

NAME OF
PATIENT CARE SERVICES
ANNUAL COMPETENCY ASSESSMENT TOOL (ACA)

Registered Nurse, Nursery (1-37)

This ACA Tool certifies that _____ has been revalidated for the following skills according to Name of standards for the review period: _____.

Validated By: _____ Title: _____

Validation: RD = Return demonstration; V = Verbalizes; NA = Not applicable to area or no experience required.

SKILLS	SATISFACTORY PERFORMANCE		VALIDATION (Initials as appropriate)			DATE
	Yes	No	RD	V	NA	
1. Initial Patient Assessment:						
a. Postpartum.						
b. Newborn.						
2. Blood Sampling:						
a. Venipuncture.						
b. Heelstick.						
3. Intravenous Fluid Administration:						
a. Peripheral access: Angiocath, Butterfly, And I.V. lock.						
b. Administration/maintenance: Peripheral.						
c. Tubing changes: Peripheral & central.						
d. Site care: Peripheral & central.						
e. Procedure for UA/UV placement.						
4. Blood/Blood Products Administration:						
a. Consent.						
b. Administration: PC, FFP, and Albumin.						
c. Discontinuation/Transfusion Reactions.						
5. Infant Stabilization:						
a. Stabilization of infant in L&D.						
b. Stabilization of infant in Nursery.						
c. Cardiac/respiratory monitoring.						
d. Thermal stabilization.						
e. Transfer of infant to another facility.						

Developed by: _____ Name of Developers
Approved by: _____

SKILLS	SATISFACTORY PERFORMANCE		VALIDATION (Initials as appropriate)			DATE
	Yes	No	RD	V	NA	
6. Care of the Infant:						
a. Routine newborn care.						
b. Administration of medications.						
c. Sepsis work-up/care: Lumbar puncture and blood cultures.						
d. Phototherapy.						
e. Nutritional assessment/care: NG, and formula feeding.						
f. Breastfeeding teaching/initiation.						
g. Infant abduction prevention.						
h. Infant of drug addicted mother.						
i. Circumcision care.						
7. Oxygen Delivery: Set-Up/Maintenance:						
a. Nasal cannula.						
b. Ventimask, facemask and PPV.						
c. Oxyhood.						
d. CPAP and ventilator.						
8. Adjunctive Airway Management:						
a. Bag valve mask (Ambu bag).						
b. Suctioning: Oral and nasal.						
9. Parental Bonding Assessment.						
10. Use of Medical Equipment:						
a. I.V. and syringe pumps.						
b. Oxygen tank and regulator: Code cart and transport isolette.						
c. Capillary glucose monitor.						
d. Suction apparatus: Wall and portable.						
e. Oxygen therapy: Wall and portable						
f. Pulse oximeter.						
g. Isolette and infant warmer.						
h. Cardiac/respiratory monitors.						
i. Non-invasive blood pressure monitor.						
j. Invasive blood pressure monitor.						
k. Ventilator.						
l. Bilimeter.						
m. Phototherapy lights..						
n. Infant scale.						
o. Computer and printer.						
p. Facsimile machine.						
q. Reports defective equipment.						