglandin
	9. State the nursing considerations for caring for a patient on Prostaglandin
	10. Discuss physiological changes in patient conditions that would need to be reported
	11. Discuss why a patient on Prostaglandin may be kept Nil by Mouth

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____

Signature: _____

Date: _____

Assessor Name: _____

Signature: _____

Date: _____

S	1. Demonstrate the ability to calculate required rate and dosage
	2. Prepare room and equipment for neonatal admission on Prostaglandin

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

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

Nurse Name: _____

Signature: _____

Date: _____

Assessor Name: _____

Signature: _____

Date: _____

Respiratory Assessment and Illness

Competency Statement:

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

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

COMPETENCY ELEMENTS	
K	1. Locate and read: 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 c. Pneumonia 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.
S	1. Demonstrate effective respiratory assessment in relation to: a. Level of consciousness b. Inspection (Look) c. Auscultation (Listen) d. Palpation (Feel) e. History Taking f. 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

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: _____

Resuscitation – Advanced Paediatric

Competency Statement:

The nurse safely, efficiently and effectively performs advanced cardiopulmonary resuscitation on the infant and child

COMPETENCY ELEMENTS	
K	Initial Assessment 1. Outline the process to raise an alert and activate a MET call Airway and breathing 2. Cite indications for use of the Guedel (Oropharyngeal) airway 3. Identify rhythms requiring compressions Intubation 4. Describe correct priorities for assisting at intubation 5. Identify correct procedure for confirming ETT placement Medication and Fluid administration 6. Identify the primary resus drug and fluid and the preferred routes Defibrillation 7. Identify rhythms requiring defibrillation 8. Identify correct joules and sequence 9. Discuss the 2010 evidenced based Universal Cardiac Arrest Algorithm in paediatrics 10. Discuss how Family Centred Care can be provided when the child requires resuscitation
S	Initial Assessment 1. Demonstrate initial assessment of the patients conscious state Airway and breathing 2. Demonstrate assessment of airway and breathing using the "look, listen and feel" process 3. Perform manoeuvres to open the airway specific to the age group 4. Demonstrate effective clearance of the airway 5. Provides effective bag and mask ventilation with a. Correct size mask b. Adequate oxygen flow c. Good chest inflation 6. Demonstrate correct de-emphasis on checking for pulse 7. Demonstrate immediate provision of cardiac massage 8. Demonstrate safe and effective cardiac massage technique a. Adequate rate and ratio b. Adequate depth in correct position c. Allowing full chest recoil d. Minimising interruptions e. Co-Ordination of compressions and breaths f. Determines the effectiveness of compressions Intubation 9. Assemble the correct equipment and information to enable intubation a. Airway equipment b. Weight calculation c. ETT tube size and length Medication administration 10. Prepare the correct drugs and dosages for resuscitation 11. Prepare the correct fluid and volume to be administered 12. Demonstrate the correct calculation and preparation for infusions of Dobutamine and Noradrenaline Defibrillation 13. Demonstrate correct use of the manual biphasic defibrillator to safely and effectively deliver the electrical energy with minimal interruptions to compressions 14. Accurately document cardiopulmonary resuscitation

Nurse Declaration on next page

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Supraventricular Tachycardia

Competency Statement:

The nurse discusses supraventricular tachycardia (SVT), including electrophysiology, interventions, medication and monitoring

COMPETENCY ELEMENTS

K	1. Identify SVT Rhythm 2. Identify common patient categories who develop / likely to develop SVT 3. Discuss common anti arrhythmic drugs used to treat SVT's 4. Describe the dosage and administration requirements of IV Adenosine 5. Discuss potential complications of prolonged SVT and / or unsuccessful reversion 6. Discuss monitoring requirements of a patient with SVT 7. Discuss the SVT education you would provide to parents 8. Discuss use of defibrillator or overdrive pacing in the treatment of SVT 9. Discuss post cardio version care
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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	1. Demonstrate how to administer IV adenosine
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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Surgical Drains

Competency Statement:

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

COMPETENCY ELEMENTS

K

1. Locate and read the following Clinical Practice Guidelines: Surgical Drains and Pleural and mediastinal drain management after cardiothoracic surgery
2. Identify reasons why a surgical drain might be inserted
3. Identify the following surgical drains
 - a. Jackson – Pratt
 - b. Redivac
 - c. Mini – Vac
4. State how it would be evident if each of the above drains was on suction
5. Explain the correct procedure to address a Redivac which is not patent
6. State how frequently a surgical drain should be measured and / or emptied
7. Discuss two potential complications of surgical drains
8. List four signs indicating infection of a surgical drain site
9. Discuss the rationale for removal of a surgical drain

