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| **Riverside Health System** | | |
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| Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee Name: | Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Self-Assessment:**  **To be completed BY EMPLOYEE prior to education**  **1 =** No Experience  **2 =** Limited Experience  **3 =** Performs Independently  **4 =** Can serve as a Resource | **Population Age Served**:  **NA =** Not applicable  **I =** Infant (0-12 mon)  **P =** Pediatric (1-17yrs) | **A =** Adult (18-65yrs)  **G =** Geriatric (66+yrs)  **All =** All ages | **Method of Evaluation Key:**  **P =** Policy / Procedure  Review  **E =** Education Session  **V =** Verbal Review | **C =**  Clinical Practice  **D =** Return Demonstration  Actual or Simulated  **N =** NetLearning | **Skill Level Achieved**:  **Y = Yes-**Competent  **N = No-**Needs Review  (See Action Plan)  ***Completed by Preceptor or Educator*** |
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| **Competency**  **Behavior Criteria:** | | | | **Self-Assessment** | **Population Age Served** | | **Method of**  **Evaluation** | | **Skill Level Achieved** | **Initials of validator signing off** |
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| **Job Role:** | | | | | | | | | | | |
| **Competencies for Port Access:** | | | | | | | | | | | |
| Verify provider order to access port | | | | 1 2 3 4 | NA I P A G ALL | | P E V C D N | | Y N |  |
| Introduce self to the patient; verify patient’s identity using two forms of identification and explain procedure to the patient | | | | 1 2 3 4 | NA I P A G ALL | | P E V C D N | | Y N |  |
| Gathers appropriate supplies and equipment | | | | 1 2 3 4 | NA I P A G ALL | | P E V C D N | | Y N |  |
| Perform hand hygiene and open sterile dressing kit | | | | 1 2 3 4 | NA I P A G ALL | | P E V C D N | | Y N |  |
| Mask patient and mask yourself | | | | 1 2 3 4 | NA I P A G ALL | | P E V C D N | | Y N |  |
| Apply gloves | | | | 1 2 3 4 | NA I P A G ALL | | P E V C D N | | Y N |  |
| Palpate port site for location | | | | 1 2 3 4 | NA I P A G ALL | | P E V C D N | | Y N |  |
| Remove and discard gloves | | | |  |  | |  | |  |  |
| Fully open sterile packet moving hand sanitizer and sterile packet aside | | | |  |  | |  | |  |  |
| Sterile open saline flush and drop on sterile field | | | |  |  | |  | |  |  |
| Clean hands with hand sanitizer and place sterile gloves on | | | |  |  | |  | |  |  |
| Scrub with Chlorhexidine and allow site to dry | | | | 1 2 3 4 | NA I P A G ALL | | P E V C D N | | Y N |  |
| Apply towel drap below the insertion site | | | |  |  | |  | |  |  |
| Flush tubing with NS and apply cap | | | | 1 2 3 4 | NA I P A G ALL | | P E V C D N | | Y N |  |
| Apply CHG Impregnated patch around needle | | | | 1 2 3 4 | NA I P A G ALL | | P E V C D N | | Y N |  |
| Access port with appropriate port access needle | | | | 1 2 3 4 | NA I P A G ALL | | P E V C D N | | Y N |  |
| Check for blood return and flush | | | | 1 2 3 4 | NA I P A G ALL | | P E V C D N | | Y N |  |
| Apply sterile Port dressing with 3D profile | | | | 1 2 3 4 | NA I P A G ALL | | P E V C D N | | Y N |  |
| Instill with appropriate amount of heparin per provider order if not immediately used | | | | 1 2 3 4 | NA I P A G ALL | | P E V C D N | | Y N |  |
| Document in patient medical record | | | | 1 2 3 4 | NA I P A G ALL | | P E V C D N | | Y N |  |
| **Employee Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_** | | | |  |  | |  | |  |  |  | |
| **Initials** | **Preceptor/Educator Signature** | **Initials** | **Preceptor/Educator Signature** | | | **Initials** | | **Preceptor/Educator Signature** | | | |
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