Skills/Experience Checklist
Hospice Nurse Practitioner

- This form is a self-assessment of your current skills and abilities.
- This form is also used to document skill demonstration.

EMPLOYEE PROFILE			
Last Name	First Name	Middle Initial	Employee Number
Direct Supervisor (Name)	Date Form Initiated	NP	
CPR/BLS Card – expiration date			

The Instructions below will guide you in completing the form.

Previous Experience (Sections NP Must Complete)	Instruction, Review or Skill Demonstration (Sections Supervisor or Preceptor Must Complete)
Place X in appropriate column using the key below: A = I am competent to supervise this skill B = I am competent to perform this skill without supervision C = I need to review this skill D = I need additional instruction on this skill E = I have not performed this skill	**Supervisor:** Indicate whether or not a review of policies/procedures or instruction is required then document completion in the appropriate columns. If C or D is selected by the NP, review the instruction and skills demonstration (if applicable) prior to assignment to applicable patients. **Preceptor:** Document completion of skills demonstration or indicates NA as applicable. A date and initials in the Skill Demonstration column indicates competency has been achieved. Where actual hands on is not realistic within orientation time (due to case or patient type unavailable), review policy and provide case scenario and indicate this mode of verification of competency. Do not date or initial until competency is achieved. An additional column is provided for repeat demonstrations. **Complete the signature section at the end of this form.** ***All NPs must demonstrate competencies for items in bold text and marked with an asterisk (*) prior to the first assignment requiring those skills.***
	How Competency Demonstrated **DO** Direct observation **V** Verbalization **S** Simulation **CR** Chart Review Preceptor/Manager place # of competency and corresponding letter identifying how competency demonstrated in appropriate column(s)

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Infection Control						1. Institute Standard Precautions at all times 2. Perform proper bag technique 3. Perform hand washing per CDC guidelines 4. Use Personal Protective Equipment (PPE) appropriately 5. Properly handle bio-hazardous materials 6. Demonstrate proper sharps disposal 7. Understand Exposure Control Plan and related responsibilities 8. Understand responsibility to report patient infections and communicable diseases 9. Demonstrate location of Infection Control Policies 10. Demonstrate aseptic and sterile technique appropriately				
Bag Technique						1. Bag contains at least the following: a. Hand washing equipment – skin cleanser and paper towels b. Blood pressure equipment: stethoscope/sphygmomanometer c. Tape measure for wounds 2. Disposable Items are not expired. 3. Bag is placed on a clean surface in the car and in the home. a. If this is not possible, a barrier is placed under the bag 4. Prior to administering care, skin cleanser and paper towels are removed and hands are washed. a. These supplies are left at the sink for hand washing at end of the visit 5. After hand washing, the supplies and/or equipment needed for the visit are removed from the bag				

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Bag Technique (continued)						6. After the visit, reusable equipment is cleaned using all approved disinfectant and/or soap and water as appropriate, hands are washed, and equipment and supplies are returned to the bag. 7. Hands are washed prior to returning clean equipment to the bag 8. Paper towels/newspapers used as protective barrier for bag placement in the patient/s home are disposed of				
Hand-Washing Technique						1. With hands angled downward under the faucet, adjusts the water temperature until it is comfortably warm 2. Works up a generous lather by scrubbing vigorously for at least 20 seconds (Takes care to clean beneath fingernails, around knuckles, and along the sides of fingers and hands) 3. Rinses hands completely to wash away suds and microorganisms 4. Pats dry with a paper towel 5. To prevent recontamination, covers each faucet handle with a dry paper towel when turning off the water				
Sterile Technique						1. Inspect all packaging (Did not use if packaging is wet/damaged) 2. Inspected all bottles or solution bags for signs of contamination 3. Made sure the inside did not touch anything on the outside when opening package 4. Did not touch any sterile items with his/her hands 5. Always wore sterile gloves before touching sterile items				

