



PACU COMPETENCY BASED ORIENTATION

Welcome to the Post Anesthesia Care Unit (PACU) Competency Based Orientation

Competency based orientation

- Defines skills and expectations required to perform the job safely and effectively
- Provides a “blueprint” for performance excellence
- Evaluates performance and identifies skill and competency gaps
- Defines resources available to aid new staff in meeting expectations
- Provides a “map” for ongoing direction and support
- Describes expectations of preceptor for teaching and validation
- Outputs of the learning experience

What is Competence?

Competence is ability of a nurse to integrate & apply the knowledge, skills, judgements, attitudes, values and beliefs required to practice safely and ethically in a designated role or setting. (CNO 2008)

Competencies can be defined as a set of statements about the knowledge, skills, attitudes and judgements required to perform safely within the scope of an individual’s nursing practice or in a designated role or setting. (CNO 2008)

Continuing competence is the ongoing ability to integrate & apply knowledge, skills & judgement required to practice safely and ethically. It involves a continual process of linking the code of ethics, standards of practice & lifelong learning. Reflection and continued practice improvement is an ongoing process.

Scope of practice defines activities that nurses are educated and authorized to perform as set out in jurisdictional legislation. (CNO 2008)

Self-Assessment is defined as learners taking initiative to assess their own education needs, set goals and objectives, plan and identify appropriate educational activities, implement these activities and evaluate the outcomes.

BENEFITS, BELIEFS AND GUIDING PRINCIPLES OF A COMPETENCY BASED ORIENTATION PROGRAM

1. Provides safe practice & identifies expectations of competence per codes of ethics & standards of practice.
2. Defines a required behaviour within a job role.
3. Provides consistency in the orientation process.
4. Links individual performance to goals of the organization.
5. Individualizes the orientation process to meet individual needs.
6. Provides ongoing direction and support to staff.
7. Encourages individuals to take responsibility for their own educational needs.
8. Monitors performance & identifies when an individual does not meet expectations.
9. Provides justification for an extension of the orientation process & identifying goals to be met.

Summary

This section has identified the College's expectations of entry-level RNs and practice settings with regard to practice decision-making. The framework and elements to support decision-making have been described. Practice experience will further contribute to the development of skills and confidence in making nursing practice decisions that promote quality client care.

Decision Tree: A Guide to Practice Decision Making for the Entry-Level Registered Nurse

Assessment

Gather the data.

Analyze the data

Determine if help needed to analyze data:

- Can I make sense of the data?
- Is the assessment complete?

NO

Consult/collaborate.

YES

Identify options of care

• Can I identify:

- A range of care options?
- The indications and contraindications for each?
- The client's preferences?

NO

Consult/collaborate .

YES

Choose the care option

- Am I satisfied that the option chosen is the best, most appropriate?*

NO

Consult/collaborate.

YES

- Do I have the authority to provide the care?

NO

Can I get it (physicians order)?

YES

YES NO

- Am I competent to perform the care?
- Can I manage the potential outcomes?

YES NO

Perform care

Seek assistance

Evaluate care

- Has care achieved the desired outcome?

YES NO

Reassess.

End.

*The nurse's advocacy efforts may be required in situations where efforts to obtain a physician's order for the care option identified by the nurse as "the best and most appropriate" have been unsuccessful.

KEY POINTS ABOUT COMPETENCY – BASED ORIENTATION AND EDUCATION

Learning is a process that should continue along the continuum of novice to expert. Competency must be assessed at 3 levels:

1. Technical
2. Critical Thinking
3. Interpersonal Skills

Traditionally, the technical component has been focused on during orientation; however, most performance issues arise due to critical thinking or relational components.

