|  |
| --- |
| **Riverside Health System** |
|  |
|  |
| 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*** |
| --- | --- | --- | --- | --- | --- |

| **Competency****Behavior Criteria:** | **Self-Assessment** | **Population Age Served** | **Method of** **Evaluation** | **Skill Level Achieved** | **Initials of validator signing off** |
| --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |