

# RSCH Acute Floor Competencies

## Level 1

Version 1.1

Name:

## About this document

This document contains the Emergency Care Association's (ECA) National Curriculum and Competency Framework Emergency Nursing level 1 which is a national competency tool used by many departments across England. This competency document is recognised by the Royal College of Nursing as giving you essential skills required to practise as a health care provider (HCP) on the Acute Floor. You will also find within this document all the local competencies for the Trust. This will aid you in your revalidation and appraisal. In addition, you will find within this document the Resus Skills Competency level 1 assessment that we require you to have while practicing at RSCH, as we are a Major Trauma Centre.

We offer in situ training, practice, and study days that we run in house and around the trust to support your learning. It is up to you to ensure that you take these opportunities and get your skills signed off. Once completing the Trust's competencies, the TILS (Trauma Immediate Life Support) course, the Resus Skills competencies, and the ECA competencies, you will also be considered to have completed the National Major Trauma Nursing Group (NMTNG) Level 1 Trauma Competencies as they have all been represented within the document.

After the final sign off of this document you will move onto the ECA competencies level 2 and at the same time work towards undertaking an Emergency Department or acute admissions university course.

## Learning contract

The following learning contract applies to the individual learner and lead assessor and should be completed before embarking on this competency development. It will provide the foundations for:

- Individual commitment to learning
- Commitment to continuing supervision and support
- Provision of time and opportunities to learn

## Learner responsibilities

As a learner I intend to:

- Take responsibility for my own development
- Form a productive working relationship with mentors and assessors
- Deliver effective communication with patients, relatives and healthcare professionals during clinical practice

- Listen to colleagues, mentors, and assessors' advice and utilise coaching opportunities
- Use constructive feedback positively to inform my learning
- Meet with my practice assessor at least monthly
- Adopt a number of learning strategies to assist in my development
- Put myself forward for learning opportunities as they arise
- Complete all the competencies in the agreed timeframe
- Use this competency development programme to inform my annual appraisal, development needs and NMC revalidation
- Report lack of mentorship/supervision or support directly to the lead mentor and escalate to the practice educator/unit manager if not resolved

Learner's name:

Signature:

Date:

## Practice Assessor Responsibilities

As lead mentor I intend to:

- Meet the standards or regularity bodies (NMC)
- Demonstrate on-going professional development/competence
- Demonstrate on-going professional development/competence within the care environment
- Promote a positive learning environment
- Support the learner to expand their knowledge and understanding
- Highlight learning opportunities
- Set realistic and achievable action plans
- Complete assessments within the recommended timeframe
- Bring to the attention of the education lead and/or manager concerns related to the individual nurses learning and development
- Plan a series of learning experiences that will meet the individuals defined learning needs
- Prioritise work to accommodate support of learners within their practice roles

- Provide feedback about the effectiveness of learning and assessment in practice

Practice assessor:

Signature:

Date:

## Matron / Ward Manager Responsibilities

As a matron / ward manager I intend to

- Provide and/or support clinical placements to facilitate the learners' development and achievement of the core/essential competency requirements
- Regulate and quality assure systems for mentorship and standardisation of assessment to ensure validity and transferability of the nurses'/AHPs' competence

Matron / Ward Manager:

Signature:

Date:

## Who can sign off competencies?

ECA & National Major Trauma Nursing (NMTNG) competencies: Practice Education team, Band 6 or 7 Resus competent nurses

NIV: Practice Education team, Alice Edmondson, Lucy Vickers & Critical Care Outreach Team

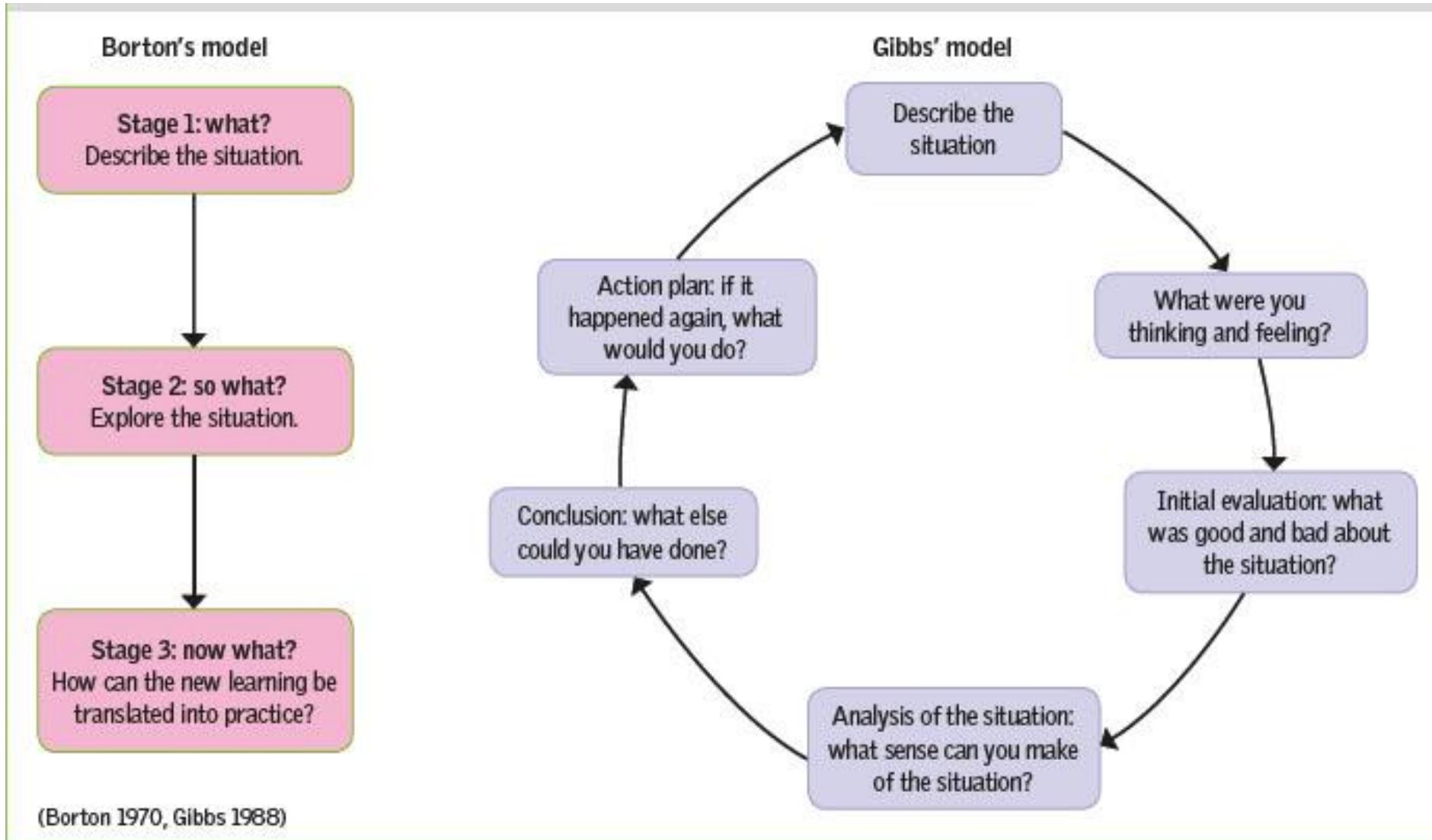
Plastering: ENPs, Orthopaedic Registrar & Consultants, Practice Education team, Resus Band 6 & Band 7

Suturing: Justin Walford, ENPs, Consultants, & Alice Edmondson

Venepuncture and Cannulation: Practice Education team

## Record of Assessors and Peer Reviewers

Please ensure that everyone who writes in this document completes this section.



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## I. Training Timeline

Preceptorship Cohort for newly qualified nurses (if applicable)	Dates
Training (to be completed during induction) GNP6 (21)	Date
Medicines management & competencies (including maths test if required*) CCT3 (28), CCT 3.1.1-3 (28)	
Mental Capacity Act & Mental Health Act GNP 7.1.4 (22) CD4 6.1.8 (80)	
Safeguarding Adults & Safeguarding Children Level 3 CCT 6 (32) & GNP 7.1.5 (22), CD4 3.1.10 (80)	
Equality and Diversity GNP7.1.3 (22)	
Mental Health CD5 (83)	
Domestic Violence CCT6 (32), CD5 1.1.7 (83)	
O2 therapy CD1 1.2.1-1.2.3	
Conflict Resolution and Physical Intervention CCT8 (35)	
Moving and Handling CCT4	
Trust Induction Day 1	
Trust Induction Day 2	
National Early Warning Score (NEWS 2) (eLearning) CCT 1.2.7 (26)	
Anaphylaxis (eLearning) CD2.1 (53)	
Entonox (eLearning) CCT2.2.5 (27)	
Sepsis (eLearning) – will need study day to further enhance learning CD2.3 (55)	
Nursing Documentation CCT 7 (34)	
IV & Infusion devices	
Dementia Training CD6 2.1.4 (89)	
Venepuncture and Cannulation	

\*Only to be completed if you do not have a valid medication assessment competency. You have two attempts on-line if you are not successful you will need to sit a paper test and if you are not successful you will be referred to the education team for further support and management.

Training to be completed within 3 - 6 months	Date
Cardiac study day CD1.2(39) & Trust Competencies	
ACUTE CD2	
ILS CD1.2 (39)	
MSK, plastering, wounds and burn care CD3.1 (63&64) (& CD3.4 (68)	
Venepuncture & cannulation (Trust competencies if required*) CCT1.2.9 (26)	

Training to be completed within 6 - 12 months	Date
TILS (team study day) CD1.8 (50), GNP 2.11 (17), CCT1.1.1 (25), CD 6 3.1.2 (91), CD2 4 (56)	
Male catheterisation, NG insertion CD1.4 (43) & competencies	
Major Incident CBRN (Team study day) CD 7.1 (94), CCT 5.1.8 (31)	
Non-invasive ventilation study day and sign off CD 1.1 (37) & competencies	
Manchester Triage Training & PGD CCT2.1.1-2.2.6 (27), CD 3 1.2.1 (63)	
Resus study day CD2.7 (61) & Neurological disorders CD1.3 (40)	
Minor Injury skills list CD3 (63-69)	
Paediatric Immediate Life Support (RC(UK)) CD4.3 (74)	

Not mandatory training but encouraged	
Human Factors GNP 2.11-3.4.5 (17)	
End of life (eLearning) CD 6.4 (92), GNP 2.2.1-2.23 (17)	
Dysphagia awareness (eLearning)	
Practice Supervisor training (eLearning) GNP 1.3.1-5 (16)	
AFTA Thought GNP2-3 (17)	
Acute Pain Study Day (morning only) CCT2 2.1.1-2.2.6 (27)	
Mental Health study day CD5, CD4 6.1.4 -10(80) CD2.1.3-5 (85)	
Sepsis study day CD2.3 (55)	
Obstetric emergency study days CD1 7.1 (48)	

## II. Equipment Competencies

Equipment	Date completed
CareScape Monitor B450	
GE Dash 4000	
Bladder Scanner	
LUCAS 3 Chest Compression system	
Level 1 Rapid Infuser (ED specific)	
Belmont Rapid Infuser (ED specific)	
Bloodhound <ul style="list-style-type: none"><li>• Administration of blood and blood products</li><li>• Labelling samples</li></ul>	
POCT Gem 5000, ketones, glucose	
CME T34 syringe pump	
Resuscitaire (ED specific)	

# CareScape Monitor B450



Performance objectives	Sign	Date
Turn monitor on		
Prepare monitor for receiving a patient		
Admit new patient on system		
Enter patient's demographics		
Attach the following correctly to patient:		
<ul style="list-style-type: none"> <li>• blood pressure cuff</li> <li>• pulse oximetry</li> <li>• ECG leads</li> </ul>		
Set alarm parameters safely		
Adjust alarm volume		
Can identify alarms		
Access waveforms and adjust viewing lead as required		
Turn pace maker detection on		
Adjust wave form size		
Initiate non-invasive blood pressure (NIBP)		
Set automatic NIBP		
Record a 12 lead ECG		
Set up CO2 monitoring		
Demonstrate how to get screen snap shots and printing a trend		
Discharge patient from monitor		
How to set up central temperature monitoring		
How to zero monitor supervised by senior practitioner		
How to remove PDM unit and set up transfer monitor		
Performance objectives	Sign	Date
Clean monitor and all reusable parts		
Put monitor on stand by		
Confirm monitor is charging and plugged in		

I have undertaken training regarding this equipment and am competent to use the equipment in clinical practice safely.

Learner's signature:

Assessor's signature:

Print name:

Designation:

Date:

## GE Dash 4000 monitor



Performance objectives	Sign	Date
Turn monitor on		
Prepare monitor for receiving a patient		
Admit new patient on system		
Enter patients demographics		
Attach the following correctly to patient:		
• blood pressure cuff		
• pulse oximetry		
• ECG leads		
Set alarm parameters safely		
Adjust alarm volume		
Can identify alarms		
Access waveforms and adjust viewing lead as required		
Turn pace maker detection on		
Adjust wave form size		
Initiate NIBP		
Set automatic NIBP		
Discharge patient from monitor		
How to set up central temperature monitoring		
Performance objectives	Sign	Date
Put monitor on stand by		
Confirm monitor is charging and plugged in		

I have undertaken training regarding this equipment and am competent to use the equipment in clinical practice safely.

Learner's signature:

Assessor's signature:

Print name:

Designation:

Date:



## Bladder Scanner

<https://www.youtube.com/watch?v=Zj7vlFRHZ8>

Competency	Training provided (date and assessor's name)	Competent to operate equipment
Explain intended use of the bladder scanner and situations where scanning is required		
Explain the functions of the machine and identify the different parts		
Prepares equipment needed for procedure		
Correctly identifies patient and gains consent		
Demonstrates maintaining privacy and dignity throughout the procedure		
Correctly positions patient in the bed for the procedure		
Selects proper mode, i.e. male patient/female patient with hysterectomy and female patients who have not had hysterectomy		
Demonstrates appropriate positioning of the bladder		
Can identify when the aim is accurate and what each arrow means		
Records the volume three times to get accurate estimate of the volume of urine in the bladder		
Accurately documents the results		
Discuss importance of escalating and when escalation would be necessary		
Discuss the potential causes of urinary retention		
Discuss potential consequences for the patient if urinary retention is left undetected and untreated		

I have undertaken training regarding this equipment and am competent to use the equipment in clinical practice safely.

