Emergency Department Core Competencies, Skills Checklist, and Development Tool

Emergency nursing is a specialty within the nursing profession. By definition, "emergency nursing is the care of individuals of all ages with perceived or actual physical or emotional alterations of health that are undiagnosed or require further interventions. Emergency nursing care is episodic, primary, and usually acute." (Emergency Nurses Association, 2003).

A competency is an expected level of performance that integrates knowledge, skills, abilities, and judgement. The expected level of performance for an emergency nurse is fluid in its progression from novice to expert based on the nurse's level of learning and experience. (National Emergency Nurses Association, 2012).

Using Benner's Stages of Clinical Competence, please give yourself a rating on the outlined emergency department core competencies and skills.

- 1. **Novice** No experience
- 2. **Advanced Beginner** Knowledge is developing and demonstrates acceptable performance; has had some real life experience but Requires cueing and support from mentor
- 3. **Competent** Typically 2-3 experience in one area; lacks speed and flexibility of a proficient nurse but has some mastery and can rely on Planning and organizational skills
- 4. **Proficient** Perceives and understands situations as whole parts; achieved independence in performing the skill(s)
- 5. **Expert** Performance is now fluid, flexible and highly proficient; operates from a deep understanding of the total situation

References:

Brant Community Healthcare System. (2014). Orientation Package Emergency Room.

Emergency Nurses Association. (2003). Sheehy's Emergency Nursing Principles and Practice (5th Ed.). Mosby, Inc., St. Louis, MO.

"Emergency Nursing Certification Blueprint and Specialty Competencies." www.nurseone.ca Canadian Nurses Association, 2012. Web. 22, July 2015.

Huron Perth Healthcare Alliance. (2014). Clinical Competency Package HPHA RN's in the Emergency Department.

"Emergency Nursing Core Competencies." www.nena.ca National Emergency Nurses Association, 2014. Web. 22, July 2015.

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
Respiratory					
Primary Assessment of the respiratory system – IPPA *Definition: I – Inspection P – Palpation P – Percussion A – Auscultation* Identify normal breath sounds during a respiratory assessment Identify abnormal breath sounds during a respiratory assessment Assessment of airway to determine patency Assessment of effective versus ineffective ventilations Demonstrate the skill of setting up different oxygen therapy adjuncts; knowing when to administer oxygen, the amount and by the appropriate means: Adult nasal prongs Adult NRB Venti-mask concentrations Pediatric nasal prongs Pediatric NRB					
Bag valve maskBiPap/Non-Invasive Ventilation					
Demonstrates the skill of insertion of an oral &/or nasopharyngeal airway Demonstrates the ability to suction: Orally Nasopharyngeal					
 Tracheal Inline Demonstration of non-invasive positioning to clear and open airway: Head tilt chin lift &/or jaw thrust 					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
Identify the location of the following respiratory					
equipment:					
 Glidescope 					
o Ventilator					
о ВіРар					
o EtCO ₂ monitor					
 Difficult intubation cart 					
 Laryngoscope blades (MAC – curved; Miller – straight) 					
Demonstrate the ability to care for the patient on a					
BiPap/CPAP machine					
Demonstrates the ability to collect, interpret and					
evaluate data related to the respiratory system:					
 Lab results 					
 ABG's (interpret and evaluate only) 					
 Peak flow measurements 					
o ECG's					
 End tidal CO₂ (interpret and evaluate only) 					
 Oxygen saturation 					
Demonstrates the ability to care for the					
intubated/ventilated patient:					
 Indications for intubation 					
 Post intubation diagnostics (PCXR) 					
o Maintenance:					
Oxygenation (PEEP, FiO ₂)					
Patient positioning					
Suctioning					
 Selects appropriate interventions to promote 					
successful ventilation					
Pain management					
Sedation					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
➤ Rest					
Demonstrates ability to assist, set up and monitor:					
 Chest tubes 					
 Supraglottic airways 					
 Cricothyrotomy &/or emergency tracheostomy 					
o Intubation					
Demonstrates ability to administer and monitor					
pharmacological agents related to the respiratory					
system: o Bronchodilators					
- · · ·					
 Thrombolytic agents 					
o Analgesics					
 Reversal agents 					
 Sedatives 					
 Neuromuscular blocking agents 					
*See list of commonly used medications					
Demonstrates the ability to identify and assist with					
appropriate interventions with actual or potential life					
threatening alterations in respiratory function(including					
but not limited to):					
Pulmonary embolism Inholation injuries (gases shamical smake)					
 Inhalation injuries (gases, chemical, smoke, thermal) 					
 Asthma, status asthmaticus 					
 Chronic obstructive pulmonary disease (COPD) 					
o Pneumonia					
o Pulmonary edema					
 Respiratory arrest 					
o Bronchitis, acute bronchitis, respiratory syncytial					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
virus (RSV) Partial or complete airway obstruction (tongue, epiglottitis, foreign bodies, angioedema, croup, mucous plugs) Blunt or penetrating chest trauma Pneumothorax (tension vs spontaneous)					
Cardiovascular/Circulatory					
Primary assessment of the cardiovascular system - IPA Interprets and evaluates data related to the cardiovascular system including: Bloodwork results (CK, troponin, coagulation, lactate) Physical assessment data (i.e. indications for a bilateral blood pressure, peripheral and central pulses, heart sounds, vital signs) Demonstrate the skill of performing a 12 and 15 lead ECG and identify the indications for a 15 lead ECG Identify an acute inferior, anterior, lateral, and posterior wall MI on a 12 lead ECG Identify priorities of care for the patient having an MI STEMI protocol for transfer to HGH HIU STEMI protocol - pharmacological TNK NSTEMI					Refer to BCHS policy: ECG – 12 Lead – Rt. Sided: Posterior Leads – 12 & 15 Lead Refer to BCHS policy: ECG Interpretation
Demonstrate competent use of the ED cardiac bedside monitors, the central station, and the Phillips defibrillation monitors, application of 3 &/or 5 lead chest placement for both adult and pediatric patients Demonstrates the ability to interpret cardiac arrhythmias and identify those which are life threatening, as well as nursing interventions for the					Refer to BCHS policy: Cardiac Monitoring