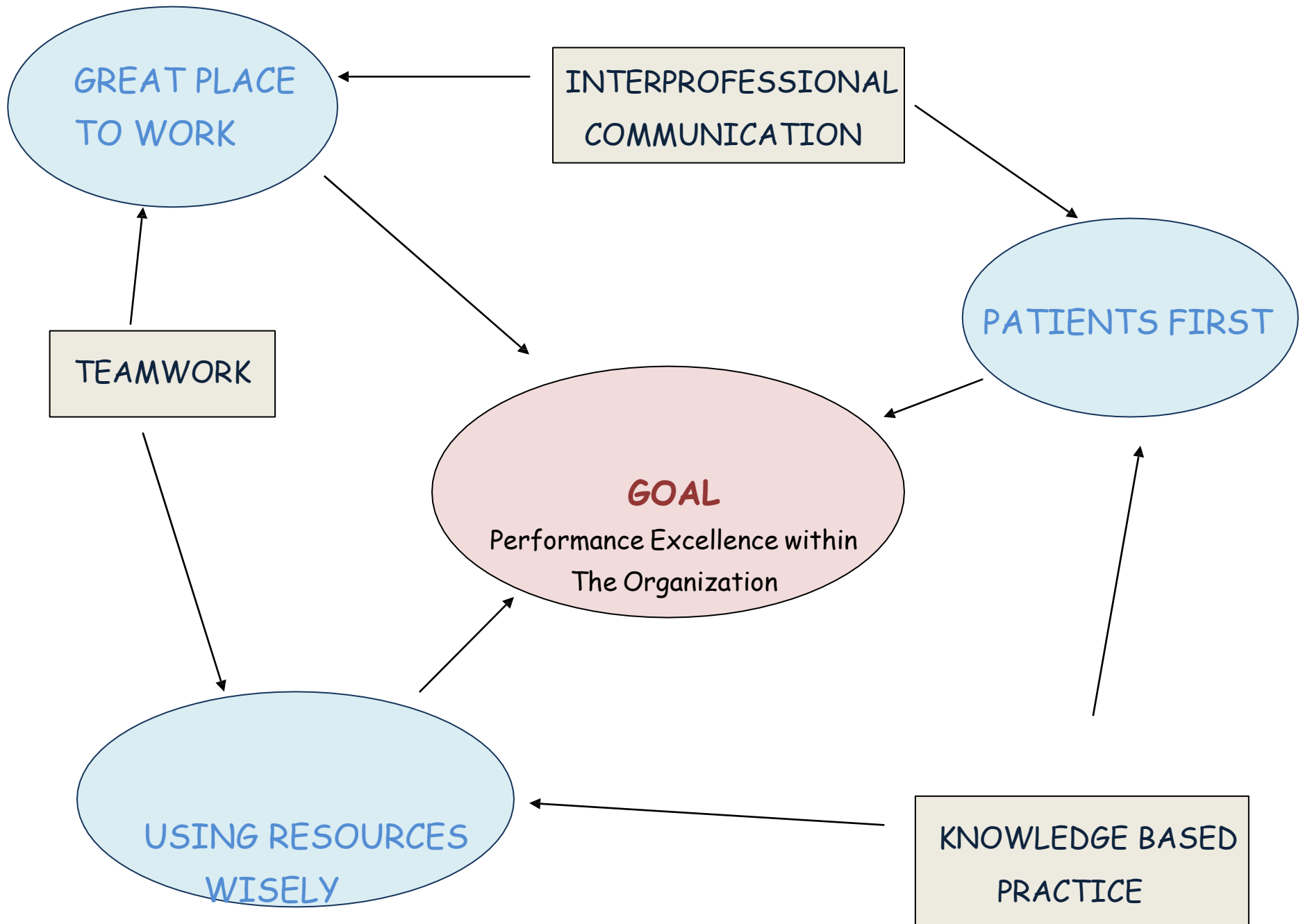
Methods of assessing competence should be varied, & include

- Self – assessment
- Preceptor assessment
- Written Tests
- Return Demonstrations
- Mock scenarios
- Observation of care given / tasks performed
- Medworxx

Day Surgery Competence Program Components

1. Interprofessional Communication
2. Teamwork
3. Knowledge Based Practice

PACU COMPETENCY BASED ORIENTATION



The Orientation Process

Initial Meeting with the Manager/Mentor

Once hired you will meet with the Manager for the unit you will be reporting to. You will receive the orientation folder.