Learner's signature:

**Resources:**

Assessor's signature:

You Tube:

<https://www.youtube.com/watch?v=Zj7vlFRHZ8>

Print name:

Female patient:

<https://www.youtube.com/watch?v=UOhbMih33fY>

Designation:

Male patient:

<https://www.youtube.com/watch?v=Z6ASnzmBXwE>

Date:

# LUCAS 3



[https://www.lucas-cpr.com/web\\_training/lucas3/device\\_orientation/#home](https://www.lucas-cpr.com/web_training/lucas3/device_orientation/#home)

Competency	Training provided (Date and assessor's name)	Competent to operate equipment
Explain indications and contraindications of the LUCAS device		
Explain the functions of the machine and identify the different parts		
Prepares equipment needed for procedure		
Identify the main components of the device		
Identifies the correct position of the device suction cup & back plate		
Identifies the need for minimal interruptions of compressions when placing the device, can explain two techniques used to place back plate		
<ul style="list-style-type: none"> <li>• Correctly identifies the set up and user control panel, explains the 1, 2, &amp; 3 buttons and their functions:</li> <li>• Demonstrates how to check battery life first before attaching to patient and how to turn the power on</li> <li>• Correctly positions back plate (explains both methods)</li> <li>• Pulls release rings once to make sure claws are open and lets go of release rings before attaching to back plate</li> <li>• Ensures lower edge of suction cup is immediately above the end of the sternum</li> <li>• Explains the adjust manual position button and how to use it</li> <li>• Explain the use of the pause button and when it is used</li> <li>• Explains when to use both the active buttons</li> <li>• Mute button and its multiple functions</li> </ul>		
Battery indicator and installation where extra battery is stored		
How to correctly take a part and store the device		
Understands the need to stop compressions to conduct a rhythm check, and understands that a shock can be delivered whilst LUCAS is running		
Had demonstrated applying the LUCAS device on two different occasions either in a real situation or in a simulated environment	Date one: Date two:	

I have undertaken training regarding this equipment and am competent to use the equipment in clinical practice safely.

Learner's signature:

Assessor's signature:

Print name:

Designation:

Date:

## Level 1 Rapid Infuser



Competency	Assessor's signature & date	Comp. level
Explain indications and contraindications of the Rapid Infuser		
Explain the functions of the machine and identify the different parts		
Explains why it is a one person job and the user should not do any other tasks while being the 'Code Red Nurse' (Human Factors)		
Prepares equipment needed for procedure		
Identifies Level 1 infuser set and where it is kept in department		
Identifies which blood products are non-compatible with the infuser		
<b>Skill</b>		
Demonstrated that equipment is safe and ready by checking: <ul style="list-style-type: none"> <li>• Plugged in</li> <li>• Switched on</li> <li>• Water reservoir is topped up to the appropriate level and how to fill it</li> <li>• Ensure line clamps and roller clamp initially closed on the tubing before spiking fluid/blood bag</li> </ul>		
Setting up Level 1: there different orders this can be done in but all the points must be met while ensuring safety: <ul style="list-style-type: none"> <li>• Spikes blood bags</li> <li>• Hang the bags on the appropriate level hook and locks chamber door</li> <li>• Secures the heat exchange unit into docks 1 &amp; 2</li> <li>• Secures blood filter unit with gas vent filter in dock 3</li> <li>• Ensure air detector door (4) is fully extended, insert line, push the door up to engaged top hinge, and latches door to secure</li> <li>• Primes line 1 first, then line 2</li> <li>• Explains and demonstrates pressure chamber</li> <li>• Make sure giving set is attached to a large bore cannula</li> <li>• Uses roller clamp to adjust speed</li> <li>• Can explain the three warning lights and can troubleshoot the alarms</li> </ul>		

I have undertaken training regarding this equipment and am competent to use the equipment in clinical practice safely.

Learner's signature:

Assessor's signature:

Print name:

Designation:

Date:

## Belmont Rapid Infuser RI-2

You may want to watch this guide before completing this competency

<https://www.youtube.com/watch?v=A6jn4X4BvHs&feature=youtu.be>



Competency	Assessor's signature & date	Comp. level
Explain indications and contraindications of the Rapid Infuser		
Explain the functions of the machine and identify the different parts		
Prepares equipment needed for procedure		
Skill		
Inserting a disposable set: <ul style="list-style-type: none"><li>• Mount system on IV pole on the collar (no higher than 30 inches from the base of the pole) and check system is secure then remove the system</li><li>• Make sure small reservoir support is approx. 9 in above system Explain if it is too high from the system what it may cause</li><li>• Open single use patient disposable system and prepare it by tightening the two luer locks first</li><li>• Put reservoir into the holder and insert heat exchanger with red arrow pointing up. Align red tubing on top of red stripe groove. Insert pressure chamber into the pressure channel, press in the fuse line into the secondary air detector and is pushed into the valve wand</li><li>• Ensure the thinner recirculation line is the right of the air detector and right of the valve wand</li><li>• Fit the interlock block (Input air detector/fluid out sensor) with the blue arrow pointing upright towards the air detector and ensure the interlock is flush with the machine</li><li>• Thread wire tubing over centre of the roller heads make sure the big and little tubing are both pushed into their respective grooves fully following the colour coded path without any stretching, kinking, or cross threading</li><li>• Close and latch door ensuring the pump tubing is not caught</li><li>• Turn on machine (there will be a display on how to insert a disposable set)</li></ul>		

<p>Prime tubing:</p> <ol style="list-style-type: none"> <li>1) Prime disposable circuit           <ul style="list-style-type: none"> <li>• Prime screen will prompt how to spike fluid bag and unclamp lines</li> <li>• When ready press prime option on the device</li> <li>• State how many millilitres it takes to prime tubing</li> <li>• Trouble shoot if there are any warning signs</li> </ul> </li> <li>2) Prime the patient line           <ul style="list-style-type: none"> <li>• Demonstrate how to prime either 50mls/min or 200mls/min</li> <li>• Confirm the patients line is completely free of air and connect to large bore cannula</li> </ul> </li> </ol>		
<p>Infusing:</p> <ul style="list-style-type: none"> <li>• Once system is connected to the patient press infuse</li> <li>• Verbalise what rate infusion will start</li> <li>• Identify what aspect are continuously displayed on the screen while infusion is going</li> <li>• Demonstrate how to increase and decrease fluid rate and how to change the rate quickly</li> <li>• Explain bolus key and how to change the settings</li> <li>• Explain recirculation key and its function</li> </ul>		
<p>Safety checklist:</p> <ul style="list-style-type: none"> <li>• Identify what the fluids/blood products cannot be run through the Belmont</li> <li>• Verbalises that if temperature probes or disposable set windows are wet, dirty, or blocked, they can compromise the accuracy of the temperature probes</li> <li>• Thoroughly clean temperature probes and disposable set windows before each use</li> <li>• Explains why we do not use fluids stored in a fluid warmer</li> </ul> <p>Alarms: Explains how they, occur, and how to fix them</p> <ul style="list-style-type: none"> <li>• Air detection sensor</li> <li>• Pressure control alarm and cause for actual pressure being delivered to not match the set rate</li> <li>• Heating set alarms</li> </ul>		

I have undertaken training regarding this equipment and am competent to use the equipment in clinical practice safely.

Learner's signature:

Assessor's signature:

Print name:

Designation:

Date:

## Administration of Blood and Blood Products using the Bloodhound electronic system: Observational Assessment

For each assessment the following performance standards MUST be achieved

Core competency (please put a tick or a cross to indicate whether the learner has completed the task, and sign)	Assessor's signature
<p>1. Blood Bag Check</p> <ul style="list-style-type: none"><li>• Check correct blood product sent to ward</li><li>• Check the expiry date of the unit</li><li>• Scan unit as received on ward using the PDA</li><li>• Take bag of blood to patient bedside with PDA and prescription chart</li></ul>	
<p>2. Transfusion Check</p> <ul style="list-style-type: none"><li>• Clean hands, wear personal protective equipment and adhere to infection control guidelines throughout</li><li>• Check that all documentation / equipment is clean and available (prescription chart, observation chart, appropriate giving set, infusion pump)</li><li>• Check prescription details, check patient understands they are to receive a transfusion, check appropriate patient venous access</li><li>• Check details on wristband match details on unit of blood</li><li>• Perform positive patient ID check where patient is able to confirm name and date of birth</li><li>• Scan the barcode on their ID badge</li><li>• Scan the 2D barcode on the patients wristband</li><li>• Scan the unit of blood</li><li>• Follow the on screen instructions for confirming patient ID</li></ul>	
<p>3. Observations</p> <p>Ensure that a record of the patient's vital signs were made prior to transfusion, including:</p> <ul style="list-style-type: none"><li>• Respirations</li><li>• Saturations</li><li>• Pulse</li><li>• Blood pressure</li><li>• Temperature</li></ul>	

4. Administration

Ensure the transfusion was:

- Completed within 4 hours of commencement (ideally 90 minutes)
- Platelets completed within 30-60 minutes
- Monitor the patients vital signs 15 minutes after starting each unit of the transfusion and record on the observation chart
- Dispose of equipment safely on completion
- Monitor the patients vital signs on completion of the transfusion
- End transfusion on the PDA

5. Documentation

Did the member of staff record the following information in the patients notes:

- Date
- Start time
- Signature
- Stop time of the transfusion

6. Log Off

- Did the member of staff log out of the Bloodhound electronic system correctly

Confirmation of Competency Assessment in accordance with  
National Patient Safety Agency (NPSA) Safer Practice Notice 14. (2006)  
'Right Patient, Right Blood'

**Administration of Blood and Blood Products using the Bloodhound electronic system**

Candidate's name:

Designation & Department:

Candidate's signature:

I confirm that the above candidate has been assessed as being competent in:

- Blood administration using the Bloodhound electronic system

Name & designation of assessor:

(Please print)

Signature of Assessor:

Date of assessment:

The candidate must keep a copy of the confirmation of assessment form for their portfolio, forward a copy to their manager and send a copy to:

Laura Humber, Transfusion Practitioner, c/o Transfusion Department, Pathology, Level 6 Tower Block, RSCH, Brighton, BN2 5BE. Ext 7931

## Labelling a Blood Sample Using Bloodhound: Observational Assessment

For each assessment the following performance standards MUST be achieved

Core competency (please put a tick or a cross to indicate whether the learner has completed the task, and sign)	Assessor's signature
1 Patient identification check Did the member of staff perform <ul style="list-style-type: none"><li>• A positive patient ID check prior to taking the blood sample</li><li>• check the details on the wristband are correct</li></ul>	
2 Blood taking <ul style="list-style-type: none"><li>• Take all equipment to the patient bedside(including PDA and label printer)</li><li>• Follow correct phlebotomy procedures (see below)</li></ul>	
3 Blood taking <ul style="list-style-type: none"><li>• Demonstrate knowledge of Trust policy</li><li>• Explain the indications for taking blood.</li><li>• Use the correct equipment and PPE when taking blood</li><li>• Use aseptic non-touch technique when taking blood</li><li>• Discuss potential complications of taking blood and what action to take should these arise</li></ul>	
4 Patient identification <ul style="list-style-type: none"><li>• Scan the barcode on their ID badge</li><li>• Scan the 2D barcode on the patients wristband</li><li>• Follow the on screen instructions</li><li>• Print the appropriate number of labels</li></ul>	
5 Sample label check <ul style="list-style-type: none"><li>• Scan the barcode on the printed label</li><li>• Scan the barcode on the patients wristband</li><li>• Follow on screen instructions</li><li>• Place the printed label on the sample tube</li></ul>	
6 Transportation <ul style="list-style-type: none"><li>• Put correct sample tubes with correct request form</li><li>• Arrange delivery of samples to pathology lab</li></ul>	
7 Log off system <ul style="list-style-type: none"><li>• Did the member of staff log out of the Bloodhound electronic system correctly</li></ul>	

## Labelling a Blood Sample Using Bloodhound: Knowledge Assessment

Did staff member demonstrate understanding of the following:

The procedure to follow if the Bloodhound electronic system is not working	
The potential risks in the blood sample collection process?	
The importance of labelling samples at the patient bedside	
The importance of positive patient ID	
What could happen if we do not comply with the Blood Safety and Quality Regulations 2005	

**Both observational and knowledge sections must be achieved to pass the assessment**

Further reading:

Blood Safety and Quality Regulations 2005 (especially sections 9, 10, 11)

<http://www.opsi.gov.uk/si/si2005/20050050.htm>

NPSA "Right blood Right patient" Safer Practice Notice 14

[http://www.npsa.nhs.uk/site/media/documents/2009\\_0316FEB06\\_V20\\_WEB.pdf](http://www.npsa.nhs.uk/site/media/documents/2009_0316FEB06_V20_WEB.pdf)

BSUH Blood Transfusion Policy

<http://www.bsuh.nhs.uk/clinical/clinical-policies-and-guidelines/clinical-and-medicines-management-policies/>

Confirmation of Competency Assessment in accordance with  
National Patient Safety Agency (NPSA) Safer Practice Notice 14. (2006)  
'Right Patient, Right Blood'

**Labelling a blood sample using the Bloodhound electronic system**

Candidate's name:

Designation & Department:

Candidate's signature:

I confirm that the above candidate has been assessed as being competent in:

- Labelling a blood sample using the Bloodhound system

Name & Designation of Assessor:

(Please print)

Signature of Assessor:

Date of assessment:

The candidate must keep a copy of the confirmation of assessment form for their portfolio, forward a copy to their manager and send copies to:

Laura Humber, Transfusion Practitioner, c/o Transfusion Department, Pathology, Level 6 Tower Block, RSCH, Brighton. BN2 5BE. Ext 7931

## Request for a Point of Care Testing (POCT) device password activation.

*Full name (please print clearly)	*Ward / department	*Signature	*Barcode / ESR No.

\*Passwords cannot be issued without evidence of training

\*By signing this form you agree that your password will not be shared, in agreement with the trust policy.

Device						Understands use of Emergency Bar Code Yes or No
	ABG / VBG GEM 5000	ChemSTAT GEM 4000	Blood Glucose AccuChek Inform II	INR CoaguChek XS Plus	Ketones StatStrip	
*Name of Trainer						
*Date of Training						
*Signature of Trainer						
POCT use: Added to Database						

\*Mandatory requirements

Please scan and return form to POCT      [bsuh.poct@nhs.net](mailto:bsuh.poct@nhs.net)

# CME T34 Syringe Pump

Competency Assessment for MCKinley T34 syringe pump

Please read and completed the following document fully and carefully

The use of MCKinley T34 syringe pump has become integral to modern healthcare; making it easier to treat symptoms in a more controlled manner, particularly for those who may be presenting with symptoms associated with a terminal diagnosis. It is undertaken in a multitude of settings predominantly by registered nurses. This document aims to assess an individual's competency and must be completed by all healthcare workers band 5 or above who wish to undertake this clinical skill within Brighton & Sussex University Hospitals NHS Trust (BSUH).

Staff working at BSUH with previous MCKinley T34 competence will have a professional discussion with an approved assessor or practice development nurse (PDN) to determine whether their existing evidence meets Trust standard. Please complete the professional discussion on page 6 - this includes locum/agency/bank or temporary staff.

If the candidate cannot produce evidence of previous competence or the individual cannot be deemed competent by the assessor based on the discussion the candidate must complete the competency assessment action plan on page 5 and any further parts of this document the assessor deems necessary.

The ward team and practice development nurses are expected to use opportunities within the clinical environment to provide direct supervision and constructive feedback. The candidate is expected to actively seek learning opportunities. The candidate should observe practice in their clinical area and be directly supervised until they feel that they are ready to undertake their final assessment. At this point the candidate should identify an assessor and arrange a date and time for the assessment. The assessor will complete the competency assessment, including a knowledge and observational assessment (pages 3 – 4).

The assessment can only be performed by an approved assessor, this will usually be the Practice Development Nurse, Senior Sister/Charge Nurse or Junior Sister/Charge Nurse for the clinical area or a specialist practitioner considered an expert in practice to ensure the Trust maintains consistent and fair standards of assessment.

If the candidate does not meet the required level of achievement during the assessment then the action plan on page 5 should be used to identify learning needs and actions to be taken to address these.

A record of successfully completed competency assessments must be kept locally by the ward manager/PDN. The completed competency assessment (pages 3 – 4) should be submitted to the practice development team to issue certificates of competency.