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Nurse Name: _____

Signature: _____

Date: _____

Assessor Name: _____

Signature: _____

Date: _____

S

1. Demonstrate emptying a Jackson Pratt drain
2. Demonstrate emptying a Mini – Vac drain
3. Demonstrate correct procedure for obtaining an accurate measurement of a Redivac drain
4. Demonstrate removal of surgical 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, Perioerative, Platypus, Possum, RCH@Home, Rosella, Sugar Glider (K10); Banksia, Cockatoo, Dolphin, Emergency, Kelpie, Koala, Kookaburra, Medical Imaging, Perioerative, Platypus, Possum, RCH@Home, Sugar Glider (S5-7)

COMPETENCY ELEMENTS	
K	Thermoregulation Overview
	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
	13. State how often the temperature should be monitored when neonates are nursed on a radiant warmer, and identify how to manage the radiant warmer when hypothermic
	14. Describe and demonstrate specific nursing assessment and care required of the neonate on a radiant warmer
	15. State when it is appropriate to transfer a neonate to
	a. an incubator
	b. open cot
	16. Describe the specific nursing care to maintain thermoregulation stability when transferring to an open cot.
	Incubators
	17. State how often neonates temperature should be monitored when in an Incubator and the procedure for increasing Incubator temperature if needed
	18. State why an Incubator should not be turned off while a neonate is still being nursed in it
	19. State the factors to be considered in weaning a neonate from an Incubator to an open cot
	20. Describe procedure for weaning a neonate from an incubator to an open cot
	21. Explain the mechanism of servo control in the Incubator stating two reasons why this mode would be used

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Assessor Name: _____ Signature: _____ Date: _____

S	Radiant Warmers 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 6. Demonstrate how to set up servo control and what needs to be documented if the neonate is on servo control in the incubator explaining the rationale for this documentation 7. Accurately documents information related to thermoregulation of the neonate
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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Tetralogy of Fallots – Management of a Cyanotic Spell

Competency Statement:

The nurse safely and effectively cares for a patient with Tetralogy of Fallot

Element Exemptions: Banksia, Butterfly, Cockatoo, Dolphin, Emergency, Kelpie, Koala, Kookaburra, Medical Imaging, Platypus, Possum, RCH@Home, Rosella, Sugar Glider (K8-9)

COMPETENCY ELEMENTS

K

1. Describe anatomy associated with the congenital cardiac defect Tetralogy of Fallot.
2. Describe the difference between a 'pink' TOF and 'blue' TOF
3. Discuss possible medical management for a patient with Tetralogy of Fallots
4. Discuss possible surgical management for a patient with Tetralogy of Fallots
5. Identify common triggers that may induce a cyanotic spell
6. Describe the physiological changes that may be observed when a 'spell' occurs.
7. Describe initial patient management of a cyanotic spell
8. Explain monitoring requirements of patient with potential and actual TOF spells
9. Discuss the complications for this cohort group of patients undergoing induction of anaesthetics
10. Describe the steps that are to be taken should a TOF spell occur during induction in theatres

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Date:

S

1. Demonstrate assessment of patient with Tetralogy of Fallot

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Nurse Name:

Signature:

Date:

Assessor Name:

Signature:

Date:

Transfer from Rosella Ward (PICU)

Competency Statement:

The nurse safely and effectively prepares and transfers the patient to the ward from PICU

COMPETENCY ELEMENTS	
K	1. Identify resources available that can assist you in the transfer of a patient from PICU
S	1. Demonstrate patient assessment to determine that the patient is clinically stable for the intended transfer 2. Communicate effectively with all members of the multi-disciplinary team and the family to plan the transfer 3. Demonstrate preparation of the patient a. Correct intravenous infusions type, volume and strength for ward and loaded into ward infusion pumps and poles b. Accurate pain assessment and if appropriate referral made to Children's Pain Management Service (CPMS) c. Correct lines labelled, minimised and prepared d. Intra – arterial line removed e. Pressure monitoring discontinued f. CVC removed if not required g. Peripheral lines patent h. Dressings and drains attended to i. Removal of chest drains and pacing wires if indicated j. patient and bed is clean and all PICU hardware removed 4. Accurately complete documentation prior to transfer a. Ward charts: i. Observation ii. Fluid (balanced 1200hrs) b. Discharge summaries c. Fluid orders and MET criteria 5. Demonstrate accurate handover of the patient

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Transplant (Post-operative Cardiac)

Competency Statement:

The nurse safely and effectively cares for the child / young person post Cardiac transplant

RCH references related to this competency: RCH Intranet: Cardiology – Intranet Resources - Cardiology and Cardiac Surgery Protocols

