

Company Name Validation of Skills

Nurse: RN LVN

Name: _____ Date of Hire: _____

<p>*Score Key: 1 = Independent 2 = Performs with Supervision 3 = Requires Professional Development</p>	<p>** Validation Method Key DO = Direct Observation of Patient Care WV – Written Validation VV = Verbal Validation SV – Simulated Validation (Observed)</p>	<p>Frequency of Validation ◇ Core Skills – validated on hire and annually * Performance Skills – validated prior to independent performance ● On Hire – validated on hire</p>
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Skill	Self Evaluation			Skill Validation				Re-Validation (Professional development as needed)			
	Score*	Date	Frequency	Score*	Method**	Initials	Date	Score*	Method**	Initials	Date
I. Infection Control			◇								
A. Hand washing			◇								
B. Personal protective equipment			◇								
C. Disposal technique			◇								
D. Hazardous materials/sharps handling and disposal			◇								
E. Equipment cleaning			●								
F. Other			●								
II. Medications			●								
A. Routes of administration			●								
B. Assessment and documentation			●								
C. Anaphylactic protocol			●								
III. Lab tests/specimen collection			●								
A. Route & collection procedures			●								
B. Preservation & transport procedures			●								
C. Venipuncture			●								
D. Glucose monitor (list devices) Quality Control Log			◇								
E. Other											
IV. Wound care											
A. Identification of wound types (pressure, stasis, surgical, etc)			●								
B. Compression therapy application /mgmt (Unna boots, Profore®, other wrappings, etc.)			*								
C. Other											
V. Musculoskeletal system											
A. Therapeutic/ROM exercises			●								
B. Transfer/lifting techniques			●								
C. Assistive devices			●								

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	Score*	Date	Frequency	Score*	Method**	Initials	Date	Score*	Method**	Initials	Date
D. Other											
VI. Pulmonary system											
A. Inhalation therapy			*								
B. Tracheotomy care			*								
C. Other											
VII. Gastrointestinal system											
A. Bowel training			*								
B. Manual disimpaction/enemas			*								
C. Oral/nasal suctioning			*								
D. NG-tube insertion/management			*								
E. G.Tube insertion/management			*								
F. Ostomy care (colostomy, ileo-conduit, ileostomy, etc.)			*								
G. Tube feeding			*								
H. Other											
VIII. Genitourinary system											
A. Bladder training			*								
B. Catheter care			●								
1. Indwelling/intermittent			●								
a. Urethra											
b. Suprapubic											
c. Straight Catheter											
2. Insertion/removal -Indwelling			●								
C. Sterile catheter irrigation			*								
IX. Peripheral IV insertion & care											
A. Insertion/discontinuation			◇								
B. Site care			◇								
C. Calculation of infusion rates			◇								
D. Continuous infusion			◇								
E. Intermittent Heparin lock			◇								
F. Fluids & hydration therapy			◇								
G. Antibiotic therapy			◇								
H. Management of complications			◇								
I. Other											
X. Physical assessment components											
A. Comprehensive (head to toe)			●								
B. Age specific assessments needs			●								
C. Assessment tools/equipment			●								
D. Other											
XI. Additional skills											

Competency Evaluator: _____ Initials: _____