It is the individual's responsibility to maintain their competency through regular clinical practice in line with BSUH policies and any local procedure. Competency can be reassessed as required according to individual need – for example after a sabbatical or a prolonged period without undertaking the skill.



## Assessment criteria

In order to be assessed for competency the following criteria must be met and verified by an approved assessor:

Requirement	Date
Candidate must feel ready to undertake assessment	
All relevant policies and local procedures must have been read and understood: CAESAREA MEDICAL ELECTRONICS T34 SYRINGE PUMP FOR ADULTS IN PALLIATIVE CARE [C094]	
Completed a period of supervised practice to a satisfactory standard	
Attend medical devices training session	
Achieved a level of 3 or above in all aspects of observational and knowledge assessment (according to the level of achievement table below)	
Must have completed medical management training and have been assessed as competent to administer medications	

Level of achievement	Level
Novice - can perform this activity, but not without constant supervision, assistance and / or guidance	1
Advanced Beginner - can perform this activity satisfactorily, but requires some supervision and assistance and / or minimal guidance	2
Competent - can perform this activity satisfactorily without supervision, assistance and / or guidance, with acceptable speed and quality of work with understanding and appropriate application	3
Proficient - can, independently, perform this activity, satisfactorily with more than acceptable speed, quality and with initiative and adaptability to specific problems as and when they arise	4
Expert - can perform this activity satisfactorily with more than acceptable speed and quality and with initiative and adaptability and can lead / instruct / assess other practitioners in performing this activity	5

Knowledge to be assessed	Level achieved
Shows good understanding of potential influencing factors for administration of syringe pump medications, such as ethnicity, race, culture, faith and individual decision making.	
Able to discuss some of the rationales and reasons for commencing a T34 syringe pump.	
Discusses the information that should be given to patients or relatives prior to commencing a syringe pump.	

Takes time to talk through some of the potential questions that may arise from patients or relatives in relation to commencement of a syringe pump, shows confidence in addressing any queries or concerns.	
Discusses how informed consent should be obtained, or the procedure for best interest decisions for those of which informed consent cannot be obtained.	
Discusses the procedure for ensuring safe prescribing and administration of controlled and non-controlled medications including double checking and ensuring all documents are signed appropriately.	
Able to discuss where to locate advice regarding compatibility of syringe pump medications, including who to contact for telephone advice.	
Discusses what would happen in the event of drugs being incompatible, including the need for more than one syringe pump.	
Talks through necessary safety checks prior to commencing a syringe pump, including the length of time elapsed after any modified released opioids and the need to discontinue modified release opioids if they are to be incorporated into CSCI contents. Have some knowledge of how to check conversions from PO to S/C medication (contacting palliative care team for advice).	
Discusses what steps should be taken for those with on-going symptom control issues and who to contact for advice.	
Understands some of the signs and symptoms of opioid toxicity and the procedure to follow if toxicity is suspected, including necessary actions and follow up.	
Able to discuss patient checks required for those requiring syringe pump medication such as symptom observations, observing for opioid toxicity or over sedation, site of insertion and skin integrity.	
Understands and can discuss their own legal responsibility in relation to the procedure.	
Able to describe monitoring and initial and on-going checks that are required when setting up and maintaining a syringe driver	

Practice to be assessed	Comments	Level achieved
Promotes and acts in accordance to BSUH NHS Trust values		
Able to demonstrate relevant theoretical knowledge as outlined in this competency document		
Candidate is able to communicate effectively with both supervisor and service user to fully explain the procedure, gain consent and ease any worries or concerns		
Performs hand hygiene adequately and at the correct times according to BSUH NHS Trust policy		
Can correctly select and prepare all equipment required including syringe, dressing, giving set and needle free device		
Demonstrates correct safety checks including medical device service label and infection control checks		
Checks prescription chart is correct and contains all the necessary information		

Shows ability to select medications that have been prescribed and calculate required dose and draw up drugs accordingly and to required and to required volume on syringe		
Completes documentation of controlled drugs stock registers, medication labelling and prescription chart		
Correctly attaches line to syringe and primes slowly to avoid wastage, attaches medication label to syringe		
Demonstrates ability to insert battery into syringe pump and turn on the device allowing pre-loading to complete; ensure that the device is checked to have cleared the memory and return to a new 24 hour infusion		
Demonstrates the ability to check the syringe pumps battery level and ensure is above 30%		
Ensures syringe is correctly inserted into the three sensor points on the syringe pump and then kept in place with the barrel clamp		
Checks for registration of the correct syringe type and size, is able to scroll through options to locate correct syringe type if incorrectly registered		
Checks the infusion rate is correct by calculating expected rate manually and comparing with onscreen rate; checks infusion is over 24 hours		
Able to show correct procedure for patient identification and safety checks, seeks consent appropriately		
Demonstrates the correct procedure for inserting the needle free device, including considerations for placement location / checks site for inflammation or oedema if already in situ; disposes of sharps safely		
Attach primed line to needle free cannula, commence infusion and lock keypad		
Check infusion is in progress by observing for green light flashing and pump delivering / syringe size and brand on LCD screen		
Places syringe pump in lock box and secure		
Completes documentation		
Demonstrates correct procedure for completing four hourly checks, checking the patient, volume infused, rate, time remaining, site, line, syringe, and pump; completes necessary documentation		
Discusses different alarms and alerts, shows ability to troubleshoot problems		
Demonstrates the ability to discard remaining medications that are no longer required if there is a change to the syringe pump contents or if the syringe pump is no longer required		
Demonstrates correct infection control methods when disinfecting pump after use		

## McKinley T34 Syringe Pump Competency Assessment: Competency Assessment Sign-off

Assessment attempt number:	Competency Level Achieved:
Candidate's name:	Assessor's name:
Candidate's signature :	Assessor's signature:
Date:	Date:

### Competency Assessment Action Plan

Identified Learning Need Agreed between learner & assessor/PDN	Agreed Action Plan Including proposed review date	Review Date & Comments

Please complete with candidate, assessor and PDN present. It should be linked to the individuals practice development plan.

Please sign below to demonstrate your agreement to the above identified learning need(s) and action plan

Candidate's name:

Date:

Signature:

Assessor's name:

Date:

Signature:

PDN's name:

Date:

Signature:

### Professional Discussion

To be completed by candidates who hold a MCKinley T34 competency that has been achieved outside of BSUH NHS Trust

Candidate's name:

Current Employer:

Employment terms: please circle most applicable:  BANK

AGENCY/LOCUM

FULL/PART TIME

TEMPORARY

I have discussed BSUH NHS Trust McKinley T34 procedure, policy and any relevant local protocols with the individual. They have confirmed a previous level of achievement of 3 or above according to the assessment criteria given within this document and they are able to provide written evidence of this – such as a completed competency assessment or certificate of competence.

The individual deems themselves competent to continue to practice this skill according to BSUH NHS Trust policy without any need for further education, training or completion of the competency assessment document.

I, as an approved assessor, by signing below agree that the candidate is competent to practice within BSUH NHS Trust based on this discussion.

Assessor's signature:

Name:

Date:

I, as the candidate, by signing below agree that I have read and understood BSUH NHS Trust policy and deem myself competent to practice.

Candidate's signature:

Name:

Date:

If the candidate cannot produce evidence of previous competence or the individual cannot be deemed competent by the assessor based on this discussion the candidate must complete the competency assessment action plan and any further parts of this document the assessor deems necessary.

## COMPETENCY ASSESSMENT – Resuscitaire (generic)

You may find it useful to attend the study day first.\*

Name of staff member:	Signature of staff member:	
Name of assessor:	Signature of assessor:	
Date of assessment:		
Assessment of competence should be measured against the statements listed below: <ul style="list-style-type: none"><li>• These statements are designed to indicate a level of competence at the time of assessment. Completion of this assessment does not indicate competency beyond the assessment date.</li><li>• The user is accountable for ensuring competency to use the device. If you have any doubt about your competence to use this device, please take appropriate immediate action, including reading the manual, asking/informing senior staff, arranging formal training.</li></ul>		
The staff member is able to:	Initial assessment date	Second assessment date (if applicable)
1. State potential clinical applications of the resuscitaire 2. State the process for notifying the neonatal team of a delivery/birth 3. Demonstrate how to turn the resuscitaire on/off 4. Demonstrate how to insert/remove the air and oxygen hoses, if piped gas is available 5. Demonstrate how to turn the air and oxygen cylinders on/off and safely check that they are at least half full N.B. A full E size cylinder will be 14 000kPa or 137 bar or 2000psi 6. Demonstrate how to turn the overhead radiant warmer on full, utilising pre-warm mode before baby arrives and then manual mode (not baby mode) once the baby arrives		

- |  |  |  |
|--|--|--|
| <p>7. Demonstrate how to turn the heated mattress on/off on (if available)*</p> <p>8. Check that the following items are available on the resuscitaire:</p> <ul style="list-style-type: none"> <li>• two towels</li> <li>• a knitted hat</li> <li>• cord clamp and scissors</li> <li>• stethoscope</li> <li>• saturation probe and Velcro wrap/tape (if monitoring available)</li> <li>• a clear polythene bag (this is for use with babies born at &lt;30 weeks IF a radiant heat source is available)</li> <li>• size 0 and 1 face mask and a Fisher &amp; Paykel 35mm mask</li> </ul> <p>9. Demonstrate how to connect a neonatal bag valve mask and T-piece circuit to the blender spigot on the resuscitaire</p> <p>10. State the value of a transwarmer and how this would be safely activated and used</p> <p>11. State the value of saturation monitoring, if available*</p> <p>12. State the value of temperature monitoring, if available</p> <p>13. Demonstrate how to set up suction, either nearby or on the resuscitaire N.B. Pressures should be set to 10-14 kPa or 75-100mmHg and a range of catheter sizes available</p> <p>14. State the appropriate initial settings for the bag valve mask and T-piece</p> <ul style="list-style-type: none"> <li>• Flow = 6-8 L/min</li> <li>• PIP = 30cmH<sub>2</sub>O for term babies and 25cmH<sub>2</sub>O for preterm babies</li> <li>• PEEP = 5cmH<sub>2</sub>O</li> <li>• FiO<sub>2</sub> = set to air initially</li> </ul> |  |  |
|--|--|--|

15. Demonstrate how to change the following:

- FiO<sub>2</sub>
- Flow
- PIP/PEEP
- Suction pressure
- Overhead light
- Mattress temperature (if available)
- Radiant warmer output
- Height of resuscitaire
- Tilt of mattress (if available)

16. Demonstrate how to use the timer function

17. Demonstrate how to silence the alarm

18. Demonstrate the safe use of the shuttle/battery system for maintaining power while moving the resuscitaire, (if available)\*

19. Identify all disposable items to be removed once the resuscitaire is no longer required and discuss their safe disposal, in line with Trust/local guidelines

20. Demonstrate cleaning and storage of the resuscitaire

21. Discuss how to report a fault with the resuscitaire

\*7,11,18 are currently unavailable for our model Dräger

### III. Alongside completing these following competencies you may find it beneficial to attend the trusts official training days first.

Competency	Date of trust training	Date competency complete
Ureteral catheter competency (if needed)		
Non-Invasive Ventilation (NIV)		
Tracheostomy		
Cardiac Course (in-house)		
ILS		
Resus skills day		
Reproductive system emergencies		
Plaster & wound care		
Minor Injury		
Traumatic Cardiac Arrest (ED specific)		
Team study day TILS/major Incident CBRN/diabetes/MH		
Aspen Collars		
Manchester Triage & PGD		

## Ureteral catheters competency CD1 5.2.1-4

### INSERT & SECURE URETHRAL CATHETERS

1. COMPETENCY: THEORETICAL KNOWLEDGE: LEGISLATION, POLICY & GOOD PRACTICE			
	Competency Indicator:	Competency Check List	Comp. level Signatures Date
1.1	Can demonstrate a working knowledge of national legislation, national guidelines, organisational policies and protocols in accordance with clinical/corporate governance which affect your work practice in relation to inserting and securing urethral catheters.	<p>Can demonstrate a working knowledge of the following documents:</p> <ul style="list-style-type: none"> <li>• The organisation's catheter care policies and relating documentation</li> <li>• The organisation's infection control policies</li> <li>• NMC standards</li> <li>• Data Protection Act: care of records and disclosure of information with consent from the individual and your employer and the legal and professional consequences of poor practice</li> <li>• NICE Guidance</li> <li>• HII Urinary Catheter Care Bundle</li> <li>• RCN Catheter Guidelines 2012</li> </ul>	
1:2	Describes the legal implications and accountability issues related to performing procedure.	<ul style="list-style-type: none"> <li>• Can demonstrate a working knowledge of the importance of working within your sphere of competence and when to seek advice if faced with situations outside of your sphere of competence.</li> </ul>	
1:3	Demonstrates an understanding of the necessity of informed consent.	<ul style="list-style-type: none"> <li>• Can demonstrate a working knowledge of how to obtain valid consent and how to confirm that sufficient information has been provided on which to base this judgement.</li> </ul>	
2. COMPETENCY: THEORETICAL KNOWLEDGE: LEGISLATION, POLICY & GOOD PRACTICE			
2:1	Privacy and dignity	Can demonstrate an understanding of the importance of respecting an individual's privacy, dignity, wishes and beliefs and how to do so.	
2:2	Support to the individual	<p>Can demonstrate a working knowledge in the following key areas:</p> <ul style="list-style-type: none"> <li>• How to advise individuals in the use of catheters in relation to their anatomy, its function and sensation</li> <li>• The methods of offering verbal and non-verbal support to individuals when</li> </ul>	

