**Licensed Nurse Competency Checklist-Respiratory Care**

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**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | **Evaluation****(Check One)** | **Method of Evaluation****(Check One)**D = Skills DemonstrationO = Performance ObservationW = Written TestV = Verbal Test | **Verification** **(Initials/Date)** |
| --- | --- | --- | --- |
| **Competency****Demonstrated/****Meets** **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **Evaluator complete Licensed Nurse Competency Checklist-Respiratory Care** | Demonstrates involvement of resident/resident representative in the development and implementation of the care plan and defining the approaches and goals |  |  |  |  |  |  |  |
| Observes and monitors resident for: * signs and symptoms of shortness of breath:
* nasal flaring,
* intercostal retractions,
* use of accessory muscles,
* pursed-lip breathing or
* prolonged expiratory phase
 |  |  |  |  |  |  |  |
| Demonstrates understanding and performs respiratory care policies and procedures consistent with best practices and regulatory requirements |  |  |  |  |  |  |  |
| Demonstrates competency in lung sounds |  |  |  |  |  |  |  |
| Assures “NO Smoking Oxygen in Use” signs in accordance with State requirements and facility policy/procedure |  |  |  |  |  |  |  |
| Demonstrates competency of skill of the following if provided in facility:* Automatic self-adjusting positive airway pressure (APAP)
* Bi-level positive airway pressure (BiPAP)
* Continuous positive airway Pressure (CPAP) Care
* Intermittent positive pressure breathing (IPPB)
* Mechanical Ventilation Vare
* Noninvasive ventilation (NIV) Care
* Obstructive Sleep Apnea (OSA) Care
* Oxygen Therapy
* Respiratory Therapy Services
* Tracheotomy/Tracheostomy Care
 |  |  |  |  |  |  |  |
| Licensed nurse demonstrates documentation responsibilities:* Assessment process
* Care Plan process with resident and resident representative for development of goals and interventions
* Implementation and Revisions
* Communication
 |  |  |  |  |  |  |  |
| Maintains or modifies approaches/goals on the care plan as needed |  |  |  |  |  |  |  |
| Demonstrates ability to coordinate the resident’s care and monitor the outcomes. |  |  |  |  |  |  |  |
| Demonstrates safe handling, humidification, cleaning, storage, and dispensing of oxygen |  |  |  |  |  |  |  |
|  | Demonstrates coughing/deep breathing  |  |  |  |  |  |  |  |
| Demonstrates Aerosol drug delivery systems (i.e. nebulizers, metered-dose inhalers) and medications (preparation and/or administration) used for respiratory treatments;  |  |  |  |  |  |  |  |
| Demonstrates infection control measures during implementation of care, handling, cleaning, storage and disposal of equipment, supplies, biohazardous waste |  |  |  |  |  |  |  |
| **Tracheostomy Care:** |  |  |  |  |  |  |  |
| Demonstrates tracheostomy care consistent with facility policy and procedure |  |  |  |  |  |  |  |
| Monitors for correct emergency equipment at bedside |  |  |  |  |  |  |  |
| Demonstrates use of equipment for respiratory care in accordance with the manufacturer’s directions |  |  |  |  |  |  |  |
| Administers oxygen per physician order and facility procedure |  |  |  |  |  |  |  |
| Follows facility procedures in the event of adverse reactions to respiratory treatments or interventions, including tracheostomy care and provision of oxygen |  |  |  |  |  |  |  |
| Demonstrates assessment and care of the tracheostomy site  |  |  |  |  |  |  |  |
| Demonstrates competency (based upon State Practice Act) with changing a tracheostomy tube using aseptic technique |  |  |  |  |  |  |  |
| **Ventilator Care:** \*\*See State Practice Act and facility requirements for Nurses |  |  |  |  |  |  |  |
| Monitors for correct emergency equipment at bedside |  |  |  |  |  |  |  |
| Demonstrates mechanical ventilation care, including * monitoring,
* oversight and supervision of mechanical ventilation,
* tracheostomy care and suctioning,
* equipment specifics
* how to set, monitor and respond to ventilator alarms;
* Size and type of airway documentation
* Location of emergency manual resuscitator
* Ventilator circuit description and assembly
* Describes what is necessary with Physician orders to include: time on and off, rate of oxygen, mode of ventilation, changes with activity, acceptable limits of exhaled volume, desired pressure ranges and specific ventilator settings.
* Ventilator setting competency to include: Peak pressure, preset tidal volume, frequency of ventilator breaths, verification of oxygen setting, Positive End Expiratory Pressure level, Humidification and temperature of inspired gases and heat and moisture exchanger function.
 |  |  |  |  |  |  |  |
| Follows facility procedures in the event of adverse reactions to respiratory treatments or interventions, including mechanical ventilation, and provision of oxygen |  |  |  |  |  |  |  |
| Demonstrates use of equipment for respiratory care in accordance with the manufacturer’s directions |  |  |  |  |  |  |  |
| Demonstrates cleaning and sanitizing equipment, tubing and humidifier consistent with facility policy and manufacturer’s recommendations |  |  |  |  |  |  |  |
| Describes how to respond to an obstructed airway, decannulation, cardiac arrest or equipment malfunction |  |  |  |  |  |  |  |
| Verbalizes procedure for power outages or other emergencies |  |  |  |  |  |  |  |
| **Other (Describe)**  |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**\*I certify that I have received orientation in the above-mentioned areas.**

**\*Employee:**

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**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

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**Initials Signature Date**

***(PLACE IN EMPLOYMENT FILE)***

**References:**

Centers for Medicare and Medicaid Services (CMS) State Operations Manual, Appendix PP-Guidance to Surveyors for Long Term Care Facilities. (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

Centers for Medicare and Medicaid Services (CMS) Respiratory Care Critical Element Pathway, Form CMS 20081 (7/2018): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>