COMPETENCY ELEMENTS	
K	1. Locate and read the Paediatric Cardiac Transplant Protocol 2. Describe the preparation of the allocated room, equipment, and bedspace for the patient post-operative cardiac transplant 3. Identify the post-operative nursing care priorities to maintain haemodynamic stability in PICU: a. within 1st 24hours b. ongoing until transfer to the ward 4. State the nursing responsibilities in caring for the child/young person who has undergone cardiac transplantation and their family in relation to a. Room allocation b. Monitoring of vital signs and laboratory results c. Pain management d. Fluid requirements / balance e. Medications / Infusions f. Infection Control g. Discharge planning and family education 5. Describe the rationale for immunosuppressants (mycophenylate, Cyclosporin, Tacrolimus and Prednisolone) and the possible complications and side effects associated with these medications 6. Describe the rationale for Prophylactic medications eg: Bactrim, Acyclovir, Nilstat 7. State the nurses responsibilities when caring for the immunosuppressed patient 8. Discuss the main surgical complications that may occur post cardiac transplant and their management 9. Discuss the multidisciplinary team members involved in the care of child post cardiac transplant and their role in a child's recovery 10. Describe the psychosocial impact cardiac transplantation may have on the child / young person and their family 11. Discuss the required follow up of children / young people post discharge
S	Not Applicable

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Transplant (Post-Operative Renal)

Competency Statement:

The nurse safely and effectively cares for the child / young person post renal transplant

RCH references related to this competency: RCH Intranet: Nephrology – Protocols – Renal Transplantation

COMPETENCY ELEMENTS	
K	1. Locate and read the a. RCH Nephrology webpage b. RCH Paediatric Renal Transplant Protocol 2. Describe the process for room allocation for the patient who has had a renal transplant 3. Summarise pain management options for the patient post renal transplant 4. Revise the fluid requirements / balance a. Infusions b. Fluid Management c. Other 5. Discuss the medications commonly administered to patients post renal transplant a. Immunosuppressants b. Prophylactics c. Antihypertensives 6. Discuss the monitoring of vital signs and laboratory results 7. Discuss the main complications that may occur post transplant and their management 8. Discuss the multidisciplinary team members involved and their roles in the care of the child post renal transplant 9. Describe the psychosocial impact renal transplantation has on the child / young person and their family

I have demonstrated the necessary knowledge in this competency. I acknowledge that ongoing development and maintenance is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	1. Demonstrate nursing assessment and management to maintain haemodynamic stability in the post op period a. 1st 24 hr b. Ongoing 2. Demonstrate/Discuss discharge planning and family education
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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Transplant (Pre-Operative Cardiac)

Competency Statement:

The nurse safely and effectively cares for the child / young person and their family about to undergo cardiac transplantation

RCH references related to this competency: RCH Intranet: Cardiology – Intranet Resources - Cardiology and Cardiac Surgery Protocols

COMPETENCY ELEMENTS	
K	1. Locate and read the RCH Paediatric Cardiac Transplant Protocol 2. State the indications for cardiac transplantation and the subsequent assessment process 3. State the reasons why cardiac transplantation is a treatment option for children with end stage cardiac failure 4. Describe the role of the transplant co-ordinator 5. Describe the nursing responsibilities when preparing a child / young person for cardiac transplantation including a. Nursing admission b. Weight and height c. Pre-transplant bloods d. Pre-operative checklist and documentation e. Premed f. Arranging transfer to theatre 6. Describe the social and cultural implications of cardiac transplantation 7. Discuss support available for the family
S	Not Applicable

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Transplant (Pre-Operative Renal)

Competency Statement:

The nurse will safely and effectively care for the child / young person and their family about to undergo renal transplant

RCH references related to this competency: RCH Intranet: Nephrology – Protocols – Renal Transplantation

COMPETENCY ELEMENTS	
K	1. Locate and read the RCH Paediatric Renal Transplant Protocol 2. State the three stages of renal failure 3. State the indications for renal transplantation 4. State the reasons why renal transplantation is the preferred treatment choice for children with end stage renal failure 5. State the youngest age (approx) that a child can receive a kidney transplant (why) 6. Identify potential sources of donor kidneys 7. Discuss why one donor may be better than another 8. State approximate upper and lower age limits for donors 9. Identify the steps required by the recipient prior to renal transplantation (eg: workup requirements) 10. Discuss the rationale for pre-medication (immunosuppression) prior to transplant 11. List three immunosuppressant agents that in most instances will be given prior to a renal transplant 12. Describe the nursing responsibilities when preparing a child / young person for renal transplantation including a. Admission responsibilities (living donor and deceased donor) b. Day of theatre (theatre preparation of the patient, supplies, readying room for post op) 13. Describe the role of the members of the multidisciplinary team in supporting the child / young person and their family about to undergo renal transplantation
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