- Manager explains the orientation program and answers questions
- Manager will provide you with an orientation of the unit and hospital way finding.
- You will be asked to complete the clinical experience rating of the Competency based assessment tool.

The new staff member and mentor will establish a plan for orientation based on the identified learning needs.

Mid-Orientation Evaluation

The Manager will meet with the new staff member to

- Review the competency based assessment to identify strategies to meet learning needs

End of Orientation

The Manager will meet with the new staff member to:

- Review the competency based assessment for incomplete items and establish a learning plan for meeting learning needs.
- Evaluate the need for further orientation
- Suggest ongoing resources based on continuing learning needs

Benner's Novice to Expert Framework

Please refer to the following definitions and examples to further assist you in the self-assessment process

Novice	Has yet to receive the theory Component and has never performed the skill.	The novice nurse has not been taught how to insert a Foley catheter or discussed the expected care standards in a classroom setting.
Advanced Beginner	Has received the theory component and performed the skill in a lab setting only.	This level practitioner has learned how to insert a Foley catheter and the expected care standards, but has not practiced these skills in a clinical setting.
Competent	Has performed the skill in clinical practice but would prefer to have a clinical mentor or peer nearby.	This practitioner can safely and competently insert a Foley catheter, but may request that a colleague observe the process and confirm standard norms.
Proficient	Has achieved independence in performing the skill. Recognizes relevant clinical changes and organizes/implements skilled responses to these changes. Frequently assumes role model/mentor role.	This practitioner takes appropriate action in response to the patient's changing genitourinary status and interpretation of the patient's signs/symptoms (Initiates emergency intervention PRN, collaborates with the physician to revise the plan of care).
Expert	Consistently demonstrates competence in selected skills. Multiple experiences in the clinical setting. Has an intuitive grasp of situations. Anticipates situations/complications. Masterful in solving problems. Acts as a role model/mentor.	This practitioner enters the room and as a result of extensive experience with similar experiences, knows that a patient is compromised. This nurse quickly and holistically assesses the situation and identifies priorities. Anticipates revised plan of care.

Complete the self-assessment on the following pages, and based on your evaluation, assign yourself a level, from Novice to Expert. This will enable you to focus on your present and future learning needs.

**Brant Community Healthcare System
PACU Competency Checklist**

Criteria and Competency	Clinical Experience Rating (CER): 0 - no experience theory only 1-Limited 2-acceptable 3-Competent	Mentor/Mentee Initials. Date of Completion	Re-evaluation of CER Plan for Continued Learning
1. Understands the Organization of the PACU:			
A. Locates emergency equipment <ul style="list-style-type: none"> • Code Blue button • Crash cart • Emergency airway cart • Malignant Hyperthermia cart • Ventilator • Portable O2 tank and suction • Panic buttons x2 • Glidescope, Bougie • Hemoglobin Rainbow monitor • Capnography monitor • Ambu bags • Oral airways • Nasal airways • Suction equipment 			
B. Locates <ul style="list-style-type: none"> • Emergency exits • Fire hoses and extinguishers • Fire alarm pull stations 			
C. Locates unit resources <ul style="list-style-type: none"> • Policies <ul style="list-style-type: none"> ○ Relevant PACU policies ○ Code policies • Pharmacy IV Medication Monograph • Halogen • Email • Risk Pro • Parklane 			
D. Locates <ul style="list-style-type: none"> • Stock Medications and request forms • Dirty utility/storage rooms • Waiting room • Huddle board • Daily assignment sheets • Sign-in log 			
E. Demonstrates ability to enter orders and retrieve lab results from Meditech			
	Clinical Experience	Mentor/Mentee	Re-evaluation