		<ul style="list-style-type: none"> <li>• performing urethral catheterisation</li> <li>• How to advise individuals using catheters in relation to lifestyle advice, maintaining catheter function, reducing infection, what to do in the event of problems with equipment and how to deal with common complications</li> </ul>	
3.	COMPETENCY: THEORETICAL KNOWLEDGE: LEGISLATION, POLICY & GOOD PRACTICE		
3:1	Urine production and what influences this.	<ul style="list-style-type: none"> <li>• Can demonstrate a working knowledge of the functions of the kidneys, including the key functions of the nephrons and the principles of the filtering mechanism.</li> </ul>	
3:2	Normal micturition.	<ul style="list-style-type: none"> <li>• Can demonstrate an understanding of how voluntary and involuntary nerve impulse are responsible for normal micturition and the mechanism of continence.</li> </ul>	
3:3	Nervous system including autonomic dysreflexia (AD).	<ul style="list-style-type: none"> <li>• Can demonstrate an understanding of the effects that an altered nervous system may have on bladder function. How, why and when AD may occur, symptoms of mild and severe AD, precipitating factors and treatment.</li> </ul>	
3:4	The bowel and its links to voiding problems.	<ul style="list-style-type: none"> <li>• Can demonstrate an understanding of the functions of the lower bowel, the blood and nerve supply to the lower bowel and the stages of defecation.</li> </ul>	
3:5	Sexual function and links to catheter usage.	<ul style="list-style-type: none"> <li>• Can demonstrate an understanding of how sexual function can be compromised when catheterised, how libido can be altered, and how male patients may experience painful and traumatic erections.</li> </ul>	
3:6	Prostate gland, urethral sphincters and urethra.	<ul style="list-style-type: none"> <li>• Can demonstrate an understanding of the functions of the prostate, common disorders and how the anatomy of the prostate, urethral sphincter, urethra, the associated nerve supply and adjacent muscles can affect continence and the technique required and patient experience of urethral catheterisation.</li> </ul>	
3:7	Applies A&P in relation to voiding dysfunction and can outline how catheter insertion can address voiding difficulties.	<ul style="list-style-type: none"> <li>• Can demonstrate an understanding of involuntary micturition, its causes and effects.</li> <li>• Can demonstrate an understanding of urinary retention, incomplete emptying, detrusor under activity and over activity and the causes and treatment options.</li> </ul>	
4	COMPETENCY: THEORETICAL KNOWLEDGE: LEGISLATION, POLICY & GOOD PRACTICE		
4:1	The causative factors which determine the need for a urethral urinary catheter.	<ul style="list-style-type: none"> <li>• Can demonstrate an understanding of the indications for catheterisation including: acute and chronic retention of urine, monitoring of renal function and residual volumes, peri- and post-surgery, bladder irrigation, bladder function tests, instillation of medications, to bypass obstruction and as a very last resort to facilitate continence.</li> </ul>	
4:2	Why a risk assessment prior to the decision to catheterise is important	<ul style="list-style-type: none"> <li>• Can demonstrate an understanding of how and why risks and health issues will determine how and when to catheterise.</li> </ul>	

	and what contributes to this assessment.	<ul style="list-style-type: none"> <li>Can demonstrate an understanding that an assessment should include an assessment of the risk of infection, risk of haematuria, whether there are allergies, bladder outflow obstruction and existing co-morbidities.</li> </ul>	
4:3	The reasons why individuals have planned catheter changes and how to initiate unplanned catheter changes because of blockage or other complications.	<ul style="list-style-type: none"> <li>Can demonstrate the rational for on-going usage of the catheter.</li> <li>Can demonstrate the understanding of bowel activity and the relation to catheter function.</li> <li>Can demonstrate knowledge of different types of catheters and the importance and implications of manufacturer's instructions.</li> <li>Can demonstrate knowledge and understanding of biofilms</li> <li>Can demonstrate the knowledge and understanding of catheter maintenance solutions.</li> </ul>	
4:4	The importance of continually assessing the clinical need for an indwelling catheter.	<ul style="list-style-type: none"> <li>Can demonstrate the rational for on-going usage and rational of the catheter.</li> <li>Can demonstrate correct documentation, (Saving Lives Tool and Catheter Passport).</li> <li>Can demonstrate knowledge of indwelling, supra-pubic and intermittent catheterisation, to assess if correct rational is being used.</li> <li>Can demonstrate knowledge of the risks of losing bladder function in continued catheter use and how to avoid this.</li> </ul>	
4:5	How to assess the function of a urethral catheter and the methods available to undertake this.	<ul style="list-style-type: none"> <li>Can demonstrate knowledge of different types of catheters and the importance and implications of manufacturers' instructions.</li> <li>Can demonstrate anatomy and physiology of the male and female lower urinary tract.</li> </ul>	
4:6	How to minimise any unnecessary discomfort during and after the procedure.	<ul style="list-style-type: none"> <li>To be able to demonstrate knowledge and understanding of urethral sphincters.</li> <li>To understand how the patient reacts and the feeling of obstruction as the catheter is passed through the sphincters.</li> <li>To understand and uphold the importance of patients dignity and respect.</li> <li>To demonstrate knowledge of products available to secure tubing and bag taking into account patients life style and choices</li> <li>Can demonstrate knowledge of lubricating/anaesthetic gel and knowledge of manufacturer's instructions.</li> </ul>	
4:7	When not to proceed or abandon urethral catheterisation for an	<ul style="list-style-type: none"> <li>To uphold our code of practice.</li> <li>To demonstrate knowledge of the prostate in males.</li> </ul>	

	individual and what actions to take.	<ul style="list-style-type: none"> <li>• To demonstrate and follow rational for catheterisation.</li> <li>• To bladder scan.</li> <li>• Demonstrate rational for risk assessment.</li> <li>• To stop if the patient experiences pain or discomfort or at their request.</li> </ul>	
4:8	The adverse effects and complications during urethral catheterisation and the appropriate actions to take.	<ul style="list-style-type: none"> <li>• Can demonstrate anatomy and physiology of the male and female lower urinary tract.</li> <li>• Demonstrate rational for risk assessment.</li> </ul>	
4:9	The short and long term risks and health implications associated with urethral urinary catheterisation.	<ul style="list-style-type: none"> <li>• Demonstrate knowledge of the risks of infection and trauma.</li> </ul>	
4:10	The types of catheters, urinary drainage bags, link systems, catheter valves, support methods, including garments, straps and stands that can be used with appropriate selection to meet individuals' specific needs.	<p>Can demonstrate knowledge of the different types of products available.</p> <ul style="list-style-type: none"> <li>• Is aware of the importance of the work undertaken by the medicines and health care products regulatory agency.</li> </ul>	
4:11	The types and use of lubrication and anaesthetic gels.	<ul style="list-style-type: none"> <li>• Lubricants should be single use.</li> <li>• Knowledge of Chlorhexidine in Instillagel and alert.</li> </ul>	
4:12	The causes of urinary tract invasion from bacteria and how to minimise this in all care settings.	<p>Can demonstrate a working knowledge in the following key areas:</p> <ul style="list-style-type: none"> <li>• The connection between catheter and the urinary drainage system is not broken except for good clinical reasons (for example changing the bag in line with manufacturers recommendations).</li> <li>• Medical devices are used for their intended purpose and according to the manufacturer's instructions (for example single use/single patient use).</li> <li>• Urinary drainage bags should be positioned below the level of the bladder, and should not be in contact with the floor.</li> <li>• The urinary drainage bag should be emptied frequently enough to maintain urine flow and prevent reflux.</li> <li>• The meatus should be washed daily with soap and water.</li> <li>• Clean urethral meatus prior to catheterisation as per local policy.</li> <li>• Bladder washouts must not be used to prevent catheter associated infections.</li> <li>• Catheters should be changed when clinically necessary and in accordance with</li> </ul>	

		<p>the manufacturer's recommendations.</p> <ul style="list-style-type: none"> <li>The local policy on antibiotic prophylaxis when changing catheters in patients with long-term urinary catheters.</li> <li>The importance of maintaining asepsis during catheterisation.</li> </ul>	
4:13	A working knowledge of the importance of applying standard precautions for infection control and the potential serious life threatening consequences of poor practice.	<p>Can demonstrate a working knowledge in the following key areas:</p> <ul style="list-style-type: none"> <li>Health care workers must decontaminate their hands and wear a new pair of clean non-sterile gloves before manipulating a patient's catheter, and must decontaminate their hands after removing gloves.</li> <li>Health care workers must decontaminate their hands and use sterile gloves for catheterisation, and must decontaminate their hands.</li> <li>Patients and carers managing catheters must be educated about the need for hand decontamination.</li> <li>The appropriate methods of hand decontamination i.e. hand rub, liquid soap.</li> <li>The appropriate routes for waste disposal.</li> <li>The appropriate use of personal protective equipment.</li> <li>The importance of meeting environmental cleanliness standards in the area where catheterisation is to take place.</li> </ul>	
4:14	A working knowledge of when to undertake urinalysis, obtain a catheter specimen of urine (CSU) or screen for multi-resistant bacteria.	<p>Can demonstrate a working knowledge in the following key areas:</p> <ul style="list-style-type: none"> <li>Urine samples must be obtained from a sampling port using aseptic technique.</li> <li>The difference between asymptomatic colonisation and symptomatic infection.</li> </ul>	
5	COMPETENCY: THEORETICAL KNOWLEDGE: LEGISLATION, POLICY & GOOD PRACTICE		
5:1	Introduction to procedure	<ul style="list-style-type: none"> <li>Introduces self and ascertains ID of patient.</li> <li>Explains procedure in gaining informed consent.</li> <li>Obtains history and reviews care plan.</li> <li>Checks/completes risk assessment.</li> <li>Identifies any allergies which may compromise catheterisation.</li> </ul>	
5:2	Ensuring patient dignity	<ul style="list-style-type: none"> <li>Maintains patient dignity - offer a chaperone.</li> <li>Communicates with patient, providing reassurance throughout.</li> </ul>	
5:3	Preparation	<ul style="list-style-type: none"> <li>Ensures all catheter equipment and personal protective equipment (gloves/aprons) are available and set out in accordance with asepsis.</li> <li>Checks sterility dates and ensures type, size and length of catheter complies with</li> </ul>	

		care plan.	
5:4	Procedure	<ul style="list-style-type: none"> <li>• Adheres to standard infection control principles.</li> <li>• Demonstrates correct hand hygiene technique.</li> <li>• Demonstrates the correct usage of personal protective equipment.</li> <li>• Maintains asepsis throughout the procedure.</li> <li>• Assists patient (if necessary) into correct position.</li> <li>• Removes catheter – checking catheter debris for risk indicators.</li> <li>• Performs correct cleansing technique and lubricates insertion site</li> <li>• Inserts catheter, monitoring patient throughout.</li> <li>• Ensures correct placement of catheter by monitoring for urine output prior to inflating balloon.</li> <li>• Attach valve/bag.</li> <li>• Ensures patient is comfortable and catheter is secure.</li> <li>• Disposes of used materials correctly – adhering to infection control policy.</li> </ul>	
5:5	Documentation	<ul style="list-style-type: none"> <li>• Completes Trust catheterisation documentation.</li> <li>• Identifies date of next routine change.</li> <li>• Reviews and updates care plan, if required.</li> <li>• Monitors level of supplies to ensure sufficient equipment is available.</li> <li>• Ensures patient is aware of how to contact service – supply patient information booklet/Catheter Passport.</li> </ul>	

## Non-Invasive Ventilation (NIV)

Guidance for practice and assessment of NIV management: CD1.1.1- CD 1.2.5

- Nurses who work within a clinical setting which delivers NIV (BiPAP) therapy and who have identified this as a learning and developmental need should attend a NIV workshop/ undertake reading around the topic and consult the Critical Care Outreach Intranet site and practice with an experienced nurse, to develop theoretical understanding and practical skills of this therapy is recommended
- This competency is detailed, but can be assessed over a period of time, ideally within a one month time period from the delivery of teaching
- Assessments for this competency can be completed by: NIV link nurses, Ward Leader, Critical Care Outreach Team (CCOT) or Practice Educators
- Ideally, practical elements of the assessment should involve at least two patients to reflect the diverse needs of those patients receiving this therapy

No.	Key Skills	Assessment criteria	Comp. level achieved	Assessor's signature	Learner's signature
1.	Demonstrates an understanding of the anatomy and physiology of the respiratory system	Identify the main structures of the respiratory system. Discuss the position of these structures in relation to their function. Discuss the mechanics of normal breathing by negative pressure and explain how this changes with positive pressure therapy Discuss the process of oxygen delivery Identify the difference between type 1 & type 2 respiratory failure patients Discuss why some patients may be oxygen sensitive and target saturations			
2.	Identify the contraindications for NIV (BiPAP)  Absolute and Relative	Absolute <ul style="list-style-type: none"><li>• Patient declines treatment</li><li>• Facial burns / trauma / recent facial or upper airway surgery</li><li>• Fixed upper airway obstruction</li></ul> Relative <ul style="list-style-type: none"><li>• Undrained pneumothorax (if pleural drain required may require critical care for monitoring)</li><li>• pH &lt;7.15 (severe acidosis) – may need invasive ventilation</li><li>• Haemodynamically unstable requiring inotropes / vasopressors (unless in a critical care unit)</li></ul>			

		<ul style="list-style-type: none"> <li>• Severe co-morbidity</li> <li>• Inability to protect airway</li> <li>• Copious respiratory secretions</li> <li>• Upper gastrointestinal surgery</li> <li>• Vomiting (relative contraindication as NG tube can be considered in these patients if intubation is not an option)</li> <li>• Confusion / agitation or cognitive impairment (may need critical care for monitoring/sedation)</li> <li>• Bowel obstruction (relative contraindication)</li> </ul>			
3.	Identify indications for using NIV (BiPAP) in a ward area	<ul style="list-style-type: none"> <li>• Can identify where to locate decision tree and understands how to use this</li> <li>• COPD + respiratory acidosis (pH &lt;7.35; pCO<sub>2</sub> &gt;6.5 and RR &gt;23 if persisting after nebulised salbutamol and controlled O<sub>2</sub> therapy)</li> <li>• Obesity + respiratory acidosis (PH &lt;7.35, pCO<sub>2</sub> &gt;6.5 and RR &gt;23) or daytime drowsy with pCO<sub>2</sub> &gt;6.0</li> <li>• Neuromuscular disease + respiratory acidosis (pH &lt;7.35 and pCO<sub>2</sub> &gt;6.5) or respiratory illness with RR &gt;20 and reduced vital capacity (&lt;1L) even if pCO<sub>2</sub> &lt;6.5</li> </ul>			
3.	Correctly assemble and prepare the equipment	<p>Ensures the BiPAP machine is turned on and plugged in  Check and change filters at the rear of the machine  Hose with HME filter attached  Check exhalation valve  Identify how to measure a patient for the correct sized mask  Attach hose to mask  Identify exhalation point on hose  Check for mask leaks  Ensures the mask is functioning correctly  Demonstrate how to change BiPAP settings</p>			
4.	Explain what is needed prior to starting NIV therapy, check capacity, check consent and check for medical escalation	<p>Doctor has prescribed the therapy and there is a recorded medical plan for the patient in the medical notes  Discusses issue of consent / does the patient have capacity?  Preparation and explanation to the patient as required</p>			

	plan	Doctor has prescribed oxygen Ensure chest x-ray is ordered and reviewed by the doctor prior to commencing therapy, to rule out a pneumothorax Ensure the patient has received maximum treatment prior to commencing BiPAP therapy (nebs, steroids, antibiotics as required)			
5.	Provide an explanation to the patient and to the next of kin	Explain step by step setting up and implementation of BiPAP, attaching mask and how it is going to feel for the patient Explain time on machine at first and then plan time for breaks with patient Consider communication aids/call bell in reach/reassurance			
6.	Explain and implement the safety measure required for BiPAP	Monitoring of patient Suction equipment checked and functioning Oxygen therapy prescription and administration No clutter around bed Understanding of machine alarms, i.e. battery failure, apnoea			
7.	Demonstrate the ability to commence the treatment (on a patient) and plan within the first hour, with underpinning rationale for actions	Discusses their understanding of type 2 respiratory failure Demonstrates an understanding of IPAP settings Demonstrates an Understanding of EPAP settings Explains the importance of pressure support and what it is Demonstrates how to set the IPAP and increase it to the optimum setting within 20 minutes Demonstrates how to monitor the patient Demonstrates how to monitor breathing pattern, respiratory rate and oxygen saturations Discuss how these observation alter in respiratory failure Takes and records the patients, NEWS score accurately Explains the aim of BiPAP management within the first hour Demonstrates how to entrain prescribed oxygen			
8.	Accurately record the treatment of the patient, changes in the patient's condition and maintains appropriate documentation	Demonstrates how to use the NEWS scoring system and when to escalate findings for urgent assistance Demonstrates how to record blood gas and BiPAP readings accurately Demonstrate the ability to evaluate the care given and patient's progress			