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Sterile Technique (continued)						6. Always placed sterile items only on a sterile surface (May be a separate sterile cloth or the inside of the sterile packaging if it has not touched a non-sterile item) 7. When changing the sterile dressing, wore one pair of gloves to remove the soiled dressing 8. Removed the soiled gloves 9. Used a pair of sterile gloves to cleanse wound and apply sterile dressing 10. Cleansed area in circular motion (center to wound edge)				
Aseptic Technique						1. Work area is kept clean with appropriate disinfecting or cleaning solution 2. Wiped the area with alcohol or the disinfectant solution 3. Cleaned the area after the procedure 4. Washed hands before and after the procedure 5. Kept traffic in the area to a minimum, if possible 6. Avoided direct currents on the area from open windows, doors, heat or air conditioning vents 7. If he/she was not sure if an item was clean, he/she threw it out or cleaned it prior to use				
Core Competencies						1. Accurately measure a Mid-Arm Circumference (MAC) 2. Accurately calculate Basil Metabolic Index (BMI) 3. Assess and accurately calculate a Palliative Performance Scale (PPS) 4. Assess and accurately calculate a Functional Assessment of Staging for Alzheimer's Disease (FAST) 5. Assess and accurately calculate New York Heart Association Classification (NYHA) 6. Utilize approved scales in the Hospice Eligibility Toolbox (HETB)				

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Core Competencies (continued)						7. Obtain complete health history 8. Perform complete physical exam 9. Order/perform diagnostic tests when appropriate 10. Interpret clinical findings 11. Develop differential diagnosis 12. Develop health care problem list 13. Develop/implement appropriate plan of care 14. Identify/use available resources 15. Arrange referrals/consults appropriately where indicated • Consult with physicians • Consult with pharmacists • Consult with IDG team members: social work, spiritual, bereavement, volunteer, etc. • Consult with family, support system community resources • Consult with other therapies: nutritionist, speech, occupation, etc. 16. Coordinate medical follow-up 17. Develop/implement exacerbation prevention plan 18. Develop/implement injury prevention plan 20. Provide patient/family education and counseling disease- specific Develop/implement injury prevention plan 21. Provide patient/family education and counseling disease specific 22. Provide patient/family education and counseling regarding end-of-life 23. Documentation to established standards				

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Vital Signs						1. Accurately take an apical pulse for one minute 2. Identify abnormalities in heart rate and rhythm 3. Demonstrate proper technique of taking a BP and Identifying abnormalities (i.e. pulse pressure) 4. Evaluate and interpret vital sign trends 5. Pulse oximetry				
Neuro						1. Assess Level of Consciousness and orientation 2. Assess sensation, memory, perception and judgment 3. Utilize approved scales in the Hospice Eligibility Toolbox (HETB) 4. Identify vasovagal syncope and implement appropriate plan 5. Utilize additional neuro-specific assessment (evidenced-based) scales and tests outside of toolbox where appropriate (i.e. mini-mental, finger-to-nose test, etc.) 6. Recognize disease-specific features of the following diseases and how they contribute to prognosis and/or hospice eligibility: • Stroke (hemorrhagic vs. ischemic) • TIAs (transient ischemic attacks) • Multiple Sclerosis • Parkinson's • Traumatic Brain injuries • ALS and other neurodegenerative disease • Dementias (Alzheimer's, frontal lobe, senile, etc.) • Brain Tumors 7. Ability to differentiate between dementias based on clinical findings (i.e. vascular; stroke vs. Alzheimer's) 8. Ability to differentiate between dementias based on clinical findings (i.e. vascular (stroke vs. Alzheimer's))				

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Respiratory Assessment						1. Assess breath sounds and interpret clinical findings 2. Recognize disease-specific features of the following diseases and how they contribute to prognosis and/or hospice eligibility: • COPD • Asthma • Chronic bronchitis • Emphysema • Lung Cancers • Aspiration • Pneumonias • Pulmonary Fibrosis 3. Identify interrelationship of various cardiopulmonary disease processes, and their impact on prognosis and/or hospice eligibility 4. Suctioning • Identify and document indications for suctioning • Able to suction secretions (oral, nasal, in tracheal) using proper techniques 5. Tracheostomy Care • Able to inflate and deflate cuff when indicated • Able to maintain patent airway • Provide tracheostomy care per procedure 6. Oxygen administration • Properly regulate oxygen via mask, cannula, CPAP, BiPAP 7. Ability to manage respiratory treatment modalities (inclusive but not limited to): • Nebulizer treatment • MDIs and other inhalers • BiPAP • CPAP				