Criteria and Competency	Rating (CER): 0 - no experience theory only 1-Limited 2-acceptable 3-Competent	Initials. Date of Completion	of CER Plan for Continued Learning
F. Operates unit equipment <ul style="list-style-type: none"> • Stretchers (adult, bariatric and pediatric) • Beds • Monitors: <ul style="list-style-type: none"> ○ Adult vs Paeds profile ○ Cardiac lead placement ○ Transport monitoring • IV pumps • Epidural pumps • Hypo/hyperthermia blanket • Bladder scanner • Capnography monitor • Hbg Rainbow monitor • Glucometer • Suction 			
G. Tour of OR to locate <ul style="list-style-type: none"> • Resuscitation cart • Malignant hyperthermia cart • Difficult Intubation Equipment • Additional Supplies • Medications • Service Specific Rooms 			
2. Demonstrates Effective Communication Skills Appropriate to PACU			
A. Requests and provides pertinent patient data with interdisciplinary team, patient and family.			
B. Completes and accurately documents on <ul style="list-style-type: none"> • PACU flow sheet • Anesthesia Order Sheet • Input and Output • Narcotic Sign Out Sheet • Time log chit sheet 			
C. Knowledge and correct use of SBAR communication tool			
D. Recognizes and develops strategies for resolving interpersonal conflicts with family, patients and coworkers. <ul style="list-style-type: none"> • Discusses plan to cope with horizontal violence in work place 			
3. Demonstrates Effective Action During an Emergency Situation			
A. Current CPR Certification			

Criteria and Competency	Clinical Experience Rating (CER): 0- no experience theory only 1-Limited 2-acceptable 3-Competent	Preceptor / Preceptee Initials. Date of Completion	Re-evaluation of CER Plan for Continued Learning
<p>B. Takes appropriate action when emergency plan in effect (Call x5555, access Get Ready via VSNet)</p> <ul style="list-style-type: none"> • Code Red • Code Green • Code White • Code Purple • Code Black • Code Brown • Code Grey • Code Pink • Code Orange • Code Amber • Code Yellow • Code Silver • Code Aqua • Code Navy • Code DECON • Code Beige • Code Maroon 			
<p>C. Recognizes and takes appropriate action during life threatening conditions</p> <ul style="list-style-type: none"> • Respiratory arrest • Cardiac arrest • Latex allergy- anaphylactic reaction • Malignant hyperthermia crisis • Paediatric tonsil hemorrhage • Post-surgical hemorrhage • Life threatening arrhythmias • Bronchospasm, Larygospasm • Hypotension and Brady alt spinal 			
4. Understands principals and responsibilities in recovery process			
A. Describes phase 1, 2 and 3 of recovery process			
B. Describes flow of patient from OR to PACU, Zone 2 and inpatient unit			
<p>C. Knowledgeable of anaesthetic agents</p> <ul style="list-style-type: none"> • Indications • Mechanisms • Potential side effects • PACU management 			

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D. Completes initial assessment of patient from OR <ul style="list-style-type: none"> • Airway-oral, ETT and LMA • Breathing • Vital signs and temperature • Level of consciousness • Activity level • Fluid balance • Inspection of surgical site • Pain management • Assigns correct Aldrete score • Documents findings • Identifies information required from anesthesia and OR nurse 			
E. Identifies criteria that must be met by patient to continue to phase 2 <ul style="list-style-type: none"> • Aldret score • Pain/pain management 			
5. Perform a physical assessment individualized to patient problem and demonstrates effective management			
Cardiovascular A. Palpates and/or use of Doppler to assess arterial pulses (radial, dorsalis pedis, posterior tibial, popliteal, femoral, carotid)			
B. Assess capillary refill			
C. Assess indicators of cardiac output <ul style="list-style-type: none"> • Level of consciousness • Urine output • Skin temperature • HR • BP 			
D. Recognizes indication for cardiac monitoring and common arrhythmias <ul style="list-style-type: none"> • Sinus rhythms-bradycardia, tachycardia • Atrial rhythms-atrial fibrillation • Junctional rhythms • <u>Ventricular</u> rhythms: SVT, <u>tachycardia</u>, <u>fibrillation</u> AV heart blocks: 1 st , 2 nd and 3 rd			
E. Reviews ACLS algorithms			
F. Correctly applies 3 lead and 5 lead cardiac monitor			
G. Prints and labels ECG strips			
H. Recognizes and treats S&S of: <ul style="list-style-type: none"> • Angina – O2, nitrates, ECG and troponin • Myocardial infarction – ECG changes • Congestive heart failure • Syncope • Hypovolemic shock 			

