



Name/Title: _____

The University of Texas Medical Branch Galveston
Educational Resource Center
Nursing Service: Competency Based Orientation
Basic Adult RN Competencies

Competency Statement: *Upon completion of orientation, the Registered Nurse in collaboration with the patient/family and health team members utilizes the nursing process and age-specific developmental principles when providing care for selected patients*

Performance Criteria	Validation of Performance <i>Preceptor confirms: Performs according to standards, guidelines, and/or protocol</i>	Self Assessment				Date Competency Met/Validator's Signature	Learning Options >Patient care w/ preceptor >Skill demo/return demo >Read pertinent policies >Read related section in reference texts.	Action Plan	Comments
		Have you ever done this before?		Are you competent performing?					
		Yes	No	Yes	No				
Respiratory System Performs respiratory assessment	Recognizes normal findings for breath sounds, respiratory pattern, color, secretions, chest movement and level of consciousness.						Auscultate breath sounds with preceptor or RT CNS: <ul style="list-style-type: none"> ▪ Blood Pressure ▪ Respirations ▪ Temperature 		Reference list: <u>P&P</u> = UTMB policies & procedures <u>CNS</u> = <u>Clinical Nursing Skills, Smith & Duell</u> <u>AACN</u> = <u>AACN Procedure Manual for Critical Care</u> <u>TG</u> = <u>Teaching Guide</u> <u>FACT</u> = "FACTS About" patient education sheets <u>Explns</u> = Express Inservice <u>SSM</u> = Self Study Module; ERC on-line
Cares for patient with a compromised respiratory status	Assesses/documents breath sounds, noting decreases, wheezes, fine/coarse crackles, use of accessory muscles, color, secretions, level of consciousness					<ul style="list-style-type: none"> ▪ CNS: Basic Physical Assessment ▪ FACT: <ul style="list-style-type: none"> - Deep breathing & coughing - Oxygen Therapy ▪ P&P: 7.1 Nursing Standards of Patient Care 			
	Collects specimens Applies pulse oximeter, selects mode, sets alarms Selects and uses oxygen devices appropriate to age and size of patient Performs oral airway suctioning					<ul style="list-style-type: none"> ▪ AACN: Oxygen Saturation Monitoring by Pulse Oximetry ▪ CNS: <ul style="list-style-type: none"> - Using Pulse Oximetry - Suctioning ▪ SSM: Pulse Oximetry 			
Cardiovascular System Performs cardiovascular assessment	Assesses normal subject for pulse rate, quality of pulses, skin color, temperature, capillary refill								

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	Obtains BP reading using sphygmomanometer, automatic cuff, doppler; uses proper size cuff						<ul style="list-style-type: none"> ▪ Refer to Manufacturer's guidelines for automatic cuff use 		
Cares for patient with compromised cardiovascular function	Recognizes abnormal findings; i.e., edema, abnormal heart sounds, irregular pulse, dyspnea, color changes, activity intolerance, abnormal peripheral perfusion and sensation								
Performs venipuncture specimen collection	Obtains and labels venipuncture specimens Demonstrates techniques to enhance vein distension Selects appropriate equipment Draws specimens in correct sequence						<ul style="list-style-type: none"> ▪ Lab Survival Guide ▪ ERC: Phlebotomy Class ▪ <u>AACN</u>: Venipuncture 		
Administers blood	Reads UTMB policy Completes all preadministration steps Assesses patient for transfusion reaction risk Monitors patient during administration Assesses patient for blood product reaction or complication Verbalizes S&S of various types of reactions (eg, allergic, febrile non-hemolytic, hemolytic, etc) Verbalizes S&S of transfusion complications (eg, circulatory overload, sepsis, etc)						<ul style="list-style-type: none"> ▪ P&P 7.2.12 Blood & Blood Products Administration ▪ Video: Blood Transfusion Reactions (✓ERC x22115) 		