COMPETENCY ELEMENTS	
K	1. Define urinary catheterisation 2. State the reasons why a urinary catheter would be required 3. Describe the position of the following types of catheters a. Indwelling catheter (IDC) b. Suprapubic Catheter (SPC) c. Ureteric Catheter d. Nephrostomy Tube 4. State the frequency that urine output should be measured based on the child's condition 5. State the expected urine output in mls/kg/hr for the post operative patient 6. Discuss the catheter care for different types of catheters 7. Discuss potential causes of a non – draining catheter 8. State actions if a nephrostomy or ureteric catheter has stopped draining and discuss for why urine output may have stopped 9. Discuss the resources and education required for children and families when a child is to be discharged with a urinary catheter in situ
S	10. Demonstrate the correct emptying of the urinary catheter bag 11. Demonstrate accurate documentation of urine output 12. Demonstrate how an IDC should be taped for a. Boys b. Girls 13. Perform catheter care

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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Ventricular Access Device (VAD) – Long Term

Competency Statement:

The nurse safely and effectively cares for the child who is receiving therapy via a Heartware or Berlin Heart Ventricular Assist Device (VAD)

RCH references related to this competency: RCH Clinical Practice Guidelines: Long Term Ventricular Assist Device VAD Anticoagulation Guidelines; RCH Intranet: Haematology – Intranet Resources – Anticoagulation, Kids Health Info – Resources

COMPETENCY ELEMENTS

K

1. Locate and read the VAD Manual
2. Identify the indications for a VAD
3. Discuss the criteria for the device choice (Heartware or Berlin Heart) for a patient requiring VAD
4. List the components of the VAD
 - a. Cannula
 - b. Blood pump head or heartware Device
 - c. Drive line: pneumatic lead or electrical cable
 - d. Driver
5. Describe the cannula placement in VAD
 - a. Left-sided VAD
 - b. Right-sided VAD
6. Discuss the principles of VAD
 - a. the role of pneumatics and centrifugal in the functioning of VAD
 - b. the process and direction of blood flow from the patient into the VAD blood pump and returning to the patient circulation
7. Explain the two modes of VAD
 - a. Volume/ Auto
 - b. Async/ Fixed
8. Discuss the modes available with the
 - a. Berlin Heart
 - b. Heartware
9. Explain the clinical problems that can present during therapy on a VAD and discuss the potential causes of each problem (e.g. incomplete VAD output)
10. Discuss the adverse complications of VAD
11. Locate, read and discuss:
 - a. Parent information resources (Kids health information, Parent/patient Information Booklet)
 - b. VAD Pre-operative checklist
 - c. Long term VAD Anticoagulation guideline
 - d. Daily care plan for long-term VAD patients
 - e. Long-term VAD dressing procedure
12. Attend the following sessions:
 - a. Hearware lecture
 - b. Hearware tutorial
 - c. Berlin Heart lecture
 - d. Berlin Heart tutorial
13. Describe the ongoing patient assessment and documentation required when a patient is receiving VAD therapy including:
 - a. Vital signs
 - b. VAD Observations
 - c. Pump head filling and emptying
 - d. Signs of effective cardiac output
 - e. Signs of the potential clinical problems
 - f. VAD Circuit
 - g. Cannula site dressing and pump head stabilisation
 - h. Describe the correct procedure for securing the VAD cables
 - i. Anticoagulation management
 - j. Pain
14. Discuss the purpose of the insertion of the double lumen broviac at the time of VAD implantation

Competencies continued on next page

K	15. Discuss points to consider when a patient is returning to theatre for a chest exploration in relation to: - Timing of when to transfer to the Operating theatre - What can happen when muscle relaxants are given in the Anaesthetic room to a patient on VAD (volume mode) - What should be done to help prevent this occurring and to treat the problem. 16. Explain how to call for assistance when a patient on VAD is located - On the Cardiac/Renal Unit and have a non-urgent query related to the patient or VAD out of hours - On the Cardiac/Renal Unit and have an emergency related to the patient or VAD in or out of hours - In PICU and there is an emergency with either the patient or VAD in hours - In the Starlight Room in hours
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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

S	- Successfully complete the written competencies for - Heartware - Berlin Heart - Successfully complete the practical assessment for - Heartware - Berlin Heart - Complete some supernumerary time with a Nurse experienced in caring for a child on VAD - Heartware - Berlin Heart - Articulate and demonstrate the correct start of shift checks for each of the following VADs - Heartware - Berlin Heart
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Nurse Name: _____ Signature: _____ Date: _____

Assessor Name: _____ Signature: _____ Date: _____

Competency Feedback & Reflection

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

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

Competency Name:			
Element(s):			
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]	

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

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

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Self-Reflection:			
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Competency Feedback & Reflection

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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]	

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

Competency Feedback & Reflection

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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]	

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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]	