		Assess the effectiveness of the respiratory support delivered Clear, legible, & timely documentation in line with NMC guidelines			
9.	Hydration & fluid balance	Explain implementation of a plan, ensuring patient receives adequate hydration and nutrition whilst receiving BiPAP therapy Facilitates patient breaks for drinks, drugs, physiotherapy, meals, etc. Explain how to implement a plan for recording the patients' fluid input and documenting their output, discussing the significance of this			
10	Demonstrate the ability to assess, understand and discuss the indicators of successful therapy and indicators which suggest the therapy not to be improving the patients' condition. Can explain the rationale for their actions/changes e.g. in settings	Discuss normal blood values and how they alter in respiratory failure Demonstrate the ability to evaluate the care delivered and patients' progress Assess the effectiveness of respiratory support (BiPAP settings, ABG results and patient assessment).			
11.	Ensure medication is administered to the patient receiving BiPAP therapy and discuss actions to take if the patient desaturates on mask removal	Demonstrate an understanding of adjunct therapies, i.e. actions of:- nebulised broncho-dilators and how to administer them successfully when the patient receiving this therapy Use of steroids Use of antibiotics Demonstrates ability to use an air compressor for nebulising salbutamol and ipratropium			
12.	Weaning Identifies what factors indicate the patient to be ready for weaning off this supportive therapy	Build up a period of time off NIV therapy – continue with oxygen therapy via nasal cannulae or Venturi mask, monitor for any signs of exacerbated work of breathing (increased respiratory rate / decreased oxygen saturation, increased use of accessory muscles) Patient should continue to receive NIV therapy overnight during the weaning period *Re-check ABG, 2 hours after discontinuation of therapy. Non-Invasive Ventilation (NIV) policy Consider use of NIV overnight if nocturnal hypoventilation is present			

13.	List the potential complications and limitation of NIV therapy	Non Compliance / poor tolerance Excessive sputum Patient coming to the end of their life (discuss interventions to assist the patient in this circumstance)			
	Decontamination Can discuss process for device decontamination following use	Can discuss what would indicate that a filter requires changing when a patient is receiving this therapy BSUH policy on infection control decontamination Cleaning of machine Demonstrates how filters are removed and cleaned (as appropriate) Machine to be connected to power supply to recharge or switched off at rear of machine to preserve battery supply			

When NIV competencies completed please send copy to [katharine.dalton@nhs.net](mailto:katharine.dalton@nhs.net) and [lucy.vickers2@nhs.net](mailto:lucy.vickers2@nhs.net)

## Tracheostomy Competency framework (adapted from NTSP framework)

Guidance for practice and assessment of tracheostomy management

- Nurses who have identified tracheostomy management as a learning and development need should attend a tracheostomy workshop/ undertake reading/ consult the tracheostomy Intranet site/ practice with an experienced nurse to develop theoretical understanding and practical skills
- This competency is detailed however this can be assessed over a period of time, ideally within a one month time period
- On final successful assessment of all 17 elements the nurse should inform the ward/ department leader in order that records can be updated
- Assessments for this competency can be completed by: tracheostomy link nurses, ward leader, critical care outreach team (CCOT), practice educators
- Practical elements of the assessment should involve at least two patients to reflect the diverse needs of tracheostomy patients, if needed a tracheostomy model can be obtained from CCOT bleep via switchboard

No.	Key Skills	Assessment criteria	Comp. level achieved	Assessor's signature +date	Learner's signature
1.	Demonstrates an understanding of the anatomy and physiology of the respiratory system <b>CD1 1.1.1 (L1)</b>	Identify the main structures of the respiratory system Discuss the position of these structures in relation to their function Discuss the mechanics of respiration Discuss the process of oxygen delivery			
2.	Discusses indications for having tracheostomy tube in situ	Identify reasons for insertion Discuss benefits to patient Discuss the different techniques for insertion Describe the investigations required prior to insertion Discusses how tracheostomy can alter the normal physiology of the patient (including swallow) and why humidification is an essential component of care. Should include significance of the reduction in dead space, lack of filtration, warmth and humidification, increased risk of infection, atelectasis			
3.	Discusses types of tracheostomy tubes, their use, and advantages and disadvantages of	Identifies different tube types from a display and/or pictures, the rationale for choice of tube Discuss the principles of cuff safety			

	each type			
4.	Demonstrates the ability to assist with insertion and can discuss potential complications	<p>Preparation and explanation to the patient as required</p> <p>Discusses issue of consent</p> <p>Assemble correct equipment and perform safety checks prior to procedure</p> <p>Assist clinical as required</p> <p>Ensure chest x-ray is ordered and reviewed post insertion (if required)</p> <p>Discuss possible complications following procedure e.g. pneumothorax, bleeding, tube inserted incorrectly</p>		
5.	Demonstrates the ability to assist with de-cannulation and can discuss potential complications	<p>Can state the standards for de-cannulation</p> <p>Assemble the correct equipment for de-cannulation</p> <p>Identifies personnel required to assist/ support during the procedure</p> <p>Demonstrates the procedure safely and correctly</p> <p>Discuss the possible complications e.g. ineffective cough, aspiration, exhaustion</p>		
6.	Demonstrates the ability to perform tracheal suction	<p>Identifies the needs for suction</p> <p>Assembles correct equipment – including correct size catheters</p> <p>Demonstrate and understand the need for aseptic non touch technique throughout</p> <p>Explains the procedure to the patient</p> <p>Demonstrates good suction technique</p> <p>Evaluates the effectiveness of suctioning</p> <p>Demonstrate the correct documentation and reporting as necessary</p>		
7.	Demonstrates and discusses the nursing care for a patient with a tracheostomy	<p>Discusses the set-up of the bed space</p> <p>Discuss the importance of humidification</p> <p>Demonstrate the ability to care for tracheostomy tubes including cleaning of the inner tube</p> <p>Discuss the care of the stoma including appropriate selection of dressings and tapes</p> <p>Patient positioning and comfort</p> <p>Discuss issues with communication</p> <p>Discuss the role of speech &amp; language therapy in assessing swallow reflex</p>		

8.	Demonstrates the ability to perform an accurate respiratory assessment with reference to specific tracheostomy checks	<p>Describe the routine observations and their significance in patient assessment</p> <p>Discuss how these observations alter in respiratory failure</p> <p>Discuss normal blood values and how they alter in respiratory failure</p> <p>Assess the effectiveness of respiratory support</p> <p>Demonstrate and understand the measurement of cuff pressures</p> <p>Demonstrates and understands the use of end tidal CO<sub>2</sub> monitoring</p>			
9.	Discuss the 'RED FLAG' indicators that may represent tracheostomy problems	<p>Discuss red flag indicators that represent tracheostomy problems e.g. inability to pass suction catheter, vocalising with the cuff up, added sounds</p> <p>Increasing respiratory distress</p>			
10.	Discuss and demonstrate the use of the emergency equipment needed for a tracheostomy emergency	<p>Assemble the equipment required at the bedside and describe their use</p> <p>Discuss where the emergency equipment and fibre optic scope are located</p> <p>Discuss their role in an emergency situation</p> <p>Demonstrates understanding of the use of all equipment</p>			
11.	Demonstrate understanding the emergency algorithm for tracheostomy patients	<p>Able to understand the algorithm</p> <p>Understands the importance of each step</p> <p>Demonstrates the need to get help immediately</p> <p>Demonstrates the algorithm in a scenario</p>			
12.	Demonstrate understanding the emergency algorithm for Laryngectomy patients	<p>Able to understand the algorithm</p> <p>Understands the importance of each step</p> <p>Demonstrates the need to get help immediately</p> <p>Demonstrates the algorithm in a scenario</p>			
13.	Demonstrates correct documentation and reporting as necessary	<p>Refer to local policy and guidelines</p> <p>Use of observation carts and tracheostomy pathway</p> <p>Use of bed signs</p> <p>Clear legible timely documentation</p>			
14.	Communication: Assesses most appropriate form of communication for the	Enables the patient to use this form of communication			

	patient and discusses rationale			
15.	Weaning: Identifies when weaning can begin and discusses influencing factors	Uses appropriate methods of weaning for each patient and monitors patient for tolerance Discusses patient safety issues relating to weaning		
16.	De-cannulation: Identifies when a patient is suitable for de-cannulation in discussion with medical staff and AHPs	Demonstrates de-cannulation technique with a patient or model Demonstrates appropriate management of the patient and their stoma following de-cannulation		
17.	Discharge planning for a patient with a tracheostomy Plans the discharge of a patient with a tracheostomy Assesses patient requirements for support, education, supplies & equipment	Ensures appropriate communication with patient, family and community team Organises patient follow-up as appropriate Ensures adequate supplies available for the patient on discharge		

## Nursing Competence in the Care and Management of Chest Drains

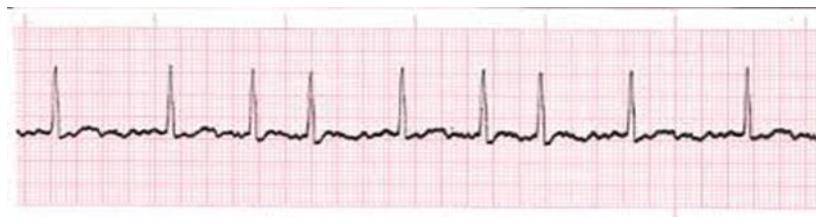
No.	Criteria for Achievement	Comp. level achieved	Assessor's signature +Date	Learner's signature
1	Draws a labelled diagram of the respiratory tract. Mark insertion site for chest drain. CD1 1.1.1			
2	Using at least 2 different patients, demonstrates how to perform respiratory assessment, checking: a. Airway patency b. Respiratory rate and pattern c. Respiratory sounds d. Chest movement e. Respiratory volume			
3	a. Outlines the indications for chest drain insertion and underwater seal drainage b. Discusses the advantages and disadvantages of the different types of chest drain tubes c. Describes potential hazards and complications associated with chest drains and underwater seal drainage and how these should be managed d. Describes optimal circumstances for insertion of all chest drains including baseline observations, time, location for procedure to take place, site and personnel who should be involved			
4	a. Describes the safety equipment that must always be available at the bedside when patient has underwater seal chest drain; ensures equipment is always made available b. Demonstrates how to set up an underwater seal drainage system for use			

	<ul style="list-style-type: none"> <li>c. Describes how to identify when it is necessary to change an underwater seal drainage bottle; demonstrates how to accomplish this safely</li> <li>d. Demonstrates how to dispose of used drain and its contents according to Trust policy</li> <li>e. Describes (demonstrates) how to manage safety issues</li> <li>f. Policy for the Insertion and Management of Chest Drains in Adults V2</li> <li>g. Accidental disconnection or damage to the drainage system</li> </ul>		
5	<ul style="list-style-type: none"> <li>a. Describes how to ensure that a patient's pain is managed effectively both during and following the insertion of a chest drain</li> <li>b. Describes safe positioning of patient for insertion of drain</li> <li>c. Describes how to identify air leaks from the insertion site</li> <li>d. Demonstrates how to ensure that the chest tube and drainage connections are made secure</li> <li>e. Demonstrates safe positioning of the underwater seal drainage bottle</li> <li>f. Describes potential hazards of uncontrolled fluid drainage, records drainage on appropriate chart</li> <li>g. Describes how to maintain tube patency and discusses importance of monitoring of 'respiratory swing'</li> <li>h. Discusses routine observations and documentation of care to be completed for patient following insertion of chest drain</li> <li>i. Describes how to check for surgical emphysema and the possible causes and the actions to taken if identified</li> <li>j. Discusses the importance of breathing exercise and mobility in the care of the patient with a chest drain</li> <li>k. Describes the methods for safe transfer of the patient with a chest drain</li> <li>l. Describes some clinical indications that the chest drain may no longer be required</li> <li>m. Demonstrates safe management of site of drain following removal</li> </ul>		
6	Discusses how to give psychological support to the patient.		

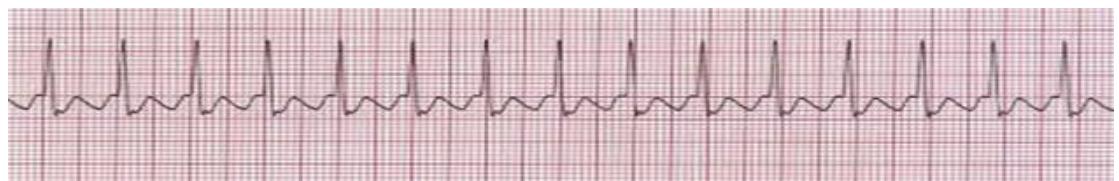
Cardiac Care associated with ECA competencies **CD1 CD1.2** Adults with problems affecting cardiovascular system level 1

Rhythm identification: assume all has a pulse unless identified

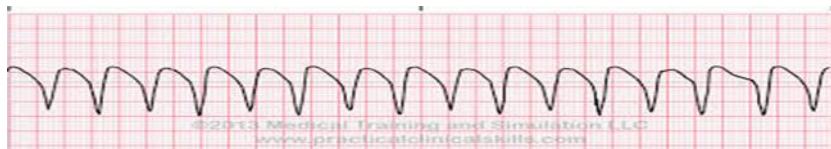
Rhythm Strip 1



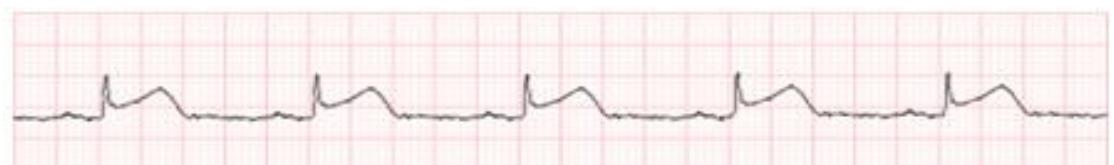
Rhythm Strip 2



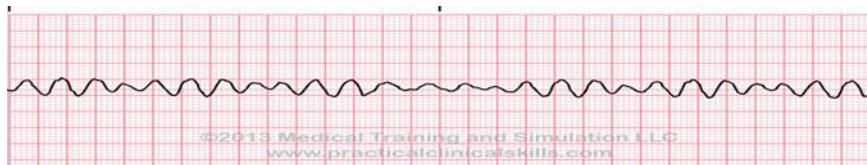
Rhythm strip 3 (There is no pulse)



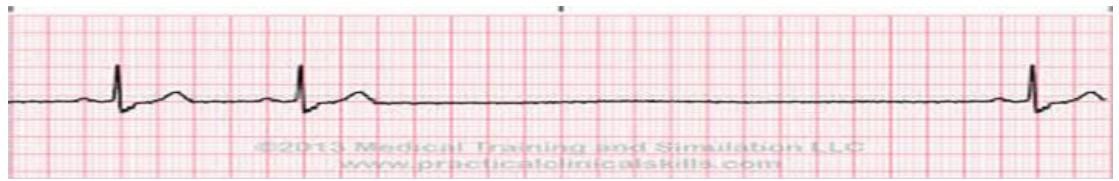
Rhythm Strip 4



Rhythm Strip 5



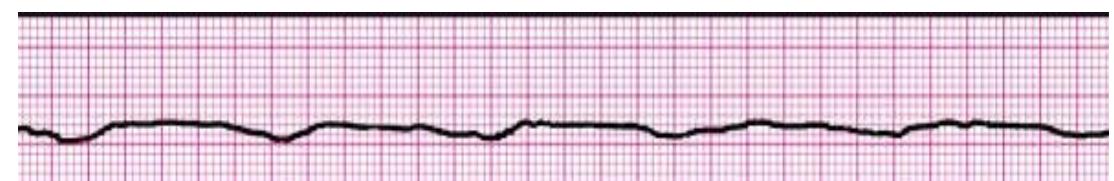
Rhythm Strip 5



Rhythm Strip 6 (There is no pulse)



Rhythm Strip 7 (There is no pulse)



What are your interpretations, anticipated treatments and nursing care interventions?