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
following:					
 Atrial tachycardia 					
o Bradycardia					
 Junctional and ventricular arrhythmias 					
o PSVT					
o 1º heart block					
 2º heart block Mobitz I 					
 2º heart block Mobitz II 					
o 3º heart block					
Differentiate between defibrillation and synchronized					Refer to BCHS policies: Cardioversion;
cardioversion and discuss indications for use for both					Defibrillation
forms of energy delivery					
Demonstrates the knowledge of appropriate nursing					
care for the patient before, during, and after					
synchronized cardioversion					
Identifies indication for external pacing					
Identifies paced beats on a rhythm strip					
Demonstrates the ability to analyze a 6 second cardiac					
monitor strip, can identify:					
o P wave					
o PR interval					
o QRS					
o T wave					
o QT interval					
Demonstrates the ability to participate in a cardiac arrest					
event					
Demonstrates the ability to prioritize assessment and					
interventions to care for the patient with return of					
spontaneous circulation (ROSC)					
Performs and maintains peripheral IV access					Refer to BCHS policy: Intravenous Therapy
o Adult					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
o Pediatric					
Assist with insertion and maintenance of intraosseous					
access					
Understands principles of rapid fluid administration					
Demonstrates the ability to use the current ED rapid					
fluid administration device					
Demonstrates understanding of and utilizes principles of monitoring of patient during blood and blood product transfusion: O PRBC					Competency checklist: Blood Product Administration Checklist
o FFP					
o Platelets					
 Immune globulin 					
o Octaplex					
o Albumin					
Demonstrates use of blood/fluid warmer					Refer to BCHS policy: Warming of IVF/Blood
Identifies blood transfusion reactions and nursing					
responsibilities					
Assists with the insertion of central lines					
 Demonstrates skill of setting up central venous access device equipment 					
Demonstrates the ability to care for central venous access devices: • Explain indication of use and sites					Refer to BCHS policy: Intravenous Therapy Self-directed learning package: Management of Central Venous Access Devices (CVAD)
States complications of CVAD'sExplains indications for post insertion x ray					
Demonstrate the skill to access CVAD's for intravenous therapy					Refer to BCHS policy: Intravenous Therapy
Demonstrates the skill to obtain blood sampling from:					Refer to BCHS policy: Intravenous Therapy
Percutaneous CVAD					Competency checklist: PICC Line Dressing
o Implanted CVAD					Change/Cap Change