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Neurological System Performs neurological assessment	Assesses the normal subject for orientation, muscular strength, ability to verbalize and swallow.								
Cares for patient with compromised neurologic function	Recognizes abnormal findings Performs neuro tests. Verbalizes when/how to activate Stroke Alert					<ul style="list-style-type: none"> ▪ P&P: 7.9.8 Neurological Assessment ▪ <u>ExpIns</u>: Stroke Alert Protocol 			
Genitourinary System Performs urinary assessment	Assesses for: -urine amount, -bladder tone, -distention, -pain, -inability to void.								
	Assess fluid & electrolyte status including I&O data Notifies MD for critical discrepancies					<ul style="list-style-type: none"> ▪ <u>CNS</u>: Intake and Output 			
	Obtains urine specimen; clean, sterile Collects timed specimens					<ul style="list-style-type: none"> ▪ <u>CNS</u>: Collecting a 24° Urine 			
Cares for the incontinent patient	Assesses cause Protects the skin Implements plan as indicated (ex: treat cause, toileting program, etc)								
Cares for patient requiring a urinary catheter	Inserts &/or applies indwelling or external catheter Secures catheter per policy Maintains system Provides catheter care					<ul style="list-style-type: none"> ▪ <u>CNS</u>: Catheter Insertion ▪ <u>P&P</u>: 7.7.2 Urinary Catheter Care 			

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GI System Assesses GI system	Assesses oral mucosa Performs oral care Assesses abdomen noting -trauma, -bowel sounds, -distention, -symmetry, -rigidity, -tenderness or pain, -gastric secretions, -stool characteristics						<ul style="list-style-type: none"> ▪ FACT: <ul style="list-style-type: none"> - Preventing Constipation While in the Hospital (For Older Adults) - Bowel Care ▪ CNS: Oral Hygiene 		
Cares for patient with a compromised GI system	Collaborates w/ pt & medical team to maintain pt's normal bowel pattern Assesses for nausea & vomiting, diarrhea, constipation Administers enemas Collects stool specimens Assesses functioning of various GI tubes Assesses functioning of gastric suction						<ul style="list-style-type: none"> ▪ CNS: <ul style="list-style-type: none"> - Enema Administration, Adult - Nutrition maintenance - Therapeutic diets - Nutrients via tube feeding 		
Nutrition/Metabolic Assesses nutritional/metabolic status	Assesses nutritional and metabolic status Identifies special dietary considerations related to age, weight, disease Initiates positive screen consult Assures appropriate diet								
Bedside glucose monitoring	Recognizes patients at risk for altered blood glucose levels Performs bedside glucose monitoring Identifies and reports critical lab values						<ul style="list-style-type: none"> ▪ SSM: Accucheck Training Module 		
Integumentary Assesses skin integrity	Assesses skin integrity; notes abnormalities Performs hygiene and skin protection measures						<ul style="list-style-type: none"> ▪ P&P: 7.2.62 Pressure Ulcer Prevention ▪ FACT: Pressure Ulcer Prevention 		

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Cares for the patient w/ altered skin integrity	Assesses wounds Applies treatments and dressings						<ul style="list-style-type: none"> ▪ <u>TG</u>: Wound Care ▪ <u>FACT</u>: Wound Care 		
Psychosocial Assesses family/patient psychosocial status	Assesses response to environment, notes sleep pattern, communication skills and anxiety Assesses pt's participation in medical plan Notes available supports and coping mechanisms Assesses abuse potential -Conducts screen -Provides for patient privacy -Notifies social work of any suspected abuse						<ul style="list-style-type: none"> ▪ <u>FACT</u>: Anxiety Disorders ▪ <u>P&P</u>: 7.19.25 Suicide Precautions 		
Cares for the patient needing psychosocial/spiritual care	Encourages pt/ family to -participate in care decisions, -verbalize fears Collaborates w/ social service and clergy Refers to ethicist prn						<ul style="list-style-type: none"> ▪ Clinical experience with social worker ▪ <u>FACT</u>: County Resources 		

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Cares for the patient pre-surgery or procedure	Check/complete Surgical Antibiotic Prophylactic sheet Assures checklist completed; gives meds, treatment, verifies appropriate consent (e.g. procedure, blood) Prepares pt/equipment for transport, completes documentation Communicates information to receiving staff for continuity of care Communicates O ₂ needs, infection control measures to Transportation Dept Confirms placement of tubes/lines prior to and following transport Accompanies pt during transport if necessary						<ul style="list-style-type: none"> ▪ TG: Pre and Post-op Preparations 		
Post surgical care: Cares for a patient following surgery	Performs thorough postop or post procedure assessment including VS, hydration, mental status, wound Assesses wound for complications, such as infection, hemorrhage, dehiscence Manages surgical drainage tube(s) including assessment and documentation of output Changes surgical dressings Instructs & supervises pt doing incentive spirometry						<ul style="list-style-type: none"> ▪ P&P: 7.2.82 Management of the Adult Pt with a Wound Drainage System ▪ FACT: <ul style="list-style-type: none"> - Wound Care, Home Instructions - Incentive Spirometry - Wound Care - VAC therapy 		