Criteria and Competency	Clinical Experience Rating (CER): 0- no experience theory only 1-Limited 2-acceptable 3-Competent	Preceptor / Preceptee Initials. Date of Completion	Re-evaluation of CER Plan for Continued Learning
I. Knowledgeable of cardiac medications: <ul style="list-style-type: none"> • Inotropes • Antiarrhythmic • Ant-anginal • Anti-hypertensives • ACE inhibitors 			
J. Correctly documents all relevant cardiac findings <ul style="list-style-type: none"> • Doppler/ u/s 			
K. Correct application of Canadian Neurological Scale or Glasgow Coma Scale <ul style="list-style-type: none"> • Recognizes changes in LOC • Verbal and comprehension response • Motor strength and quality • Assess pupil size, light and consensual response 			
L. Recognizes S&S and management of <ul style="list-style-type: none"> • Ischemic stroke • Cerebral hemorrhage 			
6. Effectively manages care for a patient on a ventilator			
A. Asses for clinical signs of respiratory distress			
B. Assist anaesthetist with intubation <ul style="list-style-type: none"> • Airway cart and equipment • Suction-yankauer & ETT • Cricoid pressure • Verification of ETT placement: CO2 detector, auscultation, CXR • Use of bag-valve-mask • Assist with tapes • Insertion LMA • Medications: Induction agent i.e. etomidate. Paralytic agent i.e. succinylcholine, sedative agent i.e. versed 			
C. Respiratory Therapist to set up ventilator as ordered. The RT: <ul style="list-style-type: none"> • Attaches vent to O2 and proper wall vacuum • Mode CMV, SIMV, CPAP, PEEP • Settings: rate, volume, FiO2 			
D. The Respiratory Therapist maintains and monitors for effects of mechanical ventilation <ul style="list-style-type: none"> • ABG • Auscultation • Respiratory status 			
E. Monitors for complications related to ventilator and their management <ul style="list-style-type: none"> • Pneumothorax • Inadvertent extubation • Disconnection • CHF Subcutaneous emphysema 			

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7. Provides the patient with effective pain management			
A. Assess pain as perceived by the patient utilizing a 0 – 10 scale			
B. Recognizes pain in post-anaesthesia patient <ul style="list-style-type: none"> • Verbal • Non-verbal expressions • Age specific • Physiological indications 			
C. Recognizes how anxiety effects patients recovery and pain management			
D. Knowledgeable regarding pharmacological agents used: <ul style="list-style-type: none"> • Morphine • Fentanyl • Ketorolac • Acetaminophen • Codeine • Epimorph • Bupivacaine • Local Anesthetics • Dilaudid • Ketamine • Propofol • Sux and Roc 			
E. Evaluates patient’s response to pain management interventions and takes action when pain not relieved.			
F. Documents as per policy			

<p align="center">Criteria and Competency</p>	<p align="center">Clinical Experience Rating (CER): 0- no experience theory only 1-Limited 2-acceptable 3-Competent</p>	<p align="center">Preceptor / Preceptee Initials. Date of Completion</p>	<p align="center">Re-evaluation of CER Plan for Continued Learning</p>
<p>G. Discusses the various pain relief methods used:</p> <p>Epidural Analgesia</p> <ul style="list-style-type: none"> • Describe insertion and placement of catheter • Documents level of catheter from skin • Sets up and administers continuous epidural infusion <ul style="list-style-type: none"> I) Infusion pump II) Medication – properties and mechanism of action • Describes possible complications and management <ul style="list-style-type: none"> I) Respiratory depression II) N&V III) Urinary retention IV) Puritis V) Hypotension VI) Epidural hematoma VII) Catheter migration • Utilizes Bromage Scale and Dermatomal Map to assess level of block • Monitors and maintains epidural catheter and dressing • Documents as per policy <p>Spinal Anesthesia</p> <ul style="list-style-type: none"> • Describes location of injection • Correctly identifies and documents dermatome level • Identifies potential complications and management <ul style="list-style-type: none"> I) High Spinal Block II) Hypotension III) Nausea and Vomiting IV) Urinary Retention V) Post Spinal Headache <p>Local Anesthesia</p> <ul style="list-style-type: none"> • Knowledge of physiology of nerve conduction • Knowledge regarding mechanism of action of local anesthesia agents <ul style="list-style-type: none"> I) Lidocaine II) Bupivacaine III) Tetracaine • Recognizes S&S of overdose and their possible causes <ul style="list-style-type: none"> I) Central Nervous System II) Peripheral Nervous System <p>Identifies common surgeries and areas in which blocks are used</p>			