Strip	What is your interpretation?	What is your anticipated treatment (drugs, interventions) and nursing care? Be specific	Comp. level achieved	Assessor's signature +Date	Learner's signature
Strip 1					
Strip 2					
Strip 3					
Strip 4					
Strip 5					
Strip 6					
Strip 7					

## Cardiac Competencies Continued CD1.2

Competency	Criteria	Comp. level	Assessor's signature +Date	Learner's signature
Setting up cardiac monitoring	<p>Explains the difference between a three lead, five lead and twelve lead systems</p> <p>Able to identify sinus rhythm and life threatening arrhythmias: ventricular tachycardia, ventricular fibrillation, asystole, pulseless electrical activity.</p> <p>Verbalise and/or identify normal and abnormal</p> <ul style="list-style-type: none"> <li>• Rate</li> <li>• Rhythm</li> <li>• PR interval</li> <li>• QRS width</li> <li>• QT interval</li> <li>• ST segments</li> <li>• T waves</li> <li>• Blood pressure</li> <li>• Arterial pressure</li> <li>• Central venous pressure</li> </ul>			
Clearly differentiates those groups of patients who must have cardiac monitoring and groups in which cardiac monitoring is not required	<p>Explains to the patient the need for continuous cardiac monitoring</p> <p>Performs appropriate skin preparation, ensuring good connection of electrodes and trouble-shoots any interference</p> <p>Accurately positions electrodes on the patient</p> <p>Sets parameters appropriate to the individual patient to minimize false alarms</p> <p>Explains what action should be taken if the following messages are displayed:</p> <ul style="list-style-type: none"> <li>• Arrhythmia suspend</li> <li>• V.TACH</li> <li>• VT.&gt;2</li> <li>• Leads fail</li> </ul> <p>Reviews the need for cardiac monitoring</p>			
You must demonstrate the ability to safely and professionally perform a cardiovascular	Obtains a focussed history and performs observations: pulse, blood pressure, respiratory rate, O2 saturations and temperature, places patient on cardiac monitor and interprets rhythm			

<p>assessment</p> <p>During the assessment you must give a rationale for each action.</p> <p>On completion of the assessment you must accurately document your findings.</p>	<p>Checks blood results, accurately interprets the results acting on any abnormalities.</p> <p>Notes general appearance of patient, commenting on the following: colour, respiratory effort, peripheral pulses, skin turgor, signs of distress or pain</p> <p>Examines patient's hands and chest for: temperature, peripheral perfusion and cyanosis, checks for clubbing, splinter haemorrhages and capillary refill time</p> <p>Checks brachial pulses simultaneously in both arms.</p> <p>Inspects the chest for: bilateral equal movement, adequate chest expansion and depth of respirations – notes any scars or abnormalities</p> <p>Assesses urine output</p> <p>Checks sacrum, legs and ankles for oedema</p>			
<p>Chest pain assessment</p> <p><b>CD1 2.2.1</b></p> <p>You must be able to identify the signs and symptoms of cardiac chest pain and know what action to take if a patient is experiencing it.</p>	<p>Explains the physiological causes of cardiac chest pain and why patients may experience referred pain</p> <p>Takes a focussed history from the patient, noting previous investigations for chest pain</p> <p>Recognises and explains cardiovascular risk factors that may predispose patients to heart disease</p> <p>Describes the potential sites of cardiac chest pain, differential diagnosis and management options</p> <p>Uses chest pain pathway appropriately and can explain how it's used</p> <p>Demonstrates an awareness of groups of patients who may present with atypical chest pain</p> <p>Discuss potential descriptors used to describe chest pain and identifies barriers preventing patients reporting it</p> <p>Explains the pharmacological and non- pharmacological options for the treatment of chest pain</p>			
<p>You must be able to demonstrate a basic knowledge of the NICE and ESC guidelines and how they influence the treatment of patients with Acute Coronary Syndromes</p>	<p>Ischaemia, Injury and Infarction: discusses the ECG with senior nurse or doctor</p> <p>Able to identify major difference between NSTEMI and STEMI and verbalise treatment for both</p> <p>Able to state expected door to balloon time</p> <p>Demonstrates knowledge of what action to take if the above are present on the ECG</p> <p>Explains the rationale for the timing of drawing blood for troponin</p> <p>Describes the treatment options for patients with a diagnosis of ACS</p> <p>Explains the importance of informing patient of outcomes and allows time for</p>			

	questions			
Common Cardiac Emergencies and their treatments	<p>In addition to ECA competencies CD1 2.1.5</p> <p>Able to identify cardiac conditions and their treatments for Left-sided versus right-sided heart failure and treatment</p> <p>STEMI</p> <p>NSTEMI</p> <p>SVT (stable)</p> <p>Angina</p> <p>Unstable angina</p> <p>Malignant hypertensive crisis (prompt cards)</p> <p>Able to explain and demonstrate the correct rate and pathway of a GTN infusion for heart failure</p> <p>Able to locate the Acute Chest Pain Pathway steps 1-9 on the Prompt cards on Microguide and verbalise the time that T0 bloods are drawn</p> <p>Able to find the unexplained hypotension diagnostic prompt card</p> <p>States when to escalate concerns about a patient to Doctor or Senior Nurse</p>			
Techniques	Can perform posterior and right sided ECG			

Please use this space to attach any interesting rhythm strips or ECGs you may have seen in practice.

For every ECG / rhythm strip please write a short reflection on the patient's presenting complaint and their treatment.

## CD1 4.2.4 Placement and Care of Nasogastric feeding tubes in Adults Competency Assessment

Please read and completed the following document fully and carefully

This assessment pack is designed to ensure that all qualified nurses (either newly qualified or those joining the trust from outside the Trust without competency documentation) are competent to insert Nasogastric Feeding tubes. It must also be used to assess Bank / Agency staff, before they can perform NG tube insertion and aftercare. The principles underpinning this process are further outlined in the Trust policy available via the info net. It is expected the individual practitioners refer to these when completing the competency. For the remainder of this document it should be assumed that where the term patient is used, this refers to adult patients only.

This is a compulsory assessment and should be completed within 3 months of commencing employment at BSUH. The ward team and practice development nurse are expected to appropriately utilise opportunities within the clinical environment to provide direct supervision and assessment. The candidate is expected to appropriately utilise opportunities within the clinical environment to provide direct supervision and assessment. The candidate is expected to actively seek learning opportunities. The action plan on should be used to identify learning needs and actions to be taken to address these. The candidates should observe practice in their clinical area and be directly supervised inserting nasogastric (NG) tubes and caring for NG tubes in practice until they feel that they are ready to undertake their final observational assessment. At this point the candidate should identify an assessor and arrange a date and time for assessment. The assessor will complete the observational assessment.

On successful completion of the assessment the candidate must show this document to the practice development nurse/ward manager for their area. All records of competencies will be submitted to IRIS to ensure that a database of competent practitioners is maintained.

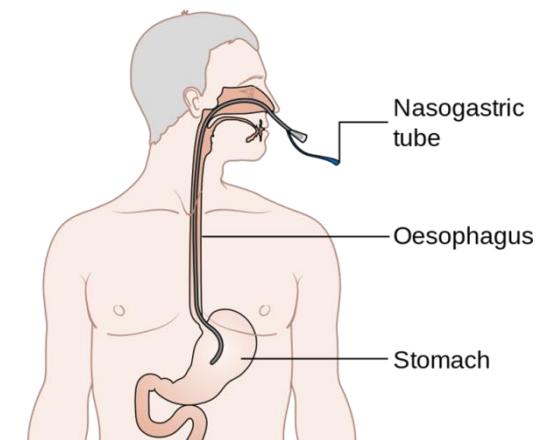
If the candidate is unsuccessful a meeting should be arranged with the practice development nurse/ assessor and candidate and the action plan should be used to document learning needs, agreed actions and timelines.

The final observational assessment can only be performed by an approved assessor, this will usually be the Practice Development Nurse or senior nurse approved by the Ward Manager, to ensure the Trust maintains consistent and fair standards of assessment. The candidate is required to complete all components of the 'placement & care of nasogastric feeding tubes in adults' competency.

Staff commencing employment at BSUH with previous experience of nasogastric tube insertion and care will have a professional discussion with the approved assessor to determine whether their existing evidence meets Trust standard and may be required to complete some sections of the assessment pack to address any learning needs.

Once deemed competent it is the responsibility of the candidate to maintain their competency through regular clinical practice in line with BSUH policies and any local procedure. If a nurse is involved in a NG tube error, the assessment will be repeated until successful completion of the reassessment. The Ward Manager, Practice Development, and /or Matron will make this decision.

Competency can be reassessed as required according to individual need – for example after a sabbatical or a prolonged period without undertaking the skill.



## Relevant policies and learning resources:

Nursing and Midwifery council (2015) Code of Professional Conduct: [www.nmc-uk.org](http://www.nmc-uk.org).London

National Patient Safety Agency (March 2012) Harm from Flushing of nasogastric tube before confirmation of placement NPSA/2012/RRR001

NICE Nutrition Guidelines.Feb2006.[www.NICE.org.uk](http://www.NICE.org.uk)

NNNG Good Practice Guidelines-Safe Insertion and On-going Care of Nasogastric (NG) Feeding Tubes in Adults Trust Policies and Guidelines

BBSUH C035 Policy to Reduce Harm Caused by Misplaced Nasogastric Feeding Tubes 2018

Mental capacity Policy

Infection Prevention Policy

## Assessment criteria

In order to be assessed for competency the following criteria must be met and verified by an approved assessor

Requirement	Date
Attend training on NG insertion including simulated practice, within key clinical areas; ICU,9A,Stroke and Neurosciences	
Has read and understood relevant guidelines and policies (see above) and understands both legal and professional responsibilities	
Observe other staff that are already deemed competent	
Completed a period of supervised practice to a satisfactory standard	
Successful formal observation assessment of NG insertion	
Achieved a level of 3 or above in all aspects of observational and knowledge assessment	
Level of achievement	Level
Novice - can perform this activity, but not without constant supervision, assistance and / or guidance	1
Advanced Beginner - can perform this activity satisfactorily, but requires some supervision and assistance and / or minimal guidance	2
Competent - can perform this activity satisfactorily without supervision, assistance and / or guidance, with acceptable speed and quality of work with understanding and appropriate application	3
Proficient - can, independently, perform this activity, satisfactorily with more than acceptable speed, quality and with initiative and adaptability to specific problems as and when they arise	4
Expert - can perform this activity satisfactorily with more than acceptable speed and quality and with initiative and adaptability and can lead / instruct / assess other practitioners in performing this activity	5

## Placement of Nasogastric tubes Knowledge Assessment

### Placement of Nasogastric Tubes Observational Competency Assessment

Knowledge to be assessed	Comp. level achieved	Assessor's signature	Learner's signature
Demonstrates a working Knowledge of BSUH Adult Nasogastric Insertion and Enteral Feeding Policy			
Able to describe how nasogastric feeding is in the best interest of the patient and aware of the safety checks that must be made before placing the tube			
Considers the timeliness of this intervention, are correct resources are available to safety check placement and interpret CXR if required			
Able to explain what to do if a patient refuses to have NG tube inserted, referring to the Mental Capacity Act policy			
Can identify the occasions when the tube placement should be abandoned (i.e. respiratory distress, nasal trauma, physical resistance or poor patient compliance)			
Can discuss correct positioning for duration of feed and importance of checking all connections are secure when feeding is in progress			
Can explain how often pH aspirate should be checked and how this should be managed when feeds are continuous			
Can discuss the role of the Dietician with regards to enteral feeding			
Can discuss the role of the Diabetic Nurse Specialist with regards to insulin dependent diabetic patients who require enteral feeding			
The practitioner is able to show evidence of consistent practice in the above criteria at the appropriate competence level being assessed			

Please complete the assessment below with the candidate and assessor present

Practice to be Assessed	Comp. level achieved	Assessor's signature	Learner's signature
Promotes and acts according to BSUH NHS Trust			
Able to demonstrate relevant theoretical knowledge as outlined in this competency document and apply this to practise safely			
Able to identify the correct patient for which NG tube is to be inserted (ID band, verbal check and medical notes).			

Checked that the doctor has documented rational for NG feeding in the patients' medical notes and other members of the MDT have been involved in decision making, such as dieticians			
Demonstrates an understanding of anatomy and physiology of normal GI tract and ensure the patient has no contraindications to placement (nasopharyngeal or oesophageal abnormalities)			
Explains procedure, possible side effects to patient and gains consent			
Can identify and prepare appropriate equipment (ie NPSA compliant fine bore tube, indicator strips of pH paper that is 'CE' marked and intended by the manufacturer to test human gastric aspirate)			
Estimates NEX measurement (places exit port of tube at tip of nose, extend tube to earlobe, and then to xiphisternum)			
Performs hand hygiene before and after nasogastric tube insertion in line with 5 moments of hand hygiene			
Prepares patient before inserting NG tube by ensuring patient has been well oxygenated, head is supported and the patient is comfortable and in an upright position if appropriate			
Performs NG insertion skill in line with evidence based guidelines and BSUH policy			
Can explain the correct procedure for checking NG tube position			
Can ensure NG tube is fitted correctly, safely removes guide wire and is aware of prevention of pressure sores			
Demonstrates ability to troubleshoot and intimate correct actions in the event of individual experiencing a complication with placement of NG tube: <ul style="list-style-type: none"> <li>• pH not in the correct parameter</li> <li>• Patient discomfort</li> <li>• Concordance of the patient</li> <li>• Difficulty gaining aspirate</li> <li>• Tube Blockage</li> </ul>			
Disposes of used equipment according to infection prevention policy			
Correctly demonstrates accurate recording keeping in relation to all aspects of insertion NG tube, including NEX measurement			

## Competency Assessment Sign-off

Assessment attempt number:	Competency Level Achieved:
Candidate's name:	Assessor's name:
Candidate's signature :	Assessor's signature:
Date:	Date:

### Competency Assessment Action Plan

Identified Learning Need Agreed between learner & assessor/PDN	Agreed Action Plan Including proposed review date	Review Date & Comments

Please complete with candidate, assessor and PDN present. It should be linked to the individuals practice development plan.

