

**NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES
CRN POC COMPETENCY VALIDATION**

Name: _____ Manager or Designee: _____
 Work Area: _____ Primary Preceptor: _____
 Hire Date: _____ Competency Date: Met _____ Not Met: _____

Reason for validation: Orientation Re-validation PI Follow-up Other _____

Key: 1 = No knowledge/No experience 3 = Knowledge/Done with assistance **Circle method used for validation:** D = Demonstration DR = Documentation Review V = Verbalization
 2 = Knowledge/No experience 4 = Knowledge/Done independently T = Test/Quiz O = Other (specify)

Competency: Post-Anesthesia Care – Manages care and seeks to prevent complications in patients emerging and recovering from anesthesia.

| Behavioral Indicators | Self Evaluation | | | | Assessment Method | Validator's Signature/Date | | Learning Resources | Comments |
|--|-----------------|---|---|---|-------------------|----------------------------|----------|--|----------|
| | 1 | 2 | 3 | 4 | | Met | Not Met* | | |
| 1. Provides appropriate care for patients emerging from the effects of general anesthesia. | 1 | 2 | 3 | 4 | D, V | | | Unit Orientation PACU orientation manual Malignant hyperthermia video (from PACU) Experience with preceptor | |
| 2. Identifies side effects and complications of general anesthesia. | 1 | 2 | 3 | 4 | V | | | | |
| 3. Obtains appropriate information from OR and anesthesia record. | | | | | D, V | | | | |
| 4. Assesses level of sedation according to appropriate sedation scale. | 1 | 2 | 3 | 4 | D | | | | |
| 5. Identifies symptoms and treatment of malignant hyperthermia. | 1 | 2 | 3 | 4 | V | | | | |
| 6. Intervenes appropriately in post-anesthesia / surgical emergencies. | 1 | 2 | 3 | 4 | V | | | | |
| 7. Documents post-anesthesia care per unit guidelines. | 1 | 2 | 3 | 4 | DR | | | | |

Action Plan for Competency Achievement

Targeted Areas for Improvement (Behavioral Indicators):

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Educational Activities/Resources Provided:

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“Hands on” practice planned with preceptor, unit educator, CNS, nurse manager:

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Re-evaluation date: _____

By: _____

- Competency Met
- Competency Not Met

Next Step: _____