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
 Peripherally inserted central catheter (PICC) 					
Demonstrates the ability to identify and assist with					
appropriate interventions with actual or potential life					
threatening alterations in cardiovascular and circulatory					
functions (including but not limited to):					
 Acute coronary syndrome (angina, ischemia, 					
infarction)					
 Cardiac tamponade 					
 Cardiogenic shock 					
 Hypovolemic shock 					
 Obstructive shock 					
 Distributive shock (anaphylactic, septic, 					
neurogenic)					
 Congestive heart failure 					
 Hypertensive crisis 					
 Aortic aneurysm (aortic and thoracic) 					
 Pericarditis, myocarditis, endocarditis 					
o Cardiomyopathy					
Demonstrates ability to administer and monitor					
pharmacological agents related to the cardiovascular					
system:					
o Nitrates					
o Anticoagulants					
 Thrombolytic/fibrinolytic agents 					
o Inotropes					
 Antihypertensives 					
Antiarrhythmic agents Anti-late late agents					
Antiplatelet agents Antibiotics					
o Antibiotics					
o Analgesics					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
Neurological					
Primary assessment of the neurological system - IPA					
Demonstrates the ability to perform a neurological					Refer to BCHS policy: Canadian Neurological
assessment using:					Scale
 Glasgow coma scale (GCS) 					
 Canadian neurological scale (CNS) 					
 National Institute of Health Stroke Scale (NIHSS) 					
Demonstrates the ability to assess level of consciousness					
Demonstrates application of cervical collar					
Assists with maintenance of spinal stabilization and					
immobilization					
Demonstrates ability to evaluate pain using appropriate					
pain scale					
 Likert numerical scale 					
 FACES scale for pediatrics 					
Evaluates and understands data related to the					
neurological system:					
 Vital signs 					
 Lab tests (CSF, electrolytes, ABG's) 					
 Diagnostic tests (CT scans, MRI, EEG) 					
o Capillary blood glucose					
Identifies priorities for patients presenting with hyper					Refer to BCHS policies: Inpatient Stroke
acute stroke symptoms:					Protocol; Stroke Alert Protocol
Stoke protocol					
 Indications for a stroke protocol 					
o tPA administration					
Post medication administration monitoring					
Demonstrates the ability to identify and assist with					
appropriate interventions with actual or potential life					
threatening alterations in the neurological system					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
(including but not limited to):					
 Seizure activity, status epilepticus, febrile 					
seizures					
 Meningitis/encephalitis 					
 Transient ischemic attack (TIA) 					
 Hemorrhagic stroke 					
 Spinal cord/vertebral injuries 					
 Spinal shock/neurogenic shock 					
 Increased intracranial pressure (space occupying 					
lesions, epidural, subdural, subarachnoid					
hemorrhage)					
 Head injury (blunt and penetrating injury, 					
concussion, diffuse axonal injury, shaken baby					
injury)					
o Headaches					
o Progressive neurological disorders (ALS, Guillain-					
Barre syndrome)					
 Organic brain syndrome (dementia, Alzheimer's 					
disease)					
Acute confusional state (delirium)					
Demonstrates ability to administer and monitor					
pharmacological agents related to the neurological					
emergency:					
o Anticonvulsants					
o Diuretics					
o Thrombolytics					
o Analgesics					
o Sedatives					
Neuromuscular blocking agents					
 Reversal agents 					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
Gastrointestinal (GI)					
Primary assessment of the gastrointestinal system – IPPA					
Evaluates and understands data related to the GI					
emergency:					
 Lab tests (CBC, electrolytes, LFT's, urinalysis, 					
type and screen, pregnancy test)					
 Vital signs including orthostatic vital signs 					
 Diagnostic tests (ultrasound, CT, x ray) 					
Demonstrates skill of insertion of a nasogastric tube and					
a orogastric tube					
Demonstrates assessment and care of an ostomy					
Demonstrates the ability to identify and assist with					
appropriate interventions with actual or potential life					
threatening alterations in GI functions (including but not					
limited to):					
 GI bleed (upper or lower, esophageal varices) 					
 Hernia/ischemic/infarcted bowel 					
 Obstructed bowel 					
 Peritonitis/non-traumatic perforation 					
o Appendicitis					
 Cholecystitis/cholelithiasis 					
 Pancreatitis/hepatic encephalopathy 					
 Pyloric stenosis, intussusception 					
 Ulcerative colitis/Crohn's 					
o Constipation/diarrhea					
Demonstrates ability to administer and monitor					
pharmacological agents related to GI emergencies:					
o Antibiotics					
 Analgesics 					
o Sedatives					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
o Antiemetics					
o Enemas					
 O H₂ antagonists 					
 Laxatives 					
 Contrast medications 					