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Respiratory Assessment (continued)						8. Identify potential and actual problems and appropriate interventions 9. Document assessment, interventions, and evaluation of effectiveness and update Plan of Care 10. Peak Flow meter Application and interpretation 11. Interpretation of Arterial Blood Gases (ABGs) 12. X-ray interpretation of chest				
Cardiac						1. Assess adequate circulation including pulses, capillary refill, skin temperature, skin color and edema and accurately document 2. Identify signs and symptoms of fluid retention 3. Identify postural hypotension 4. Identify pacemaker/internal cardiac defibrillator 5. Knowledge on pacemakers and AICDS/distinguish types of pacemakers 6. Understand Pacemaker/Internal Cardiac Defibrillator deactivation 7. Understand related institutional policy 8. Able to monitor Left Ventricular Assist Device* 9. Able to monitor Inotropic Drug Infusion* 10. Identify potential and actual problems and appropriate interventions, evaluate effectiveness and update Plan of Care 11. Assess and accurately calculate New York heart Association Classification (NYHA) 12. Recognize disease-specific features of the following diseases and how they contribute to prognosis and/or hospice eligibility: • Congestive Heart Failure • Various Arrhythmias: - Atrial Fibrillation - Ventricular Arrhythmias - Paroxysmal and sustained SVT - Heart blocks - Cardiomyopathies				

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Cardiac (continued)						- Myocardial Infarctions - Others - Pericarditis - Coronary Artery disease - Angina - Murmurs/valvular heart disease				
Skin/Wound						1. Perform skin assessment using Norton Pressure Score Risk Assessment in HETB 2. Demonstrate ability to properly stage pressure ulcers I-IV 3. Ability to differentiate between vascular stasis wounds, diabetic wounds, and pressure ulcerations 4. Ability to manage complex wounds such as weeping, non-healing advanced, deep and/or infected 5. Identify potential and actual problems and appropriate interventions by type of wound 6. Perform diabetic skin/foot/nail assessment and teaching 7. Document wound assessment and wound(s) appearance, interventions at each visit and update the Plan of Care 8. Implement Unna boot therapies appropriately 9. Application and/or orders wound dressings appropriate to wound type 10. Suture removal 11. Suture insertion 12. Steri-Strip Application 13. Punch biopsy 14. Debridement concepts of wounds				
Gastrointestinal/ Nutrition						1. Assess and document swallowing status 2. Assess and document oral and dental status 3. Assess and document percentage of intake/changes in intake				

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Gastrointestinal/ Nutrition (continued)						4. Able to complete nutritional screening/assessment 5. Identify quantity and quality of bowel sounds 6. Identify potential and actual problems and appropriate interventions including consulting dietician 7. Initiate bowel program in response to opioid therapy 8. Manage fecal impactions appropriately 9. Nasogastric tube • Able to change Nasogastric tube • Assess tube for placement and patency • Properly perform irrigation • Insertion if appropriate 10. Gastrostomy Tube • Able to change Gastrostomy tube • Assess tube for placement and patency • Properly perform irrigation • Maintain site 11. Jejunostomy tube • Assess tube for placement and patency • Maintain site 12. Ability to identify dumping syndrome with tube feedings and adjust plan of care appropriately 13. Ostomy management • Able to change appliance • Maintain skin integrity 14. Document patient appearance as related to intake (i.e. sunken cheeks, cachectic) 15. Identify potential and actual problems and appropriate interventions, evaluate effectiveness and update Plan of Care 16. Assess for bowel incontinence 17. Recognize disease-specific features of the following diseases and how they contribute to prognosis and/or hospice eligibility:				

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Gastrointestinal/ Nutrition (continued)						• Hepatitis • Liver cancer • Bowel cancers and tumors • Malabsorption • Malnutrition				
Diabetic Management						1. Review trends of blood glucose and interpret findings and its application as a primary or comorbid condition through fact-to-face and/or episodic visits 2. Identify patients at risk for hypo and hyperglycemic reactions 3. Know the signs and symptoms of hypo and hyperglycemia 4. Identify knowledge patient and caregiver knowledge deficits, provide education and document patient/caregiver understanding 5. Communicate changes to the physician appropriately and update Plan of Care 6. Able to assess and interpret complications common to diabetes, identify if they are present 7. Able to assess neuropathy using microfilament testing 8. Able to identify when there is a need for de-escalation of diabetic medications and addresses appropriate with HMD				
Genitourinary						1. Assess urine output for quality and quantity 2. Assess for urinary continence 3. Foley Catheter • Able to insert using proper procedure • Routinely assess tube for placement and patency • Properly perform irrigation • Maintain Catheter and insertion site				

