**PSHMC Department of Nursing**
**2013 Annual Requirements**
**RN**

**Employee Name**_____**Lawson ID #** _____**Unit**__**Peri-Anesthesia**___**Date of Hire**_____

**Population Specific (circle all that apply):** Neonatal Pediatrics (0-18 years of age) Adult Geriatric

**Method of Evaluation Key: T** = Test, **O =** Observation, **D =** Demonstration, **V =** Verbalizes understanding

**Evaluation Rating Key: DNM =** Does not meet **M =** meets

**To be completed by November 15, 2013 (unless otherwise noted)**

| ***Hospital Requirements*** | ***Method of Evaluation*** | ***Proof*** | ***Date Evaluated*** | |
|---|---|---|---|---|
| **Safety: Corporate Compliance & HIPPA** | T | Certificate of Completion | Must be completed by October 31, 2013 | |
| **Safety: Annual Safety Training (for all HMC employees)** | T | Certificate of Completion | | |
| **Safety: Employee Health requirements(September)** | NA | NA | | |
| ***Department of Nursing Requirements*** | ***Method of Evaluation*** | ***Proof*** | ***Date Evaluated*** | |
| **Safety: Department of Nursing Annual Training**<br>Infection Control<br>Oxygen Cylinder Safety<br>Restraint<br>Power Air Purifying Respiratory (PAPR) | T<br>D- proper application of wrist restraint | Certificate of Completion | | |
| **Safety: Maintain State License** | O | Copy of license verification | | |

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|---|---|---|---|---|
| | | from State | | |
| **Safety: American Heart Certifications**<br>• Current BLS card on file (exp. date: _____)<br>• Current ACLS card on file (exp. date: _____)<br>• Current PALS card on file (Main PACU and SOR) (exp. date: _____) | T | Copy of Certification | | |
| **Safety: Trauma Hours**<br>• Adult (6 of hours required)<br>• Pediatric (2 of hours required)<br>• Geriatric (1 of hours required) | T | | | |
| | T | | | |
| ***Department of Nursing Competency*** | ***Method of Evaluation*** | ***Evaluation Rating*** | ***Date Evaluated*** | ***Signature of Evaluator*** |
| **Safety: POCT Glucometer**<br>• Review of policy mandatory | D- QI on meter<br>T | | | |
| **Safety: POCT**<br>• Review of policy mandatory<br>• Glucometer<br>• Urine HCG<br>• Urine Nicotine | D- QI<br>T | | | |
| **Safety: Drager Cardiac Monitor**<br>• *E*learning mandatory | T | | | |
| **Safety: Blood Administration (3 Parts)**<br>• *E*learning mandatory | Tx3 | | | |
| **Evidenced Based Practice: Heart Failure**<br>• *E*learning mandatory | T | | | |
| **Evidenced Based Practice: Stroke**<br>• *E*learning mandatory | T | | | |
| **Evidenced Based Practice: VAD**<br>• *E*learning mandatory | T | | | |

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|---|---|---|---|---|
| **Evidenced Based Practice: Bariatric Sensitivity**<br>• *E*learning mandatory | T | | | |
| **Quality Improvement: CLABSI**<br>• *E*Learning available | O- Checklist | | | |
| **Quality Improvement: CAUTI**<br>• *E*learning available | O- Checklist | | | |
| **Patient Centered Care: Early Mobilization/Falls**<br>• *E*learning available | O- Use of walker<br>D- Falls scripting | | | |
| **Teamwork and Collaboration: First Four Minutes** | D-Participation in drill every 2 years | | | |
| **Safety: Age Specific**<br>• ***Elearning mandatory***<br>Adult<br>Geriatric<br>Pediatrics<br>?neonates | T | | | |
| ***Unit-Based Competency*** | **Method of Evaluation** | **Evaluation Rating** | **Date Evaluated** | **Signature of Evaluator** |
| **Malignant Hyperthermia (elearning)** | T | | | |
| | | | | |
| | | | | |

**The successful completion of these requirements attests to my knowledge, skill, and attitude of the below topics and that I maintain this level of competency, through my practice, at all times.**

_____

**Signature** **Date**

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**NOTE:**

- **Required competencies may be added to this list during 2013 as determined by Unit or Hospital Nursing Education Council.**
- **All competency links can be found on unit webpage under Annual Hospital Training and unit specific education/ Annual competencies.**