Genitourinary (GU)					
Primary assessment of the genitourinary system – IPPA					
Understands and evaluates data related to the GU					
emergency:					
 Vital signs, including rectal temperature 					
monitoring (if indicated)					
o Lab tests (CBC, electrolytes, renal function tests,					
urinalysis)					
 Diagnostic tests (ultrasound, CT) 					
Demonstrates skill of insertion and removal on a male					Refer to BCHS policy: Medical Directive –
and female patient:					Catheterization – Male – Xylocaine Jelly 2%
o Foley catheter					
o 3 way Foley catheter					
o Coude catheter					
Demonstrates ability to assist physician with insertion of					
a suprapubic catheter					
Demonstrate skill of continuous bladder irrigation set up,					
monitoring, and nursing interventions					
Demonstrates understanding of indications for a bladder					Refer to BCHS policy: Bladder Scan Policy
scan, can perform the skill, and interpret the results with					
appropriate nursing interventions					
Monitors fluid balance as per ED Standards of Care					
Demonstrates the ability to identify and assist with					
appropriate interventions with actual or potential life					
threatening alterations in the GU system (including but					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
not limited to):					
 Infection (UTI, pyelonephritis, prostatitis, 					
epididymitis)					
o Renal colic					
o Renal failure					
 Urinary retention or obstruction, foreign bodies 					
o Priapism					
Demonstrates the ability to administer and monitor					
pharmacological agents related to GU emergencies:					
o Diuretics					
o Analgesics					
o NSAIDS					
o Topical agents					
o Antipyretics					
o Antiemetics					
Reproductive Male and Female	l	ı		1	
Primary assessment of the reproductive system – IPPA					
Understands and evaluates data related to the					
reproductive emergency:					
 Vital signs, including orthostatic vital signs 					
 Lab tests (CBC, electrolytes, quantitative BhCG, 					
urinalysis, Rh factor)					
 Diagnostic tests (ultrasound) 					
Demonstrates ability to auscultate fetal heart sounds in					
pregnancy <20 weeks gestation					
Demonstrates ability to estimate PV blood loss					
Demonstrates knowledge of hospital protocol for					
initiating the SADV team for both male and female					
patients					
Demonstrates ability to assist with a pelvic examination					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
 Instilling eye drops 					
 Eye irrigation using a Morgan lens 					
o pH paper					
Demonstrates the ability to identify and assist with					
appropriate interventions with actual or potential life					
threatening altercations in the EENT system (including					
but not limited to):					
o Epistaxis					
 Peritonsillar abscess/epiglottis 					
 Facial fractures 					
 Chemical exposure 					
 Foreign body 					
 Ear injuries/disease (Meniere's disease, otitis, 					
ruptured tympanic membrane)					
 Ocular injuries (corneal abrasion, conjunctivitis, 					
retinal detachment)					
 Maxillofacial injuries/disease (Bell's palsy, 					
dislocation, TMJ syndrome, dental avulsion)					
Demonstrates ability to administer and monitor					
pharmacological agents related to EENT emergencies:					
o Topical agents					
o Immunizations					
o Analgesics					
o Antibiotics					
Musculoskeletal (MSK)/Integumentary					
Primary assessment of the MSK/integumentary system –					
IPPA					
Understands and evaluates data related to the MSK					
emergency:					
 Pain assessment 					
Vital signs					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
 Lab tests (CBC, coagulation, CK, ESR, CRP) 					
 Diagnostic imaging (x rays, CT) 					
o Braden scale					
Demonstrates the skill of the MSK focused assessment:					
 7 P's – pain, pallor, polar, paresthesia, pulses, 					
pressure, paralysis					
Neurovascular assessment (CSM)					
Capillary refill					
Demonstrates knowledge and skill in the application of					
as well as appropriate health teaching for:					
Adult & pediatric cervical collars					
 Cloth slings & shoulder immobilizers 					
Tensor bandages Dragger immedilization of limbs					
Proper immobilization of limbs Finger splints					
Finger splintsCast boots (tall and short walker boot)					
Cast boots (tall and short walker boot)Knee immobilizer					
Demonstrate skill of appropriate crutch measurement					
and health teaching of use					
Assist with reduction and/or immobilization of fractures					
and dislocations					
Demonstrates ability to provide appropriate nursing					
interventions pre, during, and post procedural sedation					
Performs wound care of the acute and chronic wound					
Demonstrates knowledge and skill of ring removal					
Demonstrates the ability to identify and assist with					
appropriate interventions with actual or potential life					
threatening alteration in MSK emergencies (including but					
not limited to):					
 Fractures, dislocations, amputations, crush 					
injuries					