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Cares for the patient experiencing pain	Performs complete pain assessment Sets comfort goal w/ pt Documents pain as the 5 th vital sign Provides both pharmacologic and non-pharmacologic pain control interventions Documents response to interventions Assesses sedation scale as needed (esp when initiating or escalating opioids therapy) Collaborates w/ pt and MD for unresolved pain					<ul style="list-style-type: none"> ▪ P&P: <ul style="list-style-type: none"> - 7.2.101 Pain assessment - 7.2.102 Pain comfort & function goal setting - 7.2.86 Pain the 5th vital sign ▪ FACT: <ul style="list-style-type: none"> - Keeping pain under control (+ Spanish) - Managing your pain (+ Spanish) ▪ TG: Pain management 			
Medication administration	Performs MAR check verifying active meds Utilizes 6 rights of medication administration Verifies pt allergy status Checks drug compatibility Utilizes 2 pt identifiers Administers meds by all routes common to the area (ex, PO, SC, etc) Documents double check of all required meds Utilizes unit medication preparation area and techniques to assure accuracy and sterility or cleanliness					<ul style="list-style-type: none"> ▪ P&P: <ul style="list-style-type: none"> - 7.2.106 Pt identification/ name alert - 07.10 Med Admin/Doc - 07.17 Reporting & Recording of Med Errors - 07.32 Prep & Adm of IV Admixtures - 07.34 Adm of Med by IV Push - 07.16 Reporting of Adverse Drug Reactions 07.47 Standard Administration Times ▪ PIL line (Pharmacy Issues Line) 			

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Medication administration, continued	Adjusts med administration time according to need (ex, procedure, pt condition, delays) Adjusts medication to standard administration times Obtains missing doses Monitors for effects and adverse effects Monitors pt response to all first dose medications Follows-up adverse effects -notifies MD -completes Pt Safety Net report								
Cares for the patient receiving IV therapy	Determines pt need based on length of therapy, vascular access issues, etc Inserts IV's Monitors site Changes dressing and tubing Sets up IV fluids & pump Seeks resource for difficult IV (ie, peer, Infusion Service, etc)						<ul style="list-style-type: none"> ▪ <u>P&P:</u> <ul style="list-style-type: none"> - 7.2.16 Guidelines for intravascular devices, adult - 7.2.18 Saline flushing and heparinization of intravenous devices ▪ <u>Class:</u> IV Therapy Workshop (ERC) ▪ <u>Clinical exp:</u> Infusion Services ▪ <u>FACT:</u> Peripheral intravenous access (PIV) 		
Admission Completes the admission process	Receives report, identifies general condition, need for special equipment Orients patient/family Completes Nursing Admission form Initiates consults based on positive screens Provides/documents information about Patient Self Determination Act Acknowledges, transcribes, & implements admission orders						<ul style="list-style-type: none"> ▪ <u>P&P:</u> <ul style="list-style-type: none"> - 1.7 Admission, discharge, transfer criteria - 7.2.3 Admission of a patient to nursing unit - 7.2.57 Patient identification and allergy bands 		

