

Tonsil Bed Inspection

Competency Statement:

The nurse safely inspects the tonsil bed post tonsillectomy and can identify concerns

Competency elements	Date	Signed
<p>1. Locate and read Tonsil Bed Inspection Learning Package</p> <ul style="list-style-type: none"> a. Identify necessary equipment required for inspection b. Discuss expected appearance of tonsil beds c. Identify major concern post tonsillectomy <p>2. Locate and read the Kids Health Info Fact Sheet Tonsillectomy +/- Adenoids – Discharge Care (Overnight Stay)</p> <p>3. Inspect 3 Tonsil Beds as the second observer</p> <ul style="list-style-type: none"> 1. <input type="checkbox"/> _____ 2. <input type="checkbox"/> _____ 3. <input type="checkbox"/> _____ <p>4. Undertake 3 supervised Tonsil Bed Inspections</p> <ul style="list-style-type: none"> 1. <input type="checkbox"/> _____ 2. <input type="checkbox"/> _____ 3. <input type="checkbox"/> _____ <p>5. Discuss the following Discharge Education Considerations</p> <ul style="list-style-type: none"> a. Analgesia b. Observation c. Complications and Returning to Hospital d. Activity + Hygiene 		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a patient who has had tonsillectomy +\-removal of adenoids including tonsil bed inspection. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my PPP.

Nurse

Name..... Signature Date/...../.....

Assessor (ENT Doctor)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign