**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 Demonstration  O = Performance Observation  W = Written Test  V = 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>