Comments

Please sign below to demonstrate your agreement to the above identified learning need(s) and action plan

Candidate's name:

Date:

Signature:

Assessor's name:

Date:

Signature:

PDN's name:

Date:

Signature:

## Care of a patient requiring traction

Knowledge to be assessed	Level achieved – (formative) circle one	Level achieved (summative)	Assessor name and signature	Date achieved
Able to discuss the mechanical principles of traction	N, AB, C, P, E			
Able to describe the essential principles of traction	N, AB, C, P, E			
Able to discuss the uses of traction	N, AB, C, P, E			
Demonstrates awareness of the injuries which require skin traction	N, AB, C, P, E			
Discusses the indication for skeletal traction and anatomically where the skeletal pin is placed	N, AB, C, P, E			
Demonstrate awareness of the indications/contraindications when applying traction.	N, AB, C, P, E			
Discusses the rationale for maintaining the limb in alignment when applying traction	N, AB, C, P, E			
Discusses the concept of counter traction.	N, AB, C, P, E			
Discusses the areas of the limb prone to pressure damage and how to protect this from occurring	N, AB, C, P, E			
Discusses the direction in which the bandage should be applied	N, AB, C, P, E			
Demonstrates awareness of how far up the limb bandaging should be in accordance with the fracture	N, AB, C, P, E			
Able to interpret x-ray to determine level of fracture	N, AB, C, P, E			
Able to explain the potential complications of using traction including the symptoms, diagnosis and treatment of the following:  a) DVT b) Chest infections	N, AB, C, P, E			

c) Pain d) Pressure ulcers e) Patient positioning f) Mobility g) Pin site care if appropriate				
Discusses the potential psychological effect on the patient whilst on traction	N, AB, C, P, E			
Discusses the relevance of performing neurovascular observations post application	N, AB, C, P, E			
Describes the checks which should take place to ensure the traction is safe to use	N, AB, C, P, E			
Discusses the knot which should be used to secure traction	N, AB, C, P, E			

#### Observational Competency Assessment

Practice to be assessed	Level achieved (formative)	Level achieved (summative)	Assessor signature	Date achieved
Equipment and set up <ul style="list-style-type: none"> <li>a) Gains informed consent from the patient before application and explains procedure</li> <li>b) Administers appropriate and adequate analgesia prior to application of traction</li> <li>c) States equipment required and prepares</li> <li>d) Ensures bed is appropriate for traction</li> <li>e) Ensures the weight to be used is documented in the medical notes</li> <li>f) Checks x-ray to ascertain position of fracture</li> <li>g) Applies traction with regards to the anatomy of the limb and risk of damage to underlying structures</li> <li>h) Demonstrates the knot used to safely secure traction</li> <li>i) Completes traction checklist within the nursing notes</li> </ul>	N, AB, C, P, E			
Demonstrates safety checks of patients in traction				

a) Discusses the safety checks which should be performed.				
b) Demonstrates knowledge in the importance of assessing skin integrity and when this should be undertaken				
c) Explains the need for regular neurovascular checks				
Demonstrate pin site care for patients with skeletal traction				
Patient care				
a) Teaches the patient to undertake appropriate exercises while on traction				
b) Understands and discusses the safety issues for a patient treated with traction				
Teaches patient about recognising potential complications				

Formative assessment feedback/action plan	
Candidate's signature	Assessor's signature
Date	Assessors name
Feedback:	

Summative assessment feedback	
Candidate's Signature	Assessor's Signature
Date	Assessors name
Feedback:	

## Plaster Competencies CD 3 11.7 (LC1)

You must achieve all of these criteria to be considered competent in plastering: 6 upper limb and 6 lower limb plaster applications.

Criteria – use for each plaster	
Explain the procedure to the patient and obtain informed consent (verbal or written)	Prepares area, cleans and disinfects working space, and wears appropriate PPE
Review with the patient the reasons for using this kind of immobilisation, the risks, the benefits, possible complications, and further treatment to follow (e.g., definitive treatment)	Appropriately measures limb, and selects correct materials, and number of layers needed for splinting. Ensuring preservation of joints in specific plasters. (e.g. Volar has adequate mobility of metacarpophalangeal joint and flexion of elbow)
Has understanding of the theory behind plastering and anatomy of limbs	Provides adequate pain relief or ensures this has been done prior to applying plaster
Has attended a training session in the last year If so date _____	Applies stockingette, and ensures bony prominences are adequately protected
Able to explain and demonstrate a neurovascular assessment and state the signs and symptoms of compartment syndrome	Can verbalise potential complications
Able to demonstrate correct application and sizing of splint and/or crutches	Educes patient about appropriate care of splint & gives written guidance

Assemble the needed equipment

- Stockingette: used to protect the skin.
- Cotton rolls: used for padding under the slab.
- Plaster of Paris (or synthetic): used to make the back slab.
- Bandage: used to keep the slab in place.
- Trauma or bandage scissors: blunt-tipped scissors to cut material that avoid injuring the skin.
- Water: working with cold water will give you more time to work with the plaster than warm water will, we prefer warm water.

Plastering upper limb CD 3 11.7 (LC1)

Type of Plaster	Name of Assessor (print)	Signature of Assessor	Date
1.			
2.			
3.			
4.			
5.			
6.			

Lower Limb CD 3 11.7 (LC1)

Type of Plaster	Name of Assessor (print)	Signature of Assessor	Date
1.			
2.			
3.			
4.			
5.			
6.			

## IV. Level 1 Resus Skills

Band 5 Level 1 Resus Skills

To be assessed in conjunction with ECA Level 1

Courses that you must have attended or have a date to attend are

- TILS
- ILS
- Cardiac Course
- NIV

Code	Novice to expert continuum	Description
N	Novice or Beginner	No experience in the situation in which they are expected to perform and depend on rules to guide their actions. Lacks confidence to demonstrate safe practice and requires continual verbal and physical cues.
AB	Advanced Beginner	Demonstrates marginally acceptable performance because the nurse has had prior experience in actual situations. Often needs help setting priorities and cannot reliably sort out what is most important in complex situations and will require help to prioritise
C	Competent	Demonstrates efficiency, is co-ordinated and has confidence in their actions. Able to plan and determine which aspects of a situation are important and which can be ignored or delayed. This practitioner lacks the speed and flexibility of a proficient practitioner but they show an ability to cope with and manage contingencies of practice

Skill <C> ABCDE & special population in trauma	ECA	Date	Assessor's & learner's signatures	Max. standard
<p>Three point C-spine immobilisation, spinal immobilisation and log rolling</p> <ul style="list-style-type: none"> <li>• Is able to discuss how and when to apply</li> <li>• Demonstrates understanding of recent practice regarding collar use</li> <li>• Demonstrates how to lead a log roll and teach others to be part of the log roll team (following practice on a TILs course)</li> <li>• Able to discuss adaptations of patient care in the resus room whilst Immobilisation is in place</li> </ul>	NTMG 1-airway C spine control  GNP 2.2.4 (L1)			Competent

<ul style="list-style-type: none"> <li>Is able to size and assemble a spinal scoop and remove via the 'brace' method, and is able to lead a team to do this</li> <li>Is aware of where the correct equipment for this procedure is stored</li> </ul>				
<p>Airway Skills</p> <p>Basic airway:</p> <ul style="list-style-type: none"> <li>Able to assess the airway in a trauma patient</li> <li>Demonstrates knowledge of the causes of airway obstruction and can recognise impending (respiratory distress), partial, or complete obstruction (including in trauma patients)</li> <li>Is able to demonstrate simple airway manoeuvres (head tilt, chin lift &amp; jaw thrust/ patient position) and discuss rationale for each</li> <li>Demonstrates correct insertion of nasal and oral airways; is able to discuss when to use, how to size and contraindications</li> <li>Demonstrates the ability to perform oral suction and suction via airway adjuncts and is able to change the suction and knows where the consumables are stored (wall and portable suction)</li> <li>Demonstrates the correct technique for two person bag-valve-mask ventilation (acceptable to demonstrate on a resus mannequin) and understands the oxygen delivery percentages via the BVM system</li> <li>Understands indications for using pulse oximetry, correct positioning, potential pitfalls of using pulse oximetry, and where the attachments are stored</li> </ul>	<p>NMTNG 1 Airway C spine control , 2Bii  CD2 2.2.3 (L1) CD2 5.2.1 (L1)</p> <p>NMTNG Breathing and</p>		Competent	
<p>Advanced airway:</p> <p>Is familiar with the following equipment and procedures:</p> <ul style="list-style-type: none"> <li>Intubation equipment bag contents: what each item is, where to stock up from</li> <li>Demonstrates how to set up a Water's circuit and discusses the indication for use</li> <li>Explains how to set up for a Rapid Sequence Induction (RSI) in resus, and where to locate the prompt cards and drugs to assist in RSI</li> <li>Understands the principles and use of gastric tube insertion in the ventilated patient</li> <li>Is familiar with the Oxylog 3000 ventilator; where the consumables are and how it is stored in resus.</li> <li>Understands the indications for end tidal CO<sub>2</sub> monitoring and is able to use the two systems available</li> <li>Is aware of the CMAC equipment: what it is for, who checks it, where the consumables are stored</li> <li>Demonstrates the ability to assist during an RSI, including being responsible for the RSI</li> </ul>	<p>NMTNG: Airway and C spine control  CD2 6.1.2 (L1) CD2 6.2.2 (L1)  CD2 6.1.5 (L1)</p>		Advanced Beginner	

<p>checklist being completed and documentation</p> <ul style="list-style-type: none"> <li>Is familiar with what equipment is required to perform emergency surgical airway/front of neck access and where it is stored</li> <li>Is able to discuss the indications for front of neck access being required</li> <li>Checks cricothyroidotomy and jet insufflation equipment and sets up appropriately</li> <li><b>Any airway management for trauma patients needs to be documented for TARN data, including time</b></li> </ul>	CD1 1.1.3 (L1)			
<p>Breathing:</p> <ul style="list-style-type: none"> <li>Is able to discuss the different oxygen delivery systems available in resus (nasal cannula, Venturi and non-rebreathe/high flow), what the indications are for each and what oxygen is delivered via each</li> <li>Is aware of where the above equipment is stored</li> <li>Can identify which patients should be nursed with humidified oxygen and can correctly set up a humidified oxygen circuit</li> <li>Knows where the equipment for this is stored</li> <li>Demonstrates the knowledge to interpret the respiratory status of a patient from an Arterial Blood Gas (ABG)</li> <li>Understands the difference between type I and type II respiratory failure and the treatment requirements</li> <li>Has completed Trust NIV competencies</li> <li>Demonstrates understanding of where these patients need to be nursed</li> <li>Knows where the NIV pathway documents are (hard copies and electronic) and which parts to complete</li> <li>Is able to discuss the difference between tracheostomy and laryngectomy patients and their ventilation requirements</li> <li>Is aware of the specific equipment required for 'neck breathers' and where to find this (posters included)</li> <li>Can discuss which other clinical teams should be aware of 'neck breathing' patients in the ED</li> <li>Demonstrates knowledge and can discuss life threatening chest injuries (acronym: ATOM-FC)</li> <li>Understands about needle decompression: <ul style="list-style-type: none"> <li>is not 1<sup>st</sup> line treatment of tension pneumothorax</li> <li>may arrive still in-situ from prehospital setting</li> <li>understands equipment involved</li> </ul> </li> </ul>	NMTNG: Airway and C spine control	CD1 1.1.7 (L1)		Competent

<ul style="list-style-type: none"> <li>• Can anticipate the need for equipment for and assist with a thoracostomy (or has done under simulation conditions)</li> <li>• Is aware of where the equipment is for a ‘quick thoracostomy’ (will have learned on TCA study day)</li> <li>• Can describe the thoracostomy procedure in terms of anatomy</li> <li>• Can describe rationale for and dressings used to cover an open pneumothorax and where they are kept</li> <li>• Is able to identify and discuss which conditions require insertion of a chest drain</li> <li>• Can set up the equipment required for insertion of trauma and medical chest drains</li> <li>• Is able to discuss the specific nursing care required for patients with a chest drain in situ; with particular regard to trauma patients with other chest injuries, analgesia requirements, drain monitoring</li> <li>• Is aware of where the equipment for this procedure is stored</li> <li>• Understands the indications for thoracotomy</li> <li>• Understands and can explain the HOT algorithm</li> </ul>	Chest drain Competency			
<p>Circulation:</p> <ul style="list-style-type: none"> <li>• Demonstrates knowledge of anatomy and physiology of the circulatory system and assessment including cap refill, manual pulse, and equipment used to monitor circulatory system</li> <li>• Can describe and recognise the clinical signs of shock in the context of trauma and types of shock relevant to the trauma patients (and other non-trauma patients) and the use of FAST in trauma</li> <li>• Indications and contraindication for urinary catheter in trauma patients and urine output in terms of shock and resuscitation</li> <li>• Demonstrates how to set up an arterial line and transducer and discuss the indications for insertion</li> <li>• Is aware of which clinical areas accept patients with arterial lines in place</li> <li>• Knows where the correct equipment is in resus</li> <li>• Understands different methods of access IV &amp; IO, basic principles and where the equipment is stored</li> <li>• Is able to assist in the insertion of a central line and transduce under supervision</li> <li>• Knows where the correct equipment is in resus</li> </ul>	NMTNG Circulation and Haemorrhage control  CD2 8.1.1 (L1) CD2 8.1.6 (L1)  CD2 8.2.3 (L1) CD2 8.1.4 (L1) CD2 8.1.5 (L1)  TILS CD2 4.2.4-8 NMTNG: Catastrophic Haemorrhage 2Bi NMTNG			Competent

<ul style="list-style-type: none"> <li>• Is familiar with how to use the ultrasound machine – turn on and off, apply a sterile probe cover and gel and knows where this equipment is stored</li> <li>• Recognises indication for fluid resuscitation which are indicated in trauma</li> <li>• Demonstrates how to use the Level 1 infusion device and the Fluid Warmer</li> <li>• Can discuss indications for use of each and is aware of where the consumables are stored</li> <li>• Can discuss indications for a ‘code red’ trauma and how to obtain the required blood products</li> <li>• Is able to discuss how to order and obtain emergency blood for a non ‘code red’ situation</li> <li>• Undertakes the role of ‘Transfusion nurse’ during a Code Red trauma to include the level one, documentation of products and return of products to transfusion (see separate code red nurse document)</li> <li>• Is able to discuss indications for use of blood products; identifies the different blood products available and how to administer these</li> <li>• Is aware of how to use ‘Riastap’ and the specific equipment required for this product</li> <li>• Can identify specific blood samples required for trauma patients, including ROTEM samples and can explain what a ROTEM sample is used for</li> <li>• Demonstrates an understanding of the use of anti-coagulant reversal agents (<b>required TARN data: type of anticoagulation and reversal agent, if given</b>)</li> <li>• Demonstrates an understanding of indications for administering tranexamic acid and how to administer this</li> <li>• Has a basic understanding of sites of traumatic haemorrhage:           <ol style="list-style-type: none"> <li>a. Chest</li> <li>b. Abdo</li> <li>c. Pelvis</li> <li>d. Longbones</li> <li>e. External</li> </ol> </li> <li>• Demonstrates the correct application of: pelvic binder, Combat Application Tourniquet (C-A-T), haemostatic dressings, Kendrick splint and ‘Russell’ chest seal and can discuss indications for use</li> <li>• Is aware of where this equipment is stored</li> <li>• Is able to discuss the principles of damage control surgery and Interventional Radiology for trauma patients</li> <li>• Has had a defibrillation update within the last year</li> <li>• Can demonstrate how to check the defibrillator, set alarms and knows where the spare pads</li> </ul>	<p>Exposure and Temperature control</p> <p>CD2 4.2.1 (L1)</p> <p>NMTNG: Catastrophic Haemorrhage TILS &amp; ILS</p> <p>Cardiac Course Cardiac Competencies Level 1</p>			Competent
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<p>are stored</p> <ul style="list-style-type: none"> <li>Can undertake the support nurse for a synchronised cardioversion and discuss indications for this procedure</li> <li>Can demonstrate understanding of external pacing and discuss indications for pacing</li> <li>Demonstrates the ability to be a support nurse in a cardiac arrest. Is able to discuss the ALS algorithm prompt card and how to find it.</li> <li>Is able to explain basic understanding of a 12 lead ECG's territories and discuss how to identify STEMIs, NSTEMIs and ACS</li> <li>Can discuss the frontline ACS treatment</li> <li>Is able to set up the transfer monitoring and transfer bag</li> </ul>				
<p>Disability:</p> <ul style="list-style-type: none"> <li>Demonstrates a systematic approach to neurological anatomy and assessment using the Glasgow Coma Scale (GCS) and understands relevance of abnormal findings within each component</li> <li>Ensures GCS is documented on first page of trauma documentation (<b>required TARN data</b>)</li> <li>Demonstrates assessment of pupil size and response and limb movements and relevance of abnormal values</li> <li>Ensures results of GCS monitoring are plotted on chart with dots, to plot progress rather than ticks and describes when to escalate care in relation to a drop</li> <li>Is able to relate findings to clinical injuries such as: extradural, subdural, subarachnoid &amp; intra cerebral and intracranial injury</li> <li>Can discuss the clinical findings related to spinal cord injury: thermo regulation, autonomic dysreflexia, masking of other injury</li> <li>Demonstrates an understanding of intracranial pressure and principles of care surrounding (discuss use of hypertonic saline/mannitol, PCO<sub>2</sub> management, 15-30 degree head up tilt, use of collars)</li> <li>Understands the relevance of blood glucose monitoring and is able to identify which patients require this specifically</li> <li>Is able to demonstrate an understanding of the effects of hypothermia on all patients and can demonstrate safe removal of clothing</li> <li>Demonstrates how to set up the Bair Hugger and use other active warming measures and can identify when to use this</li> <li>Can set up central temperature monitoring</li> </ul>	<p>NMTNG Disability</p> <p>CD2 5.1.3 (L1)</p> <p>CD1 3.2.3 (L1)</p> <p>CD1 3.1.4 (L1)</p> <p>CD1 3.1.4 (L1)</p> <p>NMTNG The spinal cord injured patient</p> <p>NMTNG Exposure and temperature control</p> <p>NMTNG Pain assessment and management</p>		<p>Competent</p> <p>Advanced Beginner</p> <p>Competent</p>	