Skin disorders (hives, rashes, ulcerations) Infectious processes (necrotizing fasciitis, cellulitis, osteomyelitis, abscesses) Soft tissue injuries Acute or exacerbated chronic inflammatory states (gout, osteoarthritis) Compartment syndrome Demonstrates ability to administer and monitor pharmacological agent related to the MSK emergency: Analgesia Antibiotics Sedatives Topical anesthetic Steroids/NSAIDS Immunizations Antivirals/antifungals Toxicology Primary assessment of the toxicological emergency – IPA Understands and evaluates data related to the toxicological emergency: Vital signs/cardiac monitoring EGG G Glascow coma scale (GCS) Lab tests (serum & urine toxicology, LFT's, chemistry, RFT's) Diagnostic imaging (CT) Demonstrates ability to contact Ontario Poison Centre, document findings, and communicate that to the team	Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
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Demonstrates ability to contact Ontario Poison Centre, document findings, and communicate that to the team	,					
document findings, and communicate that to the team						
	·					
	Demonstrates a knowledge of common poisonings and					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
methods to prevent absorption and enhance elimination					
Recognizes substance intoxication and abuse – offers					
resources to those who wish detox centre information					
Utilizes appropriate risk screening tools for substance use/withdrawl					Refer to BCHS policy: Acute Alcohol Withdrawal – Adult Management
Demonstrates the ability to identify and assist with					
appropriate interventions with actual or potential life					
threatening alterations in a toxicological emergency					
(including but not limited to):					
 Toxic exposure (environmental, chemical) 					
 Poisonings and substance use 					
Recreational/prescription drugs					
Predatorial drugs					
Inhalants					
Substance withdrawl					
Demonstrates ability to administer and monitor					
pharmacological agents related to toxicological					
emergencies:					
o Charcoal					
N-acetylcysteine					
o Naloxone					
o Thiamine					
o Dextrose					
Anexate Anti-organization					
Anticonvulsants Cadimarking the mater					
Sodium bicarbonate					
Environmental				ı	
Primary assessment of the environmental emergency					
Understands and evaluates data related to the					
environmental emergency:					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
Vital signs/cardiac monitoringGlasgow coma scale					
 Glasgow coma scale Lab tests (hematology, chemistry, coagulation, 					
carboxyhemaglobin, blood gases)					
o ECG					
 Diagnostic imaging 					
Seeks out information regarding disaster planning and					
policies					
Demonstrates the ability to identify and assist with					Refer to BCHS policies: Warming Blankets –
appropriate interventions with actual or potential life					Bair Hugger; Cooling Blanket
threatening alterations in the environmental emergency					
(including but not limited to):Heat syndromes (heat syncope, heat exhaustion,					
 Heat syndromes (heat syncope, heat exhaustion, heat stroke) 					
 Cold syndromes (frostbite, hypothermia) 					
Near drowning					
 High altitude illness/decompression illness 					
 Bites and stings 					
Demonstrates ability to administer and monitor					
pharmacological agents related to an environmental					
emergency:					
o Antivenom kits					
o Immunizations					
Rabies vaccineAntibiotics					
AntibioticsAnalgesics					
Psychiatry					
Primary assessment of the psychiatric patient; required					
even if there is an Emergency Mental Health Nurse					
Understands and evaluates data related to the					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
psychiatric emergency:					
Vital signs/LOC					
 Glasgow coma scale 					
 Lab tests (routine bloodwork, urine toxicology 					
screen)					
Demonstrates an understanding of the Emergency					
Mental Health Nurse and their role within the ED					
Demonstrates knowledge of least restraint standards					Refer to BCHS policy: Restraint – Least
Domonaturates are non-pullication of the Dinel restraint					Restraint – Definition and Decision
Demonstrates proper application of the Pinel restraint					
system used Demonstrates the ability to provide a safe environment					
and interventions to manage alterations in					
mental/behavioural health and ensure patient and staff					
safety					
Demonstrates an understanding of the Form1/42 and					
the legal implications for the patient					
Demonstrates the ability to identify and assist with					
appropriate interventions with actual or potential life					
threatening alterations in the psychiatric emergency					
(including but not limited to):					
 Mood and personality disorders (depression, 					
bipolar, borderline)					
 Anxiety and stress disorders (PTSD, panic 					
attacks)					
 Schizophrenia (psychosis, paranoia, 					
hallucinations)					
 Eating disorders (bulimia, anorexia) 					
Demonstrates the ability to administer and monitor					
pharmacological agents related to the psychiatric					
emergency:					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
SedativesAntipsychoticsAntidepressants					
Immunology/Hematology/Endocrinology					
Primary assessment of the endocrine system – IPA					
Understands and evaluates data related to the endocrine emergency: O Vital signs – includes temperature Date tests (routine bloodwork including Ca ^{2t} , Mg, Phos, TSH) Diagnostic tests					
Demonstrates the skill of capillary glucose testing and nursing interventions to support the result					Refer to BCHS policy: Medical Directive – Diabetes: Administration of 50 % Dextrose >16
Demonstrates the ability to identify and assist with appropriate interventions with actual or potential life threatening alteration in the endocrine emergency (including but not limited to): O Hyperglycemic emergencies (DKA) O Hypoglycemia O Thyroid emergencies (thyroid storm) O Adrenal gland emergencies (Addisonian crisis, SIADH) O Blood dyscrasias (DIC, sickle cell crisis, hemophilia) O Oncological emergencies O Immunocompromised patient (HIV/AIDS, febrile neutropenia)					
Psychosocial/End of Life Care			I	1	
Provides effective and timely communication to the					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
patient and significant others					
Ensures environment that promotes privacy and support					
Knowledge of crisis intervention as it relates to the					
patient, family, and significant others					
Demonstrates the care of managing a death in the ED:					
o Coroner's case					
 Nursing documentation 					
 Proper disposition of the body 					
Demonstrates the ability to notify TGLN using the					
Routine Notification tool as a guide for all imminent					
deaths and/or actual deaths in the ED					
Transfer of Accountability (TOA)/Communication	tion/Pulsecheck/[Ocu	mentation		
Demonstrates the ability to give a concise transfer of					Read BCHS policy: Transfer of Accountability
accountability to:					– SBAR N-IV-1908
 Oncoming shifts 					
 Colleagues within the ED with transfers within 					
the department					
 Specific units when a patient is being transferred 					
Demonstrates the ability to accurately and timely					
document on:					
o The ED chart					
 The Inpatient chart 					
*Please refer to the ED Standards of Care for further					
information on documentation standards*					
Demonstrates the ability to use Pulsecheck as a					
communication tool for:					
o TOA					
 Specific comments within Pulsecheck 					
 Signing up for patient assignment within 					
Pulsecheck					