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Genitourinary (continued)						4. Suprapubic catheter care • Assess tube for placement and patency • Properly perform irrigation • Maintain catheter and insertion site • Ability to perform a catheter exchange 5. Nephrostomy tube management and irrigation 6. Assess for signs and symptoms of UTI and adjust Plan of Care with the collaboration of the HMD and IDG team members 7. Understand and evaluate related clinical changes with UTI (i.e. VS, behavior, intake, etc.) 8. Identify potential and actual problems and appropriate interventions and updates Plan of Care 9. Recognize disease-specific features of the following diseases and how they contribute to prognosis and/or hospice eligibility: • Differentiate between cystitis and pyelonephritis • Benign prostatic hypertrophy • Prostatitis • Prostate Cancer • Bladder and kidney cancers				
Other Body Systems						**Ears, eyes, nose, throat:** 1. Cancers and tumors of head and neck 2. Infectious processes of head and neck including but not limited to: • Ear infections • Allergic rhinitis • Pharyngitis and oral candidiasis • Conjunctivitis 3. Cerumen Impaction Removal* **Skin:** 1. Malignant and benign melanomas 2. Herpes Zoster				

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Other Body Systems (continued)						3. Scabies 4. Contact dermatitis 5. Tinea corporis and Tinea pedis **Endocrine:** 1. Thyroid dysfunction included but not limited to: • Graves' disease • Myexedema • General thyroid dysfunction 2. Adrenal insufficiencies and associated disorders **Hematological:** 1. Various anemias and their impact on hospice eligibility and life expectancy: • Iron deficiency • Folic acid deficiency • Sickle cell • Pernicious anemia **Musculoskeletal:** 1. Recognize disease-specific features of the following diseases and how they contribute to prognosis and/or hospice eligibility: • Osteoporosis • Osteomyelitis • Rheumatoid arthritis • Osteoarthritis • Muscular dystrophy				
Functional Status						1. Able to complete functional status assessment 2. Identify potential and actual problems and appropriate interventions including need for hospice aide services 3. Able to differentiate between deficits that are caused by cognitive disease vs. physical disease 4. Identify potential and actual problems and appropriate interventions including consulting PT and OT, as appropriate				

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Functional Status (continued)						5. Positioning: • Able to properly align body • Support joints and limbs • Float pressure points 6. Identify actual and potential problems and appropriate interventions 7. Document assessment, interventions, and evaluation of effectiveness and update Plan of Care • Identify and address with HMD appropriate need for DME assisted devices or equipment				
Psychosocial						1. Able to accurately assess the patients and caregivers coping mechanism, adjustment and risk factors 2. Identify potential and actual problems and appropriate interventions including the use of volunteer services in collaboration with the Medical Social Worker 3. Meet psycho-social needs in collaboration with CMRN and the MSW 4. Understand institutional policy and procedure on client suicide risk • Able to differentiate between depression, grief and suicide risk				
Spiritual						1. Able to accurately assess patient spiritual/religious preferences and needs 2. Identify potential and actual problems and appropriate interventions in collaboration with the Spiritual Care Coordinator 3. Meet spiritual needs in collaboration with the CMRN and Spiritual Care Coordinator (SCC)				
Patient Safety						1. Able to accurately calculate a Fall Risk Assessment Score using the HETB appropriately				

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Patient Safety (continued)						2. Able to accurately complete an environmental risk assessment including oxygen safety 3. Identify potential and actual problems, and appropriate interventions and updates the Plan of Care 4. Utilize principles of proper body mechanics				
Symptom Management						1. Assess the patient considering individual differences, cultural background, terminal diagnosis, co morbid conditions 2. Consistently evaluates and documents patient outcome measures 3. Identify the patient's level of pain, dyspnea, anxiety and shortness of breath at each face-to-face and/or episodic visits using the appropriate scale and documents accurately 4. Plans care based on the patient's assessed needs, symptom management protocols and physician collaboration 5. Evaluate and implement non pharmacological measures 6. Evaluate and document effectiveness of symptom management and updates Plan of Care 7. Educate the patient and caregiver on symptom management and document education and understanding in the medical record 8. Recognize and address (from a hospice philosophy goal of care) the following common GI symptoms associated with end-of-life: • Constipation • Diarrhea • Irritable bowel syndrome • Acute gastroenteritis • Nausea/vomiting • Hemorrhoids • Duodenal ulcer				

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Symptom Management (continued)						• Cholecystitis • Pyloric stenosis and other upper GI stenosis etiologies • Dehydration 9. Recognize and address (from a hospice philosophy goal of care) the following common Neuro symptoms associated with end-of-life: • Dementia related behavioral disturbances • Hallucinations • Aggression • Psychosis • Headaches 10. Recognize and address (from a hospice philosophy goal of care) the following common pulmonary symptoms associated with end-of-life: • Respiratory failure, respiratory distress and associated dyspnea • Upper respiratory infections • Cyanosis/mottling 11. Recognize and address (from a hospice philosophy goal of care) the following common cardiovascular sympt9oms associated with end-of-life: • Bradycardias and tachycardias • Low perfusion states (mentation, mottling, etc.)				
Comprehensive Plan of Care						1. Identify potential and actual diagnosis related to history, physicals and follow-up face-to-face visits or episodic visits 2. Develop and implement adjustments to established care plans with the patient/caregivers participation and document involvement in the medical record 3. Evaluate needs/progress at each face-to-face visit and/or episodic visit and address findings with the IDG and HMD				

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Comprehensive Plan of Care (continued)						4. Update plan of care based on on-going assessment, changes in patient condition and goals 5. Actively participate in IDG using the IDG Care Process (when NP attends) 6. Able to communicate measurable data and all clinical findings indicating a limited life expectancy of 6 months or less				
Reassessment						1. Perform ongoing comparison from last face-to-face visit and/or episodic visit highlighting changes in condition and/or changes in underlying disease process and associated symptomology 2. Document changes and/or trends in note effectively 3. Collect and assess objective and subjective data in a systematic manner, focusing on physical, bio-psychosocial and spiritual status of patient and their response to care 4. Utilize and understand the tools associated with pain assessment including the pain – ad scale and other pain assessment scales 5. Document pain descriptors appropriately in the medical record				
Discharge Planning						1. Identify difference between discharge and revocation 2. Assist in coordinating care across the continuum 3. Assist in planning care to include any necessary family counseling, patient education, or other services before the patient is discharged 4. Identify three (3) reasons CMS allows a hospice to discharge a patient				
Medication Management						1. Identify drug allergies 2. Observe and report adverse drug reaction • Assess patient for adverse reaction • Notify physician and intervenes appropriately • Report using incident report				

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Medication Management (continued)						3. Knowledgeable of drug formulary 4. Use approval process for off formulary medications 5. Patient/caregiver teaching related to medications • Explain reason for drug, action and side effects • Explain precautions related to food-drug • interactions • Explain how to assess for effectiveness and when and how to communicate needs to the RNXCM/on-call staff 6. Prescribe appropriate medications, inclusive of selecting correct drug, dose, route for client needs within the scope of hospice goals of care. 7. Prescribe and identify specific non-pharmacological therapeutic interventions for symptom management 8. Review medication treatment profile evaluating medication effectiveness, pharmacological and non-pharmacological therapy, duplicative therapy, potential and actual drug interactions, and side effects at face-to-face visits and/or episodic visits with the client/family 9. Engage HMD and IDG team when problems identified 10. Identify and discuss with CMRN, HMD and IDG team medications for de-escalation, non-beneficial and cost effective solutions				
Infusion Therapy Competency **Peripheral IV Insertion (INS Manual Ch 5)** **Vascular Access Device (VAD) Procedure**						1. Review the Physician's order 2. Verify the patient's identity using 2 independent identifiers 3. Peripheral Catheters a. Explain the procedure to the patient b. Place patient in recumbent position, as tolerated c. Wash Hands d. Gather Supplies				

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Peripheral IV Insertion (INS Manual Ch 5) **Vascular Access Device (VAD) Procedure continued**						e. Assess the upper extremities for an appropriate venipuncture site f. Prepare insertion site i. If visibly soiled, cleanse with antiseptic soap and water ii. Remove excess hair, if necessary g. Wash hands / don non-sterile gloves h. Cleanse insertion site with antiseptic solution; allow to dry completely i. Chlorhexidine solution (preferred): apply using a back-and-forth motion for at least 30 seconds ii. Povidone-iodine: apply using swab sticks in a concentric circle beginning at the catheter insertion site, then moving outward; it must remain on the skin for at least 2 minutes or longer to completely dry for adequate antisepsis j. Apply a tourniquet above the intended venipuncture site k. Stabilize the selected vein below the intended venipuncture site l. Insert the VAD according to manufacturer's directions for use m. Release the tourniquet n. Attach connector; flush catheter with primed saline flush, or attach primed administration set. i. Observe the site for signs of swelling, or patient complaints of discomfort or pain, removing VAD if present o. Stabilize the VAD with sterile tape, surgical strips, or a stabilization device p. Apply transparent dressing over insertion site q. Discard used supplies appropriately				

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Peripheral IV Insertion (INS Manual Ch 5) **Vascular Access Device (VAD) Procedure continued**						r. Remove gloves/wash hands s. Label dressing: i. Date and time of insertion ii. Gauge and length of VAD iii. Initials of inserter t. Document procedure in the patient's electronic medical record. Include: VAD size/length; site of insertion; infusion fluids connected or flush used; how patient tolerated procedure; patient instructions provided				
Dressing Change Procedures (INS Manual-Ch 6) **Short Peripheral Catheter**						1. Review the Physician's order 2. Verify the patient's identity using 2 identifiers 3. Short Peripheral Catheter a. Wash Hands b. Gather Supplies c. Explain procedure to patient d. Apply gloves e. Assess insertion site for redness, tenderness, swelling, or drainage f. Remove existing dressing, beginning at device hub & gently pulling the dressing perpendicular to the skin toward the insertion site g. Remove stabilization device h. Cleanse skin with antiseptic solution; dry i. Chlorhexidine solution (preferred): apply using a back-and-forth motion at least 30 seconds ii. Povidone-iodine: apply using swab sticks in a concentric circle beginning at the catheter insertion site, moving outward; it must remain on the skin for at least 2 minutes or longer to dry completely for adequate antisepsis				

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Dressing Change Procedures (INS Manual-Ch 6) **Short Peripheral Catheter**						i. Apply stabilization device, surgical strips, or sterile tape j. Apply transparent dressing (or gauze and tape) dressing to insertion site k. Discard used supplies appropriately l. Remove gloves and discard m. Wash hands n. Label dressing with date, time, and initials of nurse performing procedure o. Document procedure in patient's EMR				
Dressing Change Procedures (INS Manual-Ch 6) **Central Venous Access Device; PICC or Midline Catheter**						1. Review the Physician's order 2. Verify the patient's identity using 2 independent identifiers 3. Central Venous Access Device; PICC or Midline Catheter a. Wash Hands b. Gather Supplies c. Explain procedure to patient d. Don mask e. Assess insertion site for redness, tenderness, swelling or drainage f. Remove existing dressing, beginning at device hub and gently pulling the dressing perpendicular to the skin toward the insertion site g. Remove stabilization device, if applicable h. Remove gloves i. Wash hands j. Don sterile gloves k. Measure external length of CVAD or midline catheter l. Cleanse skin with antiseptic solution; allow to dry completely i. Chlorhexidine solution (preferred): apply using a back-and-forth motion for at least 30 seconds				

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Dressing Change Procedures (INS Manual-Ch 6) **Central Venous Access Device; PICC or Midline Catheter continued**						ii. Povidone-iodine: apply using swab sticks in a concentric circle beginning at the catheter insertion site, moving outward; it must remain on the skin for at least 2 minutes or longer to dry completely for adequate antisepsis m. Discard used supplies in appropriate receptacles n. Remove gloves and discard o. Wash hands p. Label dressing with date, time, initials of nurse performing the procedure q. Document procedure in patient's permanent medical record				
Infusion Flushing Procedure for Vascular Access Devices (VAC)						1. Review the Physician's order 2. Verify the patient's identity using 2 independent identifiers 3. Infusion Flushing Procedure for Vascular Access Devices (VAC) a. Wash hands b. Gather supplies c. Don gloves d. Disinfect needless connector with antiseptic wipe using friction and a scrubbing motion; allow to dry completely e. Attach syringe of preservative-free 0.9% sodium chloride (USP) to needleless connector while maintaining the sterility of the syringe tip f. Open VAD clam, if present g. Slowly aspirate until brisk blood return is obtained h. Slowly inject preservative-free 0.9% sodium chloride (USP) into VAD, noting any resistance or sluggishness of flow i. Never inject against resistance				

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Infusion Flushing Procedure for Vascular Access Devices (VAC) (continued)						ii. VAD will require further evaluation if unable to flush freely i. Remove syringe and discard j. Document flush solution; site status-patency; patient's tolerance to procedure k. If MD orders to keep patency with Hep-Lock: i. Flush with saline ii. Instill Hep-Lock iii. Document procedure l. Implanted vascular access ports are accessed using only a non-cording needle m. Power injection will be performed only with implanted vascular access ports and non-coring needles identified as power-injection compatible n. When administering an infusion via an implanted port, the non-coring needle is replaced at least every 7 days o. The implanted port should be accessed, flushed, and locked every 4 weeks or per MD orders				
Procedure for Port Access						1. Wash hands 2. Verify the patient's identify using two independent identifiers 3. Explain procedure to patient 4. Gather Supplies a. Mask b. Gloves, sterile c. Antiseptic solution d. Non-coring needle with extension set e. Needleless connector f. Preservative-free 0.9% sodium chloride (USP) prefilled syringe g. Gauze and tape, sterile				

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Procedure for Port Access (continued)						h. Transparent Semipermeable membrane (TSM) dressing 5. Place patient in comfortable position with head turned away from implanted port 6. Assess skin over and around implanted port; palpate port to locate septum 7. Assemble supplies on sterile field 8. Don mask and sterile gloves 9. Cleanse implanted port access site; allow to dry completely 10. Attach needleless connector to non-coring needle with extension set, and prime set with preservative-free 0.9% sodium chloride (USP) 11. With non-dominant hand, palpate and stabilize the implanted port 12. Insert non-coring needle perpendicular to the skin through septum of the port until the needle tip comes in contact with the back of the port 13. Aspirate for blood to confirm device patency and flush with preservative-free 0.9% sodium chloride (USP) 14. Stabilize non-coring needle with sterile tape; place sterile gauze to support wings of non-coring needle if present, making sure gauze does not obscure needle insertion site 15. Apply Transparent Semipermeable Membrane (TSM) dressing 16. Initiate infusion therapy as ordered 17. Discard used supplies in appropriate receptacles 18. Remove gloves and wash hands 19. Document procedure in the patient's permanent medical record				
Procedure for Port De-access						1. Wash hands 2. Verify the patient's identify using two independent identifiers 3. Explain procedure to patient				

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Procedure for Port De-access (continued)						4. Gather Supplies 1. Gloves, non-sterile 2. Preservative-free 0.9% sodium chloride (USP) prefilled syringe 3. Heparin 100 units/ml, 3-5 ml prefilled syringe 4. Gauze and tape, sterile 5. Transparent Semipermeable Membrane (TSM) dressing 5. Apply non-sterile gloves 6. Flush port with 5-10 ml of preservative-free 0.9% sodium chloride (USP) and lock port with heparin as prescribed 7. Remove dressing, noting any drainage, redness, or swelling and discard 8. Stabilize port using thumb and forefinger of non-dominant hand. Grasp needle with dominant hand and remove device, engaging safety mechanism; discard into sharps container 9. Apply gauze dressing to site if bleeding occurs 10. Discard used materials in appropriate receptacles 11. Remove gloves and wash hands 12. Document procedure in patient's permanent medical record				
Procedure for Vascular Access Device Removal						1. Wash hands 2. Verify the patient's identify using two independent identifiers 3. Explain procedure to patient 4. Gather Supplies a. PPE as indicated b. Gloves, non-sterile c. Suture removal set, as needed d. Gauze, sterile				

