|  | **Self-Assessment** | **Validation**  **Method (s)**  **Circle One or More** | **Evaluation Score**  **(if <2, initiate development plan)** | **Date and Initials** | | | **Age Category** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORIENTATION OF EMERGENCY DEPARTMENT** |  |  |  | **Date** | **Employee** | **Preceptor** | **N** | **I** | **EC** | **LC** | **A** |
| **Introduction and Department Information** |  |  |  |  |  |  |  |  |  |  |  |
| 1. Access to COPPER policies & procedures on intranet |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Orients to where to find Pediatric Equipment/Supplies |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Review components of ESI 5-Level triage |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Pediatric ED Codes  * Identify the location of the Peds code carts * Role of staff in code blue |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Family Centered, culturally competent care |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| **Pediatric Assessment** | **Self-Assessment** | **Validation**  **Method (s)** | **Evaluation Score** | **Date** | **Employee** | **Preceptor** | **N** | **I** | **EC** | **LC** | **A** |
| **Respiratory – Assesses/address respiratory status** |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss Pediatric Nebulizer and Bronchodilator Therapy |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Verbalize and demonstrate different methods of O2 delivery for a peds patient |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Demonstrates safe practice with portable O2 |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Demonstrates correct application and use of ambu bag/neonate anesthesia bag |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Recognizes clinical findings which may indicate congenital heart disease |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Assesses need to obtain baseline hematological studies. Recognizes abnormal hematological studies. |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Documents assessment findings appropriately |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Complete an EKG   -Take EKG quiz and competency |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| **Neurological – Assess/address neurological status** | **Self-Assessment** | **Validation**  **Method (s)**  **Circle One or More** | **Evaluation Score**  **(if <2, initiate development plan)** | **Date** | **Employee** | **Preceptor** | **N** | **I** | **EC** | **LC** | **A** |
| Stroke patients   * Verbalizes how to call a stroke alert * Verbalizes signs and symptoms of a stroke |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| Seizure patients   * Verbalizes care for patients during a seizure * Verbalizes and identifies the location of seizure pads. |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| Lumbar puncture   * Verbalizes and demonstrates appropriate holding and positioning technique for pediatric lumbar puncture * Verbalizes differences and where to locate pediatric LP set up * Discuss order of tubes, labeling, and transport to lab |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| **Endocrine – Assess/address endocrine status** | **Self-Assessment** | **Validation**  **Method (s)**  **Circle One or More** | **Evaluation Score**  **(if <2, initiate development plan)** | **Date** | **Employee** | **Preceptor** | **N** | **I** | **EC** | **LC** | **A** |
| 1. Fluid resuscitation with Parkland formula |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Wound care for burn patients |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Criteria for transfer to burn center |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Rule of nines |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| **Vital Signs** | **Self-Assessment** | **Validation**  **Method (s)**  **Circle One or More** | **Evaluation Score**  **(if <2, initiate development plan)** | **Date** | **Employee** | **Preceptor** | **N** | **I** | **EC** | **LC** | **A** |
| 1. Verbalizes resources for normal pediatric vital signs |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Verbalizes age appropriate methods for obtaining a child’s weight and height |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Verbalizes age appropriate methods for obtaining a child’s temperature (rectal, tympanic, temporal) |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Verbalize appropriate size BP cuff for obtaining a blood pressure on children. |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Verbalizes and demonstrates use of Pediatric Early Warning Signs S scoring **(competency)** |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Notification of critical vital signs |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| **IV Therapy** | **Self-Assessment** | **Validation**  **Method (s)**  **Circle One or More** | **Evaluation Score**  **(if <2, initiate development plan)** | **Date** | **Employee** | **Preceptor** | **N** | **I** | **EC** | **LC** | **A** |
| 1. Complete Pediatric IV Insertion Competency |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. State fluid bolus formula |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Identify the location of 3, 4 & 5 fr Cook Central Catheters |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss insertion of IO |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| **Ophthalmology/Eye Exam** | **Self-Assessment** | **Validation**  **Method (s)** | **Evaluation Score** | **Date** | **Employee** | **Preceptor** | **N** | **I** | **EC** | **LC** | **A** |
| 1. Obtain a visual acuity |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Locate and describe use of eye irrigation equipment |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Name 2 contraindications for the use of Morgan lens |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Identify the location of the tonopen and tonopen tip covers |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Identify the eyewash station |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Identify the location of the woods lamp |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Identify the location of the fluorescence strips |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| **ENT – Assesses/Addresses ENT status** | **Self-Assessment** | **Validation**  **Method (s)** | **Evaluation Score** | **Date** | **Employee** | **Preceptor** | **N** | **I** | **EC** | **LC** | **A** |
