



# CLINICAL COMPETENCY

<b>TITLE:</b> Oxygen Administration	<b>COMPETENCY #:</b> Resp #2
<input checked="" type="checkbox"/> <b>NEW COMPETENCY</b> <input type="checkbox"/> <b>REVISION</b>	<b>DATE:</b> 10/18/12
<b>DEPARTMENT:</b> Nursing	

EMPLOYEE NAME	TITLE	
DATE	<input type="checkbox"/> INITIAL <input type="checkbox"/> RE-EVALUATION <input type="checkbox"/> ANNUAL (if required) <input type="checkbox"/> PRN	
CRITERIA	SATISFACTORY	EVALUATOR INITIALS
1. Verifies physician order.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Gathers and assembles equipment and supplies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Places and secures oxygen cylinder in carrier / holder.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Knocks on door and announces self before entering the resident's room.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Explains procedure to the resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Washes hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Assesses respiratory status, auscultates lung fields, obtains respiratory rate, rhythm (regular/irregular) and oxygen saturation on room air.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Oxygen tanks:		
a. Takes oxygen tank to resident's room in appropriate carrying device. b. Removes black cover/ tab on neck of the oxygen tank/cylinder. c. Checks gauge for amount of oxygen available. d. Connects oxygen delivery system to the tank. e. Opens oxygen valve to prescribed liters/minute. f. Applies oxygen delivery system to the resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Oxygen concentrator:		
a. Ensure the concentrator and filters are clean and functions appropriately. b. Attaches pre-filled humidifier bottle and labels with date, time and initials if utilizing a nasal cannula or tracheostomy mask. c. Connects oxygen delivery system to the bottle. d. Turns concentrator on and adjusts oxygen to prescribed liters/minute. e. Ensures that oxygen is flowing appropriately through the pre-filled humidifier bottle by observing bubbling. f. Applies oxygen delivery system to the resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Nasal Cannula		
a. Attaches to the oxygen tank or concentrator. b. Assesses resident for nasal excessive drainage and dried secretions; cleanse as indicated. c. Places a nasal prong into each naris of the resident; ensures that the natural prong curvature is downward. d. Adjusts the straps over the ears and tightens under the chin to promote comfort and airway patency for the resident. e. Labels the tubing with date, time and initials.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Simple Facemask		
a. Attaches to the oxygen tank or concentrator. b. Assesses resident for nasal excessive drainage and dried secretions; cleanse as indicated. c. Places mask over bridge of nose and then cover mouth. d. Adjusts the straps over the ears and around the resident's head to promote comfort and airway patency for the resident. e. Labels the tubing with date, time and initials.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Non-rebreather Mask		
a. Attaches to the oxygen tank or concentrator. b. Assesses resident for nasal excessive drainage and dried secretions; cleanse as indicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CRITERIA	SATISFACTORY	EVALUATOR INITIALS
c. Inflates reservoir bag with oxygen. d. Places mask over bridge of nose and then cover mouth. e. Adjusts the straps over the ears and around the resident's head to promote comfort and airway patency for the resident. f. Monitors that reservoir bag fills on exhalation and never totally collapses on inhalation. g. Labels the tubing with date, time and initials.	Continued from front.	
13. Auscultates lung fields, obtains respiratory rate, rhythm (regular/irregular) and oxygen saturation after being on oxygen at prescribed rate for 15 minutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Posts "oxygen in use" signage on the outside of the resident's door.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Documents in nurses' notes appropriately that oxygen was initiated to include date, time, type of tank/cylinder/concentrator, oxygen delivery system, liters/min, lung sounds, respiratory rate, rhythm (regular/irregular), oxygen saturation and resident response to procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Initiates shift documentation for oxygen administration and monitoring on eTAR.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMENTS		
THIS SKILL HAS BEEN DEMONSTRATED TO SHOW COMPETENCY		
EMPLOYEE SIGNATURE	DATE	
EVALUATOR SIGNATURE / TITLE	DATE	
IF UNSATISFACTORY, RE-EVALUATE DATE SCHEDULED FOR		

*Upon completion, place in employee's educational file or per facility policy.*

# CLINICAL COMPETENCY

**TITLE:** Lung Auscultation **COMPETENCY #:** Resp #3

**NEW COMPETENCY**       **REVISION** **DATE:** 10/19/12

**DEPARTMENT:** Nursing

EMPLOYEE NAME	TITLE	
DATE	<input type="checkbox"/> INITIAL <input type="checkbox"/> RE-EVALUATION <input type="checkbox"/> ANNUAL (if required) <input type="checkbox"/> PRN	
CRITERIA	SATISFACTORY	EVALUATOR INITIALS
1. Verifies physician order.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Gathers and assembles equipment and supplies. Cleans stethoscope.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Places and secures oxygen cylinder in carrier / holder.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Knocks on door and announces self before entering the resident's room.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Explains procedure to the resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Washes hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Makes environment as quiet as possible.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. If possible, places resident in sitting position or on side of bed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Places chest piece of stethoscope on resident's anterior bare chest.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Starts with the apex of the lungs and then moves to the middle and lower lung fields from side to while instructing resident to inhale and exhale through mouth.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Places chest piece of stethoscope on resident's posterior bare chest	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Starts with the apex of the lungs and then moves to the middle and lower lung fields from side to while instructing resident to inhale and exhale through mouth.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Ensures that resident is redressed and in a comfortable position.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Cleans stethoscope appropriately.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Washes hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Documents lung sounds appropriately.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMENTS		
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# CLINICAL COMPETENCY

<b>TITLE:</b> Tracheostomy Care	<b>COMPETENCY #:</b> Resp #4
<input checked="" type="checkbox"/> <b>NEW COMPETENCY</b> <input type="checkbox"/> <b>REVISION</b>	<b>DATE:</b> 10/18/12
<b>DEPARTMENT:</b> Nursing	

EMPLOYEE NAME	TITLE	
DATE	<input type="checkbox"/> INITIAL <input type="checkbox"/> RE-EVALUATION <input type="checkbox"/> ANNUAL (if required) <input type="checkbox"/> PRN	
CRITERIA	SATISFACTORY	EVALUATOR INITIALS
1. Gathers equipment and supplies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Knocks on door and announces self before entering the resident's room.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Provides resident privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Explains procedure to the resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Suctions resident (refer to Tracheostomy Suctioning Competency Resp #5).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Washes hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Opens tracheostomy care kit; pours H <sub>2</sub> O <sub>2</sub> (hydrogen peroxide) in one (1) side of tray and cleansing solution into the other side of the tray.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Dons sterile gloves (usually provided in tracheostomy kit).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Removes inner cannula and places it into the H <sub>2</sub> O <sub>2</sub> compartment of tray to soak.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Removes soiled split 4 x 4 dressing under trach flange; disposes properly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Cleanses under and on top of trach flange with sterile cotton tipped applicators dipped in H <sub>2</sub> O <sub>2</sub> .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Rinses under and on top of trach flange with sterile cotton tipped applicators dipped in sterile water.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Checks stoma and surrounding area for skin irritation or breakdown; treats if indicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Inspects neck tie for wearing and cleanliness; replaces if indicated.		
15. Places a split 4 x 4 dressing under the trach flange.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Cleanses the inner cannula with the brush provided in the tracheostomy kit.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Rinses the inner cannula in the cleansing solution compartment of tray; shakes out excess water gently.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Reinserts the inner cannula.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Disposes of supplies properly; cleans area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Removes gloves, disposes of properly; and washes hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Notifies physician of any abnormalities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Documents procedure per facility policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMENTS		
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# CLINICAL COMPETENCY

<b>TITLE:</b> Tracheostomy Suctioning	<b>COMPETENCY #:</b> Resp #5
<input checked="" type="checkbox"/> <b>NEW COMPETENCY</b> <input type="checkbox"/> <b>REVISION</b>	<b>DATE:</b> 10/18/12
<b>DEPARTMENT:</b> Nursing	

EMPLOYEE NAME	TITLE	
DATE	<input type="checkbox"/> INITIAL <input type="checkbox"/> RE-EVALUATION <input type="checkbox"/> ANNUAL (if required) <input type="checkbox"/> PRN	
CRITERIA	SATISFACTORY	EVALUATOR INITIALS
1. Verifies physician order.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Gathers equipment and supplies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Knocks on door and announces self before entering the resident's room.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Provides resident privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Explains procedure to the resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Verifies proper functioning of suction regulator (120mmHg for suction pressure) and canister.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Places resident in semi-fowler position.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Auscultates resident's lungs and monitors oxygen saturation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Washes hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Hyper-oxygenates the resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Opens sterile suction catheter appropriately and connects to canister connecting tubing, without contaminating suction catheter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Pours sterile water into sterile container or opens sterile water sealed cup provided in suctioning kit.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Dons sterile gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Suction procedure:		
a. Removes sterile cover to suction catheter and suctions sterile water to ensure proper functioning.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Inserts the suction catheter gently until the carina is felt, without suctioning.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Pulls back ¼ inch.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Occludes port to apply suction while pulling back gently on the suction catheter in a circular motion with intermittent suction . <b>NOTE:</b> No longer than 15 seconds.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Replaces oxygen and encourages resident to take slow deep breaths.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Inserts the suction catheter into the sterile water and occludes port to apply suction and clear secretions from catheter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Repeats steps 14a – f as necessary for resident comfort.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Auscultates resident's lung sounds and monitors oxygen saturation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Disposes of used supplies properly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Removes gloves, disposes properly, and washes hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CRITERIA	SATISFACTORY	EVALUATOR INITIALS
19. Notifies physician of any abnormalities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Documents procedure per facility policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMENTS		
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# CLINICAL COMPETENCY

<b>TITLE:</b> Nebulizer Treatment , Administering	<b>COMPETENCY #:</b> Resp #6
<input checked="" type="checkbox"/> <b>NEW COMPETENCY</b> <input type="checkbox"/> <b>REVISION</b>	<b>DATE:</b> 10/18/12
<b>DEPARTMENT:</b> Nursing	

EMPLOYEE NAME	TITLE	
DATE	<input type="checkbox"/> INITIAL <input type="checkbox"/> RE-EVALUATION <input type="checkbox"/> ANNUAL (if required) <input type="checkbox"/> PRN	
CRITERIA	SATISFACTORY	EVALUATOR INITIALS
1. Verifies physician order.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Gathers and assembles equipment and supplies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Verifies the "6 Rights" of medication administration (Right Resident, Right Time, Right Medication, Right Dose, Right Route and Right Documentation).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Ensures that the prescribed medication(s) is(are) not expired.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Knocks on door and announces self before entering the resident's room.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Explains procedure to the resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. PRE-TREATMENT ASSESSMENT: Auscultates resident's lung fields, obtains apical pulse (1 full minute), respiratory rate and rhythm (regular/irregular) and oxygen saturation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Washes hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Uncovers the nebulizer and re-assembles the set-up as necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Places prescribed medication(s) into the nebulizer's medicine cup.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Turns on the nebulizer.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Instructs the resident to take slow deep breaths and to hold his/her breath at peak of inspiration, if able.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Instructs resident to cough at completion of treatment (which is denoted by no visible mist), approximately ten to fifteen (10 – 15) minutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. POST-TREATMENT ASSESSMENT: Auscultates resident's lung fields, obtains apical pulse (1 full minute), respiratory rate and rhythm (regular/irregular) and oxygen saturation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Opens medication cup and rinses with tap water; shakes out excess water and allows to air dry.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Returns to storage bag when dry.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Covers nebulizer.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Disposes of used supplies appropriately.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Washes hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Documents administration of respiratory treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Notifies physician if indicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>COMMENTS</b>		
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# CLINICAL COMPETENCY

<b>TITLE:</b> Oropharyngeal / Nasopharyngeal Suctioning	<b>COMPETENCY #:</b> Resp #7
<input checked="" type="checkbox"/> <b>NEW COMPETENCY</b> <input type="checkbox"/> <b>REVISION</b>	<b>DATE:</b> 10/18/12
<b>DEPARTMENT:</b> Nursing	

EMPLOYEE NAME	TITLE			
DATE	<input type="checkbox"/> INITIAL	<input type="checkbox"/> RE-EVALUATION	<input type="checkbox"/> ANNUAL (if required)	<input type="checkbox"/> PRN
CRITERIA			SATISFACTORY	EVALUATOR INITIALS
1. Verifies physician order.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Gathers equipment and supplies.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Knocks on door and announces self before entering the resident's room.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Provides resident privacy.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Explains procedure to the resident.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Verifies proper functioning of suction regulator (120mmHg for suction pressure) and canister.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Auscultates resident's lung fields and monitors oxygen saturation.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Washes hands and dons gloves.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Pour sterile water into a container or opens a sealed sterile water cup without contaminating solution.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Attaches Yankauer (tonsillar tip) or suction catheter to connecting tubing of canister without contaminating catheter.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Oropharyngeal suctioning:				
<ul style="list-style-type: none"> <li>a. Inserts Yankauer into one side of mouth, glides the Yankauer towards the oropharynx without suction.</li> <li>b. Applies suction and gently moves the Yankauer around in the mouth cavity until secretions are cleared.</li> <li>c. Encourages resident to cough.</li> <li>d. Rinses Yankauer and stores appropriately.</li> <li>e. Repeats suctioning to promote resident comfort and maintain patency of airway.</li> </ul>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Nasopharyngeal suctioning:				
<ul style="list-style-type: none"> <li>a. Measure catheter from the tip of the resident's nose to the tip of his/her ear lobe to determine the length to be inserted without contaminating catheter.</li> <li>b. Lubricates tip of suction catheter with a water-based lubricant.</li> <li>c. Holds suction catheter from distally to observe its natural curvature and gently inserts catheter into one side of nasal passage.</li> <li>d. Applies intermittent suction for no longer than 15 seconds.</li> <li>e. Monitors for gagging, bronchospasms or laryngospasms and stops suctioning if indicated.</li> <li>f. Repeats suctioning to promote resident comfort and maintain patency of airway with a rest period of 1 – 2 minutes.</li> <li>g. Rinses suction catheter and tubing with solution.</li> <li>h. Discards suction catheter, removes gloves and used supplies properly.</li> </ul>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Provides oral hygiene.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Washes hands.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Auscultates resident's lung fields and monitors oxygen saturation.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Notifies physician of any abnormalities.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Documents procedure per facility policy.			<input type="checkbox"/> Yes <input type="checkbox"/> No	