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Nursing care plan	Identifies nursing diagnosis and pt outcomes Initiates nursing care plan Initiates discharge plan Updates care plan regularly						<ul style="list-style-type: none"> ▪ <u>P&P</u>: 7.2.31 Pt Discharge Planning ▪ <u>FACT</u>: County resources 		
Patient/Family Education	Assesses and documents pt/family readiness and ability to learn, learning level, language Conducts on-going assessment of pt/family learning needs Documents pt/ family involvement in plan of care, educational plan, outcome of interventions Documents teaching done and follow-up care needs Accesses teaching tools including FACT sheets & Teaching Guides Collaborates with other disciplines						<ul style="list-style-type: none"> ▪ <u>SSM</u>: Patient education standards ▪ <u>TG</u>: Medications 		
Safety Maintain safe environment	Assesses pt safety needs related to age & condition Implements fall precautions						<ul style="list-style-type: none"> ▪ <u>TG</u>: Fall precautions ▪ <u>P&P</u>: - 7.2.35 Fall assessment and plan of care - 7.19.25 Suicide precautions 		
Body mechanics	Uses proper body mechanics when moving/ positioning patients								
Electrical equipment	Uses electrical equipment with current safety sticker, unfrayed cords; seeks assistance when equipment malfunctions								

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Restraints	Assesses for/provides alternatives to restraint Initiates restraints Provides for patient needs Documents restraint flow sheet						<ul style="list-style-type: none"> ▪ <u>P&P:</u> <ul style="list-style-type: none"> - 7.2.35 Fall prevention assessment and plan of care - 7.3.11 Initiating & Monitoring Restraints ▪ <u>On-line Training Module</u> ▪ <u>ERC Skills Station</u> 		
Side rails	Differentiates use of side rails for restraints vs safety Assesses patient risk for side rail entrapment						<ul style="list-style-type: none"> ▪ <u>P&P:</u> 7.3.11 Initiating & Monitoring Restraints 		
Alarms	Identifies alarms associated w/ equipment used on the unit Ensures alarms function and are enabled, recognizes tones, responds to alarms sounding Uses panic alarms Responds to medical gas alarms Responds to fire alarms. Accesses fire alarm response form						<ul style="list-style-type: none"> ▪ <u>On-line Training Module:</u> fire & safety 		
Isolation	Adheres to universal precautions and isolation techniques (VRE, MRSA, Airborne etc.)						<ul style="list-style-type: none"> ▪ <u>On-line Training Module:</u> Infection control ▪ <u>FACT:</u> <ul style="list-style-type: none"> - MRSA, MRSA pt discharge instructions - VRE (home & hospital) - VRE isolation information for family members 		

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MD orders	Implements MD orders; Clarifies questions Notifies MD of change in patient condition Accesses chain of command as required						<ul style="list-style-type: none"> ▪ P&P: <ul style="list-style-type: none"> - 3.40 Chain of Command - 7.2.52 Notification of physician of change in pt condition 		
Prioritizes patient care	Performs on-going assessments and prioritizes care based on acuity level and available resources Revises plan of care condition changes Manages patient load per unit routine. Implements interventions in a timely manner Assures multidisciplinary plans are consistent with overall plan of care Delegates activities to personnel based on their qualifications and patient needs Documents all pertinent information concisely and legibly						<ul style="list-style-type: none"> ▪ P&P: <ul style="list-style-type: none"> - 3.50 Delegation to Unlicensed Personnel - 7.1 Nursing standards of pt care ▪ Nursing Practice Act: <ul style="list-style-type: none"> - 224.6 General Criteria for Delegation - 224.7. Supervision - 224.5 RN accountability for delegated tasks 		
High Risk/Low Volume Procedures Cares for patient having a cardiopulmonary arrest	Locates and familiarizes self with unit code cart Verbalizes how to access code team Verbalizes role of the bedside nurse in a code Performs in an actual or simulated situation code						<ul style="list-style-type: none"> ▪ Class: Code 99 (Ed Lab) ▪ P&P: 7.12.46 Cardiopulmonary Resuscitation – Calling a Code 99 ▪ AACN: Airway, Insertion of Oropharyngeal ▪ CNS: ECG Monitoring 		

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Cares for the post mortem patient	Verbalizes care of the body. Names resources for questions and family support. Accesses Decedent Affairs website and forms Verbalizes the nurse's role in obtaining a death certificate						<ul style="list-style-type: none"> ▪ Decedent affairs (on-line - http://my.utmb.edu/dap/) 		
Compliance w/ Core Measures	Implements core measures appropriate to pt's dx Discusses smoking cessation w/ pt's who smoke. Documents.						<ul style="list-style-type: none"> ▪ core measures link http://intranet.utmb.edu/qualitymgmt/quality.htm ▪ FACT: <ul style="list-style-type: none"> - Quitting smoking - Heart failure 		