| 1. Describe/locate equipment for ear irrigation |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss methods to control epistaxis |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss methods for retrieval of foreign bodies |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss post op tonsillectomy bleeding management |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| **Phlebotomy/POC** | **Self-Assessment** | **Validation**  **Method (s)** | **Evaluation Score** | **Date** | **Employee** | **Preceptor** | **N** | **I** | **EC** | **LC** | **A** |
| 1. Proper sequence and technique for filling and bedside labeling of blood specimens |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Locate pediatric blood tubes |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Complete Blood Culture competency |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Complete point of care training with the lab |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Verbalize procedure for quality control of point of care supplies |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| **EMS Relations** | **Self-Assessment** | **Validation**  **Method (s)** | **Evaluation Score** | **Date** | **Employee** | **Preceptor** | **N** | **I** | **EC** | **LC** | **A** |
| 1. RN presence in patient room on EMS arrival |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. EMS room placement |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. “Silent Report” (Listening to entire EMS report before asking questions or starting to ask the patient) |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. EMS feedback |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Locate backboard/EMS equipment storage |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Room setup for EMS arrival |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. EMS coordinator role |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Verbalize transfer process and access center |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Locate and verbalize what EMTALA is and how to complete the form |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Locate and verbalize PCS form |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. BioPhone   **Complete the BioPhone class with EMS coordinator** |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| **Hazmat** | **Self-Assessment** | **Validation**  **Method (s)** | **Evaluation Score** | **Date** | **Employee** | **Preceptor** | **N** | **I** | **EC** | **LC** | **A** |
| 1. Locate decontamination equipment |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Locate decontamination shower and describe process for use |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Describe process for emptying decontamination shower waste tank and capacity |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Locate reference material for decontamination procedures |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss staff roles |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Review Emergency Preparedness power point and complete worksheet |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| **Mental Health** | **Self-Assessment** | **Validation**  **Method (s)** | **Evaluation Score** | **Date** | **Employee** | **Preceptor** | **N** | **I** | **EC** | **LC** | **A** |
| 1. State who can place a patient on a Mental Health Hold (M1), Drug or Alcohol Hold |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Demonstrate proper way to document after a psychotropic medication is given |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Locate the forms used for MI hold placement and describe the disposition of forms |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Identify system for professional psychological assessments |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Verbalize patients who should be on security watch |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Verbalize and demonstrate appropriate use of restraints   **(Competency)** |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Describe the plan of care for the restrained patient |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Identify the location of the restraint flow sheet and review |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss proper placement of soft and leather restraints |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss procedure for involvement of charge nurse for pediatric restraints |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Demonstrate the procedure for obtaining an exhaled alcohol level |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Identify the location of the breathalyzer |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| **Death in ED** | **Self-Assessment** | **Validation**  **Method (s)** | **Evaluation Score** | **Date** | **Employee** | **Preceptor** | **N** | **I** | **EC** | **LC** | **A** |
| 1. State use of required forms to be completed following a death and locate these forms, including EDM flowsheet |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Verbalize procedures for contacting coroner |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Verbalize procedure for contacting Donor Alliance |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Describe proper identification of the body |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Identify appropriate persons to approach and obtain signed consent from the family regarding tissue donation |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Locate body bags |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Describe proper procedure and paperwork for taking the body to the morgue |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| **Patient Admission Procedure** | **Self-Assessment** | **Validation**  **Method (s)** | **Evaluation Score** | **Date** | **Employee** | **Preceptor** | **N** | **I** | **EC** | **LC** | **A** |
| **Inpatient admission/transfer out** |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss SBAR for RN report to floors |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss the holding procedure for admitted patients |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss the role of the Holding RN with holding patients |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss the process for obtaining holding patient meds from pharmacy |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss the disposition of holding patient meds when patient goes to floor |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss process for RN to RN report for transfers |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss what part of the record goes with transfer patients |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |
| 1. Discuss how to obtain copies of CT scans and x-rays for transfers |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |