**Nursing Assistant Competency Checklist-Airway Trach**

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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 Nursing Assistant Competency Checklist: Airway Trach** | Monitors the resident for any complaints, or exhibits any signs or symptoms of shortness of breath |  |  |  |  |  |  |  |
| Communicates to nurse  if there is a report from the resident, family, or other staff that the resident is experiencing shortness of breath |  |  |  |  |  |  |  |
| Participates/shares information for revisions to the care plan if the interventions did not work e.g., adding humidified air for dry nares |  |  |  |  |  |  |  |
| Monitors for kinks in oxygen tubing |  |  |  |  |  |  |  |
| Nursing assistant follows interventions of the care plan e.g., coughing and deep breathing and communication needs |  |  |  |  |  |  |  |
| Demonstrates / verbalizes  understanding of resident preference. |  |  |  |  |  |  |  |
| Nursing Assistant demonstrates documentation responsibilities related to:   * Care Plan Interventions * Etc. |  |  |  |  |  |  |  |
| Reports to nurse any signs and symptoms of respiratory difficulty to include shortness of breath:   * nasal flaring, * shortness of breath * use of accessory muscles * pursed-lip breathing |  |  |  |  |  |  |  |
| Demonstrates the following skills:   * Temperature   • BP, pulse  • Respirations  • Oxygen saturation |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**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 20080 (7/2018): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

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

**\*Employee:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

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

**Evaluator/Trainer:**

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**Initials Signature Date**

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