|  | **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
 |  |  |  |  |  |  | **√** | **√** | **√** | **√** | **√** |