<ul style="list-style-type: none"> <li>• Knows where the above equipment is stored</li> <li>• Ensures all patients have adequate analgesia and is aware of the need to utilise nerve blocks, PCAs etc. and NICE guidelines in respect to pain assessment and management</li> </ul>				
The Elderly Trauma Patient <ul style="list-style-type: none"> <li>• Can outline key considerations in the care of an elderly patient</li> <li>• Relevant comorbidities they may have and also how that effects trauma patients</li> <li>• Polypharmacy in assessment</li> <li>• Key physiological changes and its impact in trauma</li> <li>• Adaptation to C-spine immobilisation due to pre-existing conditions/disease</li> <li>• Local Silver trauma policy and trauma call</li> </ul>	NMTNG: The elderly trauma patient CD6.1 assessing older people CD6.3 Critically ill older people			Competent
The Pregnant Trauma Patient <ul style="list-style-type: none"> <li>• Demonstrates physiological changes in pregnancy and impact on trauma (respiratory and circulatory systems)</li> <li>• Understands basic principle of inferior vena cava compression and importance of repositioning</li> <li>• Demonstrates understanding of traumatic peri-mortem caesarean section</li> </ul>	NMTNG: The Pregnant trauma patient			Competent  Advanced Beginner
The Burns Trauma Patient <ul style="list-style-type: none"> <li>• Demonstrates awareness of the local arrangements and centres for burns patients</li> <li>• Demonstrate awareness of management of burns patients including <ul style="list-style-type: none"> <li>a. Airway management &amp; potential compromise</li> <li>b. Breathing and ventilation including carbon monoxide poisoning</li> <li>c. Estimation of size using appropriate tool</li> <li>d. Circulation and fluid loss- parkland formula</li> <li>e. Temperature control</li> <li>f. Pain control</li> </ul> </li> <li>• Any equipment use specifically to care for burns patients</li> </ul>	NMTNG: The burns trauma patient  CD3.4 wounds and burns CD3. 4.1.1-4.2.8			Competent
Bariatric Patients <ul style="list-style-type: none"> <li>• The potential effects on airway, breathing, and circulation</li> <li>• Identify maximum load of the trolley</li> <li>• Can outline safe methods for transfer of the patient</li> <li>• How to order aids to assist the patient's comfort</li> </ul>	NMTNG The bariatric trauma patient			

<p>The confused, agitated &amp; aggressive patient</p> <ul style="list-style-type: none"> <li>• Can outline key considerations in care of the confused, agitated, and aggressive patients</li> <li>• The cause may be from injury or illness of many factors           <ul style="list-style-type: none"> <li>a. Hypoxia</li> <li>b. Hypovolaemia</li> <li>c. Drugs and alcohol</li> <li>d. Mental Health</li> <li>e. Dementia</li> <li>f. Hypoglycaemia</li> </ul> </li> <li>• Can identify when sedation may be acceptable and ways this is implemented</li> <li>• When removal of C-spine immobilisation or modified approach is indicated</li> <li>• The role of security/and or police</li> </ul>	<p>NMTNG The confused, agitated, and aggressive trauma patient CD5 1.1.6-9</p>			Competent
<p>Documentation and Secondary Survey</p> <ul style="list-style-type: none"> <li>• Undertakes role as scribe during care of a trauma patient</li> <li>• Demonstrates understanding of the principles of secondary survey and sometimes cannot be performed prior to transfer (damage control surgery)</li> <li>• Can assist in carrying out secondary survey</li> </ul>	<p>NMTNG Secondary Survey</p>			Competent
<p>Other Procedures/knowledge/organisation protocols</p> <ul style="list-style-type: none"> <li>• Demonstrates an awareness of the local trauma network system including the role of the Major Trauma Centre (MTC) &amp; the Trauma Units (TU)</li> <li>• Able to demonstrate where to access the trauma call criteria and explain the types of trauma calls</li> <li>• Is aware of the standard operating procedure (SOP) with regard to secondary transfers / repatriation of trauma patients</li> <li>• Is able to discuss TARN and what information and data is particularly relevant to the ED</li> <li>• Is up to date with a level 1 TILS course</li> <li>• Demonstrates knowledge of NICE 2016 trauma guidelines</li> <li>• Can receive a pre-alert and escalate to senior nurse and consultant appropriately</li> <li>• Can identify essential equipment and prepare resus bay in order to receive a trauma patient</li> <li>• Participates in the reception of family members and carers</li> <li>• Participates appropriately in primary and secondary assessment of trauma patient</li> <li>• Can discuss evidence collection for police</li> </ul>	<p>NMTNG sect 1 Organisational aspects</p>			Competent

<p>Communication</p> <p>Can identify members of the trauma team</p> <ul style="list-style-type: none"> <li>• Can outline key considerations in the care of a patient with communication difficulties such as deaf, blind, aphasic, learning disability, challenging behaviour, language barriers</li> <li>• Can describe/demonstrate techniques to facilitate communication in the immediate setting on arrival and also in trauma</li> <li>• Can discuss strategies to facilitate communication during their continuing care such as use of family and carers</li> <li>• Can describe how to provide reassurance and emotional support to patient, family members, carers, and friends</li> <li>• Participates in 'hot debrief' or an after action review</li> </ul>	<p>NMTNG The trauma patient with communication difficulties GNP 3 Communication NMTNG Non-technical skills</p>		Competent
<p>Transfer</p> <ul style="list-style-type: none"> <li>• Demonstrates and understanding of key principles of safe transfer within hospital using appropriate prompt cards and equipment to transfer patients safely</li> <li>• Has awareness of the procedure for secondary transfers out of the hospital can identify equipment that will be taken if any and awareness of personnel who accompany patient</li> <li>• Gives structured handover to nursing and AHPs</li> </ul>	<p>NMTNG Transfer within the hospital NMTNG Transfer out of the hospital</p>		Competent
<p>Other skills/procedures/knowledge</p> <ul style="list-style-type: none"> <li>• Undertakes the role of support nurse for a conscious sedation</li> <li>• Undertakes the role of plastering nurse for a manipulation under sedation after plaster competencies have been completed</li> <li>• Understanding procedures for unexpected deaths including traumatic deaths including instructions from Coroner's Officer</li> <li>• Recognising own emotional needs following exposure to particularly traumatic or unexpected death and identify appropriate support mechanisms</li> <li>• Understand about clinical governance and serious incident learning</li> <li>• Demonstrates awareness of organ donation and the escalation policy and timely identification and referral of potential organ donors</li> </ul>	<p>NMTNG Care of the death of a trauma patient GNP2 Team working NMTNG Tissue and organ donation</p>		Competent

## **APPLICATION OF ASPEN COLLAR IN LYING WITH HEAD HOLD**

### **STAFF DECLARATION**

I have received training on the application of an Aspen collar with a head hold.

I declare that I am now fully confident to take responsibility for my future actions, and will ensure that I continue to keep my skills and knowledge updated as is my professional code of conduct requirement.

I am aware that it is my responsibility to maintain evidence of my on-going learning and revision of training, and that I may be required to provide evidence of this on a regular basis.

I understand I am fully accountable for my clinical practise and that the assessor validating cannot be held individually responsible for my future actions and, or clinical practise.

Learner's name

Assessor's name:

Learner's signature:

Assessor's signature:

Role/Job Title:

Role/Job Title:

Date:

Date:

## Part V Manchester Triage & Patient Group Directions

The below Manchester Triage Competencies are to be started when you have been endorsed as ready to triage by your band 7. You must have evidence that you have completed or in the process of completing these course and their associated competencies. You can use either the Trust competencies or the ECA competencies as evidence.

Course (or evidence of equivalent)	Date
Cardiac Study Day (must complete competencies)	
ILS (must have in date certificate)	
NIV course with ability to read blood gases	
TILS	
MI/CBRN	
Mental Health training	
Safeguarding level 3	
Up to date on STAM	

Once completed or in process of completing you must be endorsed by your team leader/band 7 and they should sign the below declaration

I, (Team Leader) , feel that the candidate (learner's name) , is ready to undertake triage training.  
 They have shown me evidence that they have completed or in the process of completing the above critieria.

Signed:  
 Once endorsed see below

Date:

Dear Candidate,

1. Please follow the link <http://triagenet.net/classroom> or type the link into your browser.
2. Click on the menu at the top of the page and select 'Enrol on my Emergency Triage Page'. If you are already registered on the MTS website you will be able to access your page within 24 hours. If you are new to MTS, your registration details will be sent to you within 24 hours – please check your junk mail if this does not appear in your inbox.
3. To prepare for your MTS course, please complete the emodules in the table (right)
4. Go to IRIS learning and search for PGD training for A&E

#### Triage Competency Document: Individual record of supervision and competence

##### Criteria

Staff undertaking the role as a triage nurse should be a registered healthcare professional experienced in emergency care with a least 12 years post registration and at least 9 months emergency care experience. You will be required to undertake triage training and complete an assessment before triaging independently in the Emergency Department

##### Criteria must be met to establish competency

- Appropriate communication with patient
- Correct use of presentational flow chart
- Specific discriminators correctly selected
- Observation (when needed) and Pain score recorded
- PGD given if needed
- Correct Triage Category assigned (Based on patient presentation and discriminators)
- Demonstrated ability to navigate the computerised triage system
- Triage record legible and named
- Appropriate use of diagnostics
- Streamed to correct area (e.g. PAT chairs, minors)
- 

E-learning module	Please complete all checked e-modules prior to attending your session
Introduction	<input type="checkbox"/>
General and Specific Discriminators	<input type="checkbox"/>
Pain	<input type="checkbox"/>
Behaviour	<input type="checkbox"/>
Children	<input type="checkbox"/>
Illness	<input type="checkbox"/>
Injury	<input type="checkbox"/>
Triage Event	<input type="checkbox"/>

CCT2.1.1-2.2.6 (27), CD 3 1.2.1 (63)

**Record of Observation:**

**Must achieve 10 complete triages**

	Date	Time	Complaint	Complete Y or N	Accurate Y or N	PGD given? Which ones?	Which diagnostics were ordered? Are they appropriate?	SECAmb Pin sign off Y or N	Name of Assessor	Signature of Assessor
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

## Patient Group Directives

Confirmation of PGD training: Iris eLearning face to face

Signature of Practice Educator:

Date:

NICE guidelines completed (date):

## Learning Resources

- British association for nursing in cardiovascular care <https://www.bancc.org.uk/pages/default.asp>
- British Thoracic Society <https://www.brit-thoracic.org.uk/working-in-respiratory/working-in-the-specialty/respiratory-nurse-specialists/>
- Clinical Skills.net <https://www.clinicalskills.net/login>
- The Royal Marsden Manual <https://www.rmonline.co.uk/>
- Diabetes UK <https://www.diabetes.co.uk/>
- British Heart Foundation <https://www.bhf.org.uk/>
- NICE <https://www.nice.org.uk/>
- NMC <https://www.nmc.org.uk/>
- Royal College of Nursing <https://www.rcn.org.uk/>
- BACCN <https://www.baccn.org/>
- Stroke Association <https://www.stroke.org.uk/>
- Royal college of Psychiatrist <https://www.rcpsych.ac.uk/>
- NCEPOD <https://www.ncepod.org.uk/>
- Macmillan <https://www.macmillan.org.uk/>
- British Geriatric Society <https://www.bgs.org.uk/resources/>
- Palliative care Research Society <https://www.pcrs.org.uk/>
- CQC Priorities for care part of new approach to care for dying people <https://www.cqc.org.uk/news/stories/priorities-care-part-new-approach-care-dying-people>
- British Association of Nurses in Cardiovascular care [www.bancc.org](http://www.bancc.org)
- European Society of Cardiology guidelines 2017 <https://www.escardio.org/Guidelines/Clinical-Practice-Guidelines>
- Individualised Care Plan for a Dying Person available on Microguide. Last accessed September 25<sup>th</sup> 2019
- National Institute for Clinical Excellence guidelines 2017 [www.nice.org.uk](https://www.nice.org.uk)
- NHS England website: [www.england.nhs.uk](http://www.england.nhs.uk)
- Nursing and Midwifery council website [www.nmc.org.uk](https://www.nmc.org.uk)
- Sandau, K.E, Funk M et al 2017 Update to Practice Standards for Electrocardiograph Monitoring in Hospital Settings: A scientific statement from the American Heart Association Circulation November, 2017.
- Royal College of Nursing website: [www.rcn.org.uk](https://www.rcn.org.uk)
- Tortora, G.J and B.H. Derrickson. 2011 Principles of Anatomy and Physiology 13<sup>th</sup> ed John Wiley. New York.
- Wesley, K.M.D. 2011 Huszars ECG and 12 Lead interpretation. 5<sup>th</sup> ed Elsevier. St Louis Missouri.
- ECA competencies from the Emergency Care Association

- Resus Competences created by Alice Edmondson
- Trauma level 1 competencies
- Plaster competencies- adapted from ECA level 1 competencies Nursing Standard. 23, 51, 49-56. doi: 10.7748/ns2009.08.23.51.49.c7224
- <https://www.rcem.ac.uk/>
- National Major Trauma Nursing Group Level 1 trauma competencies <http://www.nmtng.co.uk/>

Policies and Procedures- use infonet to search for any relevant policies

<https://www.bsuh.nhs.uk/clinical/teams-and-departments/dietetics/policies-protocols-and-tools/?assetdet7882416=312319&p=2>

# REFLECTIVE ACCOUNTS FORM



Reflective account:

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

How did you change or improve your practice as a result?

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

*Notes:*