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Procedure for Vascular Access Device Removal (continued)						e. Petroleum based ointment, sterile f. Transparent Semipermeable Membrane (TSM) dressing 5. Explain procedure to patient a. Educate patient in Valsalva's maneuver for a CVAD removal procedures b. If a Valsalva's maneuver is contraindicated, have the patient exhale during the procedure 6. Don gloves 7. Place patient in sitting or recumbent position 8. Discontinue administration of all infusates 9. Remove dressing from insertion site 10. Remove stabilization device or sutures, if present 11. Inspect catheter-skin junction 12. Apply gauze to insertion site. With dominant hand, slowly remove catheter using gentle, even pressure a. Use extreme caution when removing central non-tunneled catheters to prevent the occurrence of air embolism b. Discontinue removal if resistance is met, and notify MD 13. Apply pressure to site with gauze for a minimum of 30 seconds, or until hemostasis is achieved 14. Apply petroleum-based ointment to exit site, cover with gauze and transparent dressing 15. Patient should remain in sitting or recumbent position for 30 minutes post CVAD removal 16. Change dressing every 24 hours until exit site is healed 17. Assess integrity of removed catheter. Compare length of catheter to original insertion length to ensure entire catheter is				

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						removed 18. Document procedure in patient's permanent medical file				
Quality Assessment Performance Improvement (QAPI)						1. Understand the QAPI function and methodology of improvement (Plan, Do, Check, Act) 2. Actively participate in data collection, audit, activities, risk management, when applicable a. Report and document all unusual occurrences per Incident Reporting Policy 3. Meet patient safety goals in all practice 4. Actively participate in Performance Improvement Projects (PIP) as appropriate 5. Report and resolve Patient Grievances using the Grievance Process 6. Identify and share improvement opportunities with the leadership team 7. Knowledgeable of Family Evaluation of Hospice Care (FEHC) and key indicators 8. Support a culture of improvement at all times 9. Promote evidence based practice				
Communication Skills						1. Demonstrate effective written and oral skills with internal and external customers 2. Communicate relevant patient information verbally and in writing 3. Demonstrate understanding of HIPAA laws regarding communicating/protecting patient information with internal and external customers 4. Demonstrate ability to create and maintain professional relationship with internal and external customers and peers 5. Demonstrate knowledge and limits of nursing practice by working as a team member under the guidance and direction of the Hospice Medical Director and/or the patient identified attending physician				

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Communication Skills (continued)						**Communication with client/family:** 1. Identify best method of communication to meet the client/caregiver needs (i.e. verbal, written, demonstration 2. Assess client/caregiver knowledge deficit, ability to learn and how each learns best 3. Share best methods of connection with IDG and documents in the medical record 4. Listen and speak clearly and directly to the client/caregiver 5. Identify special needs i.e. language, vision, hearing and shares needs with IDG 6. Access language interpretation line when appropriate 7. Identify environment that promotes effective communication 8. Request permission to speak about client and care when others are present i.e. friends, roommates 9. Confirm each visit that the client know how and when to contact the hospice nurse 10. Confirm the next scheduled visit at the end of each visit 11. Provide education and document patient caregiver understanding				
Changes in Condition/ Crisis Management						1. Ensure CMRN, PCM and attending physician is notified of changes in condition found at face-to-face visits and/or episodic visits 2. Understand continuous care processes and document and continuous care (CC) criteria 3. Understand the ordering, handling, and disposing of narcotics policy 4. Ability to recognize and intervene appropriate for the following common changes in condition seen in hospice patients and implement appropriate plan:				

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Changes in Condition/ Crisis Management (continued)						• Seizure activity • Anaphylaxis • Anxiety and/or terminal restlessness • GI distress/bleeding • Pain crisis (bone pain, acute or chronic) • Epistaxis • Overdose of sedatives, hypnotics, ingestions and/or poisonings • Shock 5. Communicate effectively with family letting them know what to expect next, answer questions 6. Support the grieving process 7. Coordinate care with the IDG timely				
Miscellaneous skills (note required)						1. PPD technique, and reading 2. IM steroid injections 3. Trigger point injections 4. Pain management nerve blocks 5. Education of other health providers via in-services or formal CME lecturing 6. Education of the community via speaking engagements				
State Specifics						1. Pain management via controlled substances a. Involvement of the HMD b. Follow state specific guidelines and company policy and procedure 2. Collaborate agreement active and on file if applicable				
Other										

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Other: (continued)										

Initials	Print Name	Signature/Title	Date