

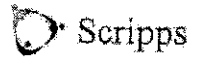
Name: Ashley Fuller Corporate ID 191019 Department: SSRS

Methods of Evaluation KEY:  
 Obs = Observation CS = Case Scenario/Role Play Sim = Simulation IW = Inspection of Work DR = Documentation Review N/A = Not Applicable

- I understand that I may not independently perform any skill listed on this competency until it has been validated.
- I understand that it is my responsibility to recognize my own limitations, and to seek resources and assistance as needed. This responsibility continues throughout my employment at Scripps Health.

Employee Signature: [Signature] Corporate ID 191019 Date 07/30/18  
**UNIT SPECIFIC DOU/PCU, STEP-DOWN RN**

Competency	Reference	Competency Validation: Date & Initials of Validator (signature at bottom of page)
<b>ADMINISTERS CARE FOR THE STROKE PATIENT</b> <ul style="list-style-type: none"> <li>Performs aspiration risk assessment and identifies intervention for at risk patient</li> <li>Demonstrates NIHSS assessment</li> <li>Lists the 5 components of patient discharge teaching for stroke</li> <li>Locates and reviews the stroke order sets</li> <li>Identifies the role of the bedside RN for the in-house stroke code process</li> <li>Verbalizes precautions to consider when positioning patients with neurological deficits</li> </ul>	<ul style="list-style-type: none"> <li>Policy/Procedure Review</li> <li>Interdisciplinary Standards of Practice</li> <li>Clinical Key/Clinical Skills</li> <li>Stroke Order Set</li> <li>Stroke Measures Handout</li> <li>Current NIH Certification</li> </ul>	Date: <u>11/1/18</u> Validator's Initials: <u>[Signature]</u> Method(s) of Evaluation: (circle all that apply) Obs CS Sim Not Applicable for population served
<b>OPERATES DEFIBRILLATOR</b> <ul style="list-style-type: none"> <li>defibrillation</li> <li>transcutaneous pacing</li> <li>cardioversion</li> <li>performs equipment check unplugged (to test battery power)</li> </ul>	<ul style="list-style-type: none"> <li>Policy/Procedure Review</li> <li>Interdisciplinary Standards of Practice</li> <li>Clinical Key/Clinical Skills</li> <li>Manufacturer Instructions</li> <li>ACLS Guidelines</li> </ul>	Date: <u>11/1/18</u> Validator's Initials: <u>[Signature]</u> Method(s) of Evaluation: (circle all that apply) Obs CS <u>Sim</u>
<b>FEMOSTOP</b> <ul style="list-style-type: none"> <li>Sets up</li> <li>Monitors/maintains, troubleshoots</li> <li>Discontinues</li> </ul>	<ul style="list-style-type: none"> <li>Policy/Procedure Review</li> <li>AACN Procedural Manual</li> <li>Manufacturer's Instructions</li> </ul>	Date: <u>7/31/18</u> Validator's Initials: <u>[Signature]</u> Method(s) of Evaluation: (circle all that apply) <u>Obs</u> CS Sim IW DR N/A
<b>SHEATH REMOVAL</b> <ul style="list-style-type: none"> <li>Sets up</li> <li>Describes removal technique</li> <li>Applies manual pressure</li> </ul>	<ul style="list-style-type: none"> <li>Policy/Procedure Review</li> <li>AACN Procedural Manual</li> <li>Clinical Key/Clinical Skills</li> <li>Manufacturer's Instructions</li> </ul>	Date: _____ Validator's Initials: _____ Method(s) of Evaluation: (circle all that apply) Obs CS Sim IW DR N/A
<b>RADIAL COMPRESSION DEVICE</b> <ul style="list-style-type: none"> <li>Sets up</li> <li>Monitors/maintains, troubleshoots</li> <li>Discontinues</li> </ul>	<ul style="list-style-type: none"> <li>Policy/Procedure Review</li> <li>Manufacturer's Instructions</li> </ul>	Date: <u>7/31/18</u> Validator's Initials: <u>[Signature]</u> Method(s) of Evaluation: (circle all that apply) <u>Obs</u> CS Sim IW DR N/A
<b>MANAGES TEMPORARY PACEMAKERS</b> <ul style="list-style-type: none"> <li>Identifies indications for cardiac pacing</li> <li>Discusses different types of pacemakers and complications of pacing</li> <li>Describes the components of a pacemaker: mA (milliamps), Sensitivity, Rate, Battery, and Leads</li> <li>Successfully checks and documents threshold of temporary atrial and ventricular epicardial pacing wires</li> <li>Performs epicardial wire care</li> </ul>	<ul style="list-style-type: none"> <li>Policy/Procedure Review</li> <li>Interdisciplinary Standards of Practice</li> <li>Clinical Key/Clinical Skills</li> <li>Manufacturer Instructions</li> <li>Pacemaker Class</li> </ul>	Date: <u>10/1/18</u> Validator's Initials: <u>[Signature]</u> Method(s) of Evaluation: (circle all that apply) Obs CS <u>Sim</u> IW DR N/A
Validator's Signature and Title	Validator's Name and Title and Corporate ID Printed	Validator's Initials
<u>[Signature]</u> RN	<u>108261</u> <u>86727 Eddie Palang RN</u>	<u>[Signature]</u>