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8. Manages effective care of the patient with an arterial line			
A. Assembles necessary equipment for insertion and monitoring			
B. Identifies phlebostatic axis of patient			
C. Interprets Allen test			
D. Performs arterial line checks <ul style="list-style-type: none"> • Levels and zeros the transducer to atmospheric pressure on arrival and after system is open • Flushes Q1hr and prn • Monitors dressing 			
E. Blood draw from arterial line			
F. Removal of arterial line. Monitors for and recognizes complications of arterial line <ul style="list-style-type: none"> • Hemorrhage • Thrombosis of radial artery • Infection 			
9. Manages effective care of the patient with a central venous access device			
A. States indications for peripheral vs. central intravenous therapy			
B. Prepares patient and assists with insertion of line and application of dressing <ul style="list-style-type: none"> • Proper positioning • Supplies required 			
C. Describes potential complications and their management <ul style="list-style-type: none"> • Pneumothorax • Hemothorax • Arrhythmias • Air embolism • Infection 			
D. Monitoring of CVP <ul style="list-style-type: none"> • Set-up of hemodynamic monitoring equipment • Normal reading for CVP (2-6) • Performs reading <ul style="list-style-type: none"> - Patient position - Identifies location of transducer-phlebostatic axis - Zeros prior to reading 			
E. Recognizes pathophysiology's responsible for abnormal CVP and the expected nursing actions			
F. Withdraws blood from line			
G. Removal of central line			
10. Management of patients that have undergone gynecological procedures			
A. Discusses anatomy and physiology of reproductive system			

Criteria and Competency	Clinical Experience Rating (CER): 0- no experience theory only 1-Limited 2-acceptable 3-Competent	Preceptor / Preceptee Initials. Date of Completion	Re-evaluation of CER Plan for Continued Learning
B. Manages patients having undergone <ul style="list-style-type: none"> • Abd/vaginal hysterectomy • TVTO • D&C • Therapeutic abortion 			
C. Identifies potential complications and management			
11. Management of patients that have undergone general surgery procedures			
A. Discusses anatomy and physiology of abdomen			
B. Manages patients having undergone <ul style="list-style-type: none"> • Laparoscopic cholecystectomy • Open cholecystectomy • Hernia repair – inguinal, umbilical • Bowel resection with and without colostomy • Breast biopsy • Mastectomy • Appendectomy • Bair Hugger • Temp probe 			
C. Identifies potential complications and management			
12. Management of patients that have undergone orthopedic procedures			
A. Discusses anatomy and physiology of the musculoskeletal system			
B. Manages patient that has undergone <ul style="list-style-type: none"> • Hip, knee and shoulder arthroplasty • ACL repair • Repair of fractures – hip, femur, radius, ulna, ankle, tibia, fibula • Bunion repair • Hammer toe repair • Rotator cuff repair – open or arthroscopic 			
C. Assess CSM of affected limb			
D. Identifies potential complications and management <ul style="list-style-type: none"> • PE/DVT • Compartment Syndrome • Hemorrhage 			
13. Management of patients that have undergone urologic procedure			
A. Discuss anatomy and physiology of urinary system			