Criteria	Clinical Competence Date:	Initials	Clinical Competence Date:	Initials	Recommended Learning Strategies
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 Reviewing lab values 					
Communicates via:					
 Daily huddle 					
o Email					
 Staff meetings 					
 Team Leader/Group Leader/Value Stream 					
Leader					
Recognize and develop strategies to resolve					Refer to BCHS policies: Respectful Workplaces
interpersonal conflicts with external (patient/family) and					– Staff; Respectful Workplaces – Patients
internal (nursing, physician) customers					Visitors
Medications/Pharmacology					
Utilizes the 8 Rights of safe medication administration:					
1. Right patient					
2. Right drug					
3. Right dose					
4. Right route					
5. Right time (frequency)					
6. Right documentation					
7. Right to refuse					
8. Right response/evaluation					
Utilizes BCHS policy regarding 2 patient identifiers					Refer to BCHS policy: Patient Identification –
					Two Client Identifiers
Demonstrates awareness of High Alert drugs; performs					Refer to BCHS policy: Medications – High
independent double check					Alert: Independent Double Check
Reviews the following medications that are commonly us	sed in Zone 1/Resuscitation	n Roc	om:		
Drug Name	IV Medication Man	ual Re	viewed (date)		Location in Department
Alteplase (tPA)	. Tiredication Main				2000 m Department
Amiodarone					
Atropine					
			l de la companya de		

