**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\*