Criteria and Competency	Clinical Experience Rating (CER): 0- no experience theory only 1-Limited 2-acceptable 3-Competent	Preceptor / Preceptee Initials. Date of Completion	Re-evaluation of CER Plan for Continued Learning
B. Manages patient that has undergone <ul style="list-style-type: none"> TURP Prostatectomy Resection of bladder tumor Lithotripsy, pylogra, JJ stent 			
C. Manages care of <ul style="list-style-type: none"> Continuous bladder irrigation SUMP drain 			
D. Knowledge of mitomycin protocol <ul style="list-style-type: none"> Isolation precaution Personal protection Disposal of body fluids Surgeon specific instructions 			
E. Identifies potential complications and management			
14. Management of patients that have undergone ear, nose and throat procedures			
A. Discusses anatomy and physiology of ear, nose and throat			
B. Manages patient that has undergone <ul style="list-style-type: none"> Septoplasty Turbinoplasty Tonsillectomy & Adenoidectomy Mastoidectomy Tympanoplasty 			
C. Identifies potential complications and management			
Tonsil – Child ≤ 13 yrs stays 4 hours Adnoid - ≤ 13 yrs stays 2 hours			
15. Management of the patient with a history of Malignant Hyperthermia (MH)			
A. Explains pathophysiology of malignant hyperthermia			
B. Identifies S&S			
C. Identifies triggering agents			
D. Discusses and monitors postoperative patient as per protocol			
E. MH Cart <ul style="list-style-type: none"> Locate OR/PACU cart Aware of 2nd cart location Movement of cart with patient 			
F. Discusses use of Dantrolene - OR, ICU, L&D <ul style="list-style-type: none"> Mechanism of action Dose mg per kg Reconstitution 			
G. Discusses steps of treatment during crisis			

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H. Explains the roles and responsibilities of the nurse <ul style="list-style-type: none"> • Circulating/charge nurse • Dantolene nurse • Medication nurse • Cooling nurse 			
I. Aware of care (post PACU) for patients with known potential for MH <ul style="list-style-type: none"> • Day surgery • Inpatient 			
16. Management for the patient requiring Electroconvulsive therapy			
A. Demonstrates the ability to provide a therapeutic environment for mental health patients			
B. Knowledgeable regarding <ul style="list-style-type: none"> • Indications for use • Side effects • Potential complications 			
C. Prepares patient for ECT <ul style="list-style-type: none"> • 730 PACU nurse accompanies patient from DS to PACU • Explain procedure • Set up of ECT device • Proper positioning • Monitors VS, Cardiac monitor • Ensures bag-valve mask, artificial airways and suction available • Reviews pre-op checklist • Airway cart capnography • Bite blocks 			
D. Knowledgeable regarding anaesthetic agents used <ul style="list-style-type: none"> • Propofol • Toradol • Succinylcholine 			
E. Assist anesthesia appropriately			
F. Monitors patient post procedure as per PACU protocol			
G. Documents care appropriately			
H. Transfers care to Zone 2 when patient meets PACU discharge criteria			

Criteria and Competency	Clinical Experience Rating (CER): 0- no experience theory only 1-Limited 2-acceptable 3-Competent	Preceptor / Preceptee Initials. Date of Completion	Re-evaluation of CER Plan for Continued Learning
Phase two care for patients that have undergone ECT A. Monitors VS B. Provides general post anesthetic discharge instructions C. Ensures patient fills out Dr. Paraga's post procedure questionnaire D. Discharges to Dr. Paraga's office via wheelchair when phase two discharge criteria achieved with staff and mini mental			
17. Management of the Pediatric patient			
A. Identifies the physiological and anatomical differences in the pediatric population regarding <ul style="list-style-type: none"> • Respiratory system • Cardiovascular system • Temperature regulation • Pharmacological principals 			
B. Knowledge of age appropriate vital signs			
C. Appropriately assess pediatric patient on arrival to PACU <ul style="list-style-type: none"> • Airway, breathing • Circulation • Consciousness • Surgical site 			
D. Identifies post anesthesia common complications and their management <ul style="list-style-type: none"> • Hypoxia • Airway obstruction • Post intubation stridor • Nausea & vomiting 			
E. Manages post-operative pain <ul style="list-style-type: none"> • Utilizes age appropriate pain assessments • Identifies pain management strategies • Identifies and calculates appropriate medication dose • Evaluates effectiveness of analgesia • Identifies potential complications related to analgesia 			
F. Manages buretrol and IV fluids			
G. Provides reassurance to and reinforces health teaching with patient and family			
H. Communicates with pediatric patients in an age appropriate manner			
I. Changes monitor settings to pediatric			
J. Manages and describes care of patient that has undergone <ul style="list-style-type: none"> • Tonsillectomy/post-tonsillectomy hemorrhage • Myringotomy • Dental procedure 			