Criteria	Clinical Competence Date: 1 2 3 4 5	Clinical Competence Date: 1 2 3 4 5	Recommended Learning Strategies
Drug Name	IV Medication Man	ual Reviewed (date)	Location in Department
Calcium Chloride			
Calcium Gluconate			
Desmopresson Acetate			
Diazepam			
Digaband			
Digoxin			
Diltiazem			
Dobutamine			
Dopamine			
Droperidol			
Epinephrine			
Ergometrine maleate			
Etomidate			
Fentanyl			
Hydralazine			
Insulin			
Ketamine			
Labetalol			
Lidocaine			
Lorazepam			
Magnesium Sulfate			
Mannitol			
Metoprolol (IV)			
Midazolam (Versed)			
Morphine			
Naloxone (Narcan)			
Nitroglycerin (IV)			
Norepinephrine			
Octaplex			

Criteria	Clinical Competence Date: 1 2 3 4 5	Clinical Competence Date: 1 2 3 4 5	Recommended Learning Strategies
Drug Name	IV Medication Manu	ual Reviewed (date)	Location in Department
Octreotide			
Phenylephrine			
Procainamide			
Propofol			
Pronestyl			
Protamine			
Rocuronium			
Succinylcholine			
Tenecteplase			
Tranexemic Acid			
Vasopressin			
Verapamil			
Voluven			
Documentation of medications:			Refer to BCHS policies: Medications –
 ED patients – ED focused nursing notes 			Transcription and Documentation;
 Inpatients – Inpatient MAR 			Medications – Time Schedule
Demonstrates the ability to complete an accurate Best			Refer to BCHS policy: Medication
Possible Medication History (BPMH) in a timely manner			Reconciliation Admission
			Self-Directed Learning Package: Best Possible
			Medication History
Medical Directives			
Demonstrates knowledge of BCHS ED medical directives			Refer to ED Medical Directives
and implements the medical directives on patients			
where they are applicable			
Pediatric Knowledge/Skills			
Demonstrates ability of performing and modifying age			
appropriate physical and psychological assessment			
Demonstrate skill and knowledge of obtaining and			
monitoring age specific normal limits of vital signs			

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
Demonstrate the knowledge and skill of the following					
procedures in the pediatric population:					
 Throat swabs 					
 Intranasal (IN) medication administration 					
 Insertion of a urinary catheter 					
 Application of urine collection bags 					
 Nasopharyngeal swab collection 					
Demonstrate an understanding of how to use the					
pediatric isolette for neonates					
Demonstrates knowledge and skill of IV fluid					
administration and IV medication administration in the					
pediatric population					
Demonstrates ability of calculating medication doses for					
pediatric patients					
Demonstrates how to use the Braselow tape					
Demonstrates knowledge of contents of the Pediatric					
Braselow code cart and is aware of how to restock					
Demonstrates ability to identify a child(ren) in need of					Refer to BCHS policy: Child Protection
protective services					
Discharge Planning					
Demonstrates the ability to provide patient specific					
health teaching using:					
 Pulsecheck DCI (discharge instructions) 					
Provides explanations to patients regarding:					
 Medications provided 					
 Treatments 					
 Self-care 					
 Follow up/referrals 					
Documents all health teaching in the focused nursing					
notes					

Criteria	Clinical Competence Date: 1 2 3 4 5	Initials	Clinical Competence Date: 1 2 3 4 5	Initials	Recommended Learning Strategies
Provides education on an ongoing basis to patient &/or significant others					
Consults and co-ordinates care with specialists, allied health, and additional support services					Refer to BCHS policy: Discharge - Patient