THE EMPLOYEE DEMONSTRATES KNOWLEDGE REGARDING:

<table>
<thead>
<tr>
<th>Date of Completion</th>
<th>Evaluated by</th>
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<tbody>
<tr>
<td>Appropriate Infection Control and OSHA Guidelines in the Workplace</td>
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<tr>
<td>Blood and Body Fluid Spill Clean Up</td>
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<tr>
<td>Department Specific Right to Know</td>
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**SKILL SETS:**

- Accessing and Care of CVP Line
- Accessing and Care of Dialysis Port
- Accessing and Care of PICC Line
- Accessing and Care of Port-a-Cath
- Administering a Subcutaneous Injection
- Administering a Subdermal and/or Intradermal Injection
- Administering an Intramuscular Injection utilizing z-track
- Administration of Blood & Blood Products
- Bladder Irrigation
- Chest Tube Care
- Code Blue, Rapid Response and Crash Cart
- Defibrillator Setup and Use
- Enema Administration
- Foley Catheter Insertion and Removal
- Hand Washing
- Ileal Conduit, Care and Maintenance of Appliance
- IV Insertion and Removal
- IV Therapy Set Up and Administration
- Medication Administration
- Medication Administration, IV Push
- Nasogastric Tube Insertion & Removal
- Ostomy, Care and Maintenance of Appliance
- Patient Assessment and Reassessment
- Restraint and Seclusion
- Specimen Collection – Clean Catch
- Specimen Collection – Sputum
- Specimen Collection – Stool
- Specimen Collection – Urinary Catheter
- Sterile Dressing Change
- Suctioning an Oral Airway
- Tracheostomy Care and Suctioning
- Tube Feeding, Administration of
- Vital Sign Assessment - Blood Pressure
- Vital Sign Assessment - Temperature
- Vital Sign Assessment - Peripheral Pulse
- Vital Sign Assessment - Respiration

**PERFORMED ONLY ON INITIAL HIRE:**

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Employee Name:  
Preceptor/Evaluator's Name:
<table>
<thead>
<tr>
<th>Discharge of Patient</th>
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<td>Exit Care</td>
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<td>HMS Processes</td>
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**PERFORMED BY LABORATORY ON INITIAL HIRE AND ANNUALLY:**
- Accu-Check Inform System Glucose Meter (Nursing Handbook)
- Measuring Blood Glucose
- Critical Value Reporting and Documentation

- Employee is competent to perform the above tasks independently and without supervision

- Employee’s level of competence is below 2. Reassess competency on: ________________________________

**Comments:**

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- 
- 

**Employee’s Signature:**

**Preceptor/Evaluator’s Name:**