**Competency Check List MA/ LPN**

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| **Name:** |  | **Title:** |  | **Unit:** |  |
| **Performance Criteria** | **Method of Validation (check all that apply)** |
| **Emergency**Code Blue Policy and Procedure | **Date validated/****Initials** | **Discussion** | **Demo** | **Education** | **N/A** |
|  |  |  |  |  |
| Defibrillator (AED), Maintenance |  |  |  |  |  |
| Suction Machine |  |  |  |  |  |
| Emergency Equipment check & log Documentation |  |  |  |  |  |
| \*EKG - 12 Lead  |  |  |  |  |  |
| **Phlebotomy**Order Review, Patient ID, Correct Tube Or Transport Container |  |  |  |  |  |
| \*Pediatrics & adult blood draw |  |  |  |  |  |
| Pediatrics & adult Blood Cultures |  |  |  |  |  |
| Centrifuge |  |  |  |  |  |
| **Vital Signs/ Screening**Pulse |  |  |  |  |  |
| Respirations, O2 saturation |  |  |  |  |  |
|  BP Manual & Machine |  |  |  |  |  |
| Height/ Weight (pediatric & Adult)  |  |  |  |  |  |
| Vision & Hearing  |  |  |  |  |  |
| Head Circumference  |  |  |  |  |  |
| Parameter for Immediate Escalation  |  |  |  |  |  |
| **Respiratory** Peak Flow |  |  |  |  |  |
| Oxygen Tanks  |  |  |  |  |  |
| Nebulizer (LPN’s Only) |  |  |  |  |  |
| **Procedure Preparation/ Assisting** Routine Gynecological Exam (Pap, cultures) |  |  |  |  |  |
| IUD Insertion/ Removal  |  |  |  |  |  |
| Colposcopy/ Leep |  |  |  |  |  |
| General Sterile procedure set up and assisting principles  |  |  |  |  |  |
| Cleaning and Packing Instruments for sterilization  |  |  |  |  |  |
|  | Date | Discussion | Demo | Education | N/A |
| **Medication Management (LPN’s ONLY)**Identifies correctly the Eight Rights of Medication Administration (including two patient identifiers)  |  |  |  |  |  |
| Identifies correct Injection site & needle size (pediatrics and adults) for Intradermal(PPD), SC and IM |  |  |  |  |  |
| \* Demonstrates safe/ correct injection technique for Intradermal, SC and IM  |  |  |  |  |  |
| Demonstrates knowledge of adverse event reporting (medication reaction or error) |  |  |  |  |  |
| **Policy and Procedure, Best Practice Review and Network updates****Scope of Practice:**  NYS scope of practice for RN’s, LPN’s and MA’s |  |  |  |  |  |
| **ECW Prepping workflow:** Vital Signs Policy, PVP, Templates and Smart Forms, Patient Education Accurate Data Entry and use of TE’s |  |  |  |  |  |
| **Escalation of Clinical Issues:** Parameters for immediate Provider Notification |  |  |  |  |  |
| **VFC:** Eligibility and Emergency Management plan |  |  |  |  |  |
| **Customer service & Professionalism:** Acknowledge, Introduce, Duration, Explanation, and Thank You. (patients and coworkers) |  |  |  |  |  |
| Performance Improvement**: PVP**  |  |  |  |  |  |
| **Methods of Validation**D-Discussed and reviewed policies & procedures, protocols with appropriate personnel. |  |  |  |  |  |
| Demo-Demonstrated skill accurately and successfully in class or clinical area. |  |  |  |  |  |
| Educe/ Poster board Attend an educational session to acquire knowledge or skill. |  |  |  |  |  |
| NA- Experience not applicable or available for current assignment. |  |  |  |  |  |

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| **Associate Name:** |  | **Associate Signature:** |  | **Date:** |  |
| **Validators Name:** |  | **Validators Signature:** |  | **Date:** |  |

\*For initial Competency Validation please observe at least five injections, successful Phlebotomy attempts, and EKG’s prior to validating the competency\*