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K. Identifies possible complications and their management			
18. Management of Deceased Patient in PACU			
A. Location and documentation of <ul style="list-style-type: none"> • Death Record • Certificate of Death • Consent for Autopsy • Trillium Gift of Life 			
B. Identification and management of Coroner's Case <ul style="list-style-type: none"> • How to contact coroner • Care of body • Completion of Institutional patient Death Record • Identifies that consent not required • Body not to be cared for until direction received from coroner • Body may be removed from unit to morgue if coroner agreeable and not immediately available 			
C. Describes care of body after death (non-coroner case) <ul style="list-style-type: none"> • Nursing Responsibilities • Related Forms • Transportation of Body • Belongings • Observation of Religious Beliefs • Pastoral Care • Identification of Body 			
D. Identifies procedure for donation of body parts and eyes			
19. Management of Patients During Solo Staffing			
A. Identifies appropriate care of the ICU patient post anesthesia <ul style="list-style-type: none"> • Refer to Utilization of the PACU policy 			
C. Describe the process for obtaining a postoperative bed			
D. Identifies correct management of staff sick call			
20. On-Call Process			
A. Describes PACU on-call process B. Demonstrates the process of obtaining the PACU keys, opening the PACU, and preparing for a patient <ul style="list-style-type: none"> • Obtain PACU keys from Switchboard • Turn on appropriate PACU lights • Turn off main PACU phone forwarding from x4444 • Forward main PACU phone to mobile PACU phone • Keep a PACU panic button on your person until just prior to departing from the unit • Turn on at least 1 PACU monitor 			

<ul style="list-style-type: none"> • Ensure emergency equipment is available and clean in the bay that will be used for patient care • Communicate and collaborate with the OR charge nurse: <ul style="list-style-type: none"> ○ Obtain patient history ○ Determine estimated time of arrival and surgery ○ Ascertain preoperative patient needs (e.g. IV placement, consent, labs, ECG prep, etc) ○ Obtain the patient’s family member contact information, if desired by the patient ○ Determine where the patient will go after surgery <ul style="list-style-type: none"> ▪ Communicate with inpatient units if the patient will be admitted or if there is an expected change of bed postoperatively • Perform PACU narcotic count with the OR charge nurse • Collaborate with the OR nurse to prepare the patient for surgery • Be prepared to assist in the OR, within the scope of your practice, if needed <p>C. Demonstrates appropriate provision of care for a preoperative patient</p> <p>D. Demonstrates appropriate provision of care for a PACU patient</p> <ul style="list-style-type: none"> • Utilizes available human resources as needed (e.g. OR nurse, anesthetist) <p>E. Demonstrates proper closing of the PACU prior to leaving the unit</p> <ul style="list-style-type: none"> • Performs narcotic count with the OR nurse • Locks the narcotic cart • Replaces used equipment with clean equipment and ensures that it works properly • Turns off all PACU monitors • Moves all stretchers out of the PACU to Zone 2 • Calls Switchboard to ensure they have the correct call-back information • Forwards the main PACU phone to x4444 • Returns the PACU panic button to the designated bin on the PACU desk • Returns the unit keys to Switchboard 			
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Brant Community Healthcare System
PACU Competency Checklist

NOTES

