Partners In Health Inshuti Mu Buzima

**CLINICAL COMPETENCIES**

COMPETENCY STATEMENT: The nurse safely and effectively obtains vital signs on a pediatric patient and determines and implements appropriate interventions.

| | **Respiratory** | | | | | |
|---|---|---|---|---|---|---|
| | **Critical Element:** | Evaluation I | S | R | Comments |
| 1. | **General Assessment** | | | | |
| | Describes general rationale for accurate vital signs. | | | | |
| | Obtains complete respiratory assessment:<br>Respiratory rate<br>$O_2$ saturation<br>Work of breathing: (retractions, head bobbing, nasal flaring, breath sounds, symmetrical chest expansion) | | | | |
| | Documents accurately the findings of a thorough respiratory assessment in patient record. | | | | |
| | Identifies trends and changes in the patient's condition that are different from the previous respiratory assessment. | | | | |
| | Identifies ABNORMAL findings on exam and reports them to preceptor and appropriate physicians. | | | | |
| 2. | **Oxygen Saturation** | | | | |
| | Demonstrates correct application of oximetry probe and identification of a good wave form. | | | | |
| | Defines normal limits for oxygen saturation. | | | | |
| 3. | **Administration of Supplemental Oxygen** | | | | |
| | Identifies respiratory support modality appropriate for patient's level of respiratory distress. | | | | |
| | Documents level of support in patient medical record. | | | | |
| | Performs a respiratory reassessment on patient following intervention (application of oxygen modality). | | | | |
| 4. | **Pulmonary Toileting** | | | | |
| | Performs repositioning and suctioning when necessary. | | | | |
| | If suctioning is required, selects adequate route and size suction catheter. | | | | |

| | **Cardiac Assessment** | | | | |
|---|---|---|---|---|---|
| | **Critical Element:** | Evaluation I | S | R | Comments |
| 5 | **General Assessment** | | | | |
| | Describes general rationale for accurate vital signs. | | | | |
| | Obtains complete cardiac assessment in addition to heart rate if necessary (ill child): capillary refill, skin color, edema<br>-On one patient is able to identify and record capillary refill | | | | |

**CLINICAL COMPETENCIES**

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| | Documents accurately the findings of a thorough cardiovascular assessment in patient record. | | | | |
| | Identifies trends and changes in the patient's condition that are different from the previous cardiac assessment. | | | | |
| | Identifies ABNORMAL findings on exam and reports them to preceptor and appropriate physicians. | | | | |
| 6 | **Heart Rate** | | | | |
| | Demonstrates use of stethoscope to assess heart rate and physiologic locations to assess a patient's pulse. | | | | |
| | Defines normal limits for heart rate, and verifies that mechanical tools are accurate. | | | | |
| | Identifies need for supplemental support if a patient is bradycardic or tachycardic. | | | | |
| | Identifies support modality appropriate for patient's level of perfusion derangement. Performs positioning, intravenous (IV) placement, fluid resuscitation as indicated. | | | | |
| | Performs reassessment on patient following intervention. | | | | |

| **MENTAL STATUS** | | | | | |
|---|---|---|---|---|---|
| **Critical Element:** | | Evaluation | | | Comments |
| | | I | S | R | |
| 7 | **General Assessment** | | | | |
| | Describes general rationale for accurate vital signs. | | | | |
| | Completes a mental status assessment using AVPU (alert, verbal, pain, unresponsive) scoring | | | | |
| | Accurately documents the findings of a thorough mental status assessment | | | | |
| | Identifies trends and changes in the patient's condition that are different from the previous respiratory assessment. | | | | |
| | Identifies ABNORMAL findings on exam and reports them to preceptor and appropriate physicians. | | | | |
| 8 | **AVPU** | | | | |
| | Demonstrates ability to categorize a patient using the AVPU tool. | | | | |
| | Identifies derangements or changes in mental status and documents this in the medical record. | | | | |
| | Identifies need for additional support for acute changes in mental status. | | | | |
| 9 | **Interventions** | | | | |
| | Identifies possible causes and interventions appropriate for patient's level of alertness. | | | | |
| | Documents level of support in patient medical record. | | | | |

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**CLINICAL COMPETENCIES**

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| | Performs a reassessment on patient following intervention. | | | | |

| | **Temperature** | | | | |
|---|---|---|---|---|---|
| | **Critical Element:** | Evaluation I | S | R | Comments |
| 1 | **General Assessment** | | | | |
| | Describes general rationale for accurate vital signs. | | | | |
| | Accurately uses the thermometer. | | | | |
| | Accurately documents the findings (temperature). | | | | |
| | Identifies trends and changes in the patient's condition that are different from the previous readings. | | | | |
| | Identifies ABNORMAL readings on examination and reports them to preceptor and appropriate physicians. | | | | |
| 1 | **Interventions** | | | | |
| | Identifies possible causes and interventions appropriate for a fever or hypothermia. | | | | |
| | Documents level of support in patient medical record. | | | | |
| | Rechecks temperature of patient following intervention. | | | | |

| | **Pediatric Early Warning Score (PEWS)** | | | | |
|---|---|---|---|---|---|
| | **Critical Element:** | Evaluation I | S | R | Comments |
| 1 | **General Assessment** | | | | |
| | Describes general rationale for accurate vital signs. | | | | |
| | Calculates a PEWS scores. | | | | |
| | Accurately documents the score. | | | | |
| | Identifies ABNORMAL scores and reports them to preceptor and appropriate physicians. | | | | |
| | Accurately identifies and describes the meaning of changes in PEW scores. | | | | |
| 2 | **Interventions** | | | | |
| | Identifies possible causes and interventions. | | | | |
| | Documents level of support in patient medical record. | | | | |
| | Performs a reassessment on patient following intervention within the appropriate time from (for PEW score). | | | | |

Method of Evaluation: Direct Observation * Comments – if needed please write on back of page

Overall Clinical Evaluation: _____

Method of Evaluation: Direct Observation * Comments – if needed please write on back of page

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**CLINICAL COMPETENCIES**

I: Independent S: With Supervision R: Needs Remediation

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values, and/or abilities to be deemed competent in caring for a neonate during admission to the Neonatal Intensive Care Unit. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Nurse Signature .....Date...../...../.....

Assessor (Preceptor or CNE/F) Name..... Signature ..... Date...../...../.....