Competency	Reference	Competency Validation: Date & Initials of Validator (signature at bottom of page)
<b>Airway Management:</b> • Oxygen delivery modes: BIPap/CPAP, oral/nasal airways	• Policy/Procedure Review • Clinical Key/Clinical Skills • Standards of Practice	Date: 11/15/18 Validator's Initials: JH Method(s) of Evaluation (circle all that apply) <input checked="" type="radio"/> Obs <input type="radio"/> CS <input type="radio"/> Sim <input type="radio"/> IW <input type="radio"/> DR N/A
<b>SET UP AND MONITORS BEDSIDE MONITORS/MAINTAINS PRESSURE LINES</b> • Sets all alarms • Ensures waveforms are visible • Prints strips • Zeroes transducers • Levels transducers • Changes flush bags • Flushes lines	• Policy/Procedure Review • Interdisciplinary Standards of Practice • Clinical Key/Clinical Skills • Manufacturer Instructions	Date: 7/31/18 Validator's Initials: L Method(s) of Evaluation (circle all that apply) <input type="radio"/> Obs <input type="radio"/> CS <input type="radio"/> Sim Not Applicable for population
<b>MANAGES PATIENTS WITH MEDIASTINAL CHEST TUBES</b> • Identifies potential risks associated with mediastinal chest tubes • Trouble shoots and intervenes appropriately	• Policy/Procedure Review • Interdisciplinary Standards of Practice • Clinical Key/Clinical Skills • Manufacturer Instructions	Date: 7/31/18 Validator's Initials: L Method(s) of Evaluation (circle all that apply) <input type="radio"/> Obs <input type="radio"/> CS <input type="radio"/> Sim Not Applicable for population
<b>PERFORMS MEDICATION TITRATION</b> • Titrates vasopressors to desired patient response	• Policy/Procedure Review • Interdisciplinary Standards of Practice • Clinical Key/Clinical Skills	Date: 7/31/18 Validator's Initials: L Method(s) of Evaluation (circle all that apply) <input type="radio"/> Obs <input type="radio"/> CS <input type="radio"/> Sim Not Applicable for population
Validator's Signature and Title	Validator's Name and Title and Corporate ID Printed	Validator's Initials
<i>[Signature]</i> RN	Eddie Palanay RN 186927	JH

**NOTE: ADDITIONAL ROLE-SPECIFIC, UNIT-SPECIFIC, POPULATION-SPECIFIC COMPETENCIES MAY BE REQUIRED**

Opportunities:

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I understand that I cannot independently perform any competencies listed above that have not been validated by Manager/Supervisor/Designee.

Orientee Signature: *[Signature]*

Manager/Supervisor: *[Signature]*

Print Name: Ashley Fuller

Print Name: JO-ET HUNTWOOD

Corporate ID/Employee ID: 191019

Corporate ID/Employee ID: 124619

Date: 11/15/18

Date: 11/15/18