Competency Checklist

Date: ____________________________
Employee Name: ____________________
Preceptor/Evaluator’s Name: ________
Competency: Vital Sign Assessment - Respiration

INDICATORS OF PERFORMANCE LEVEL SUMMARY

<table>
<thead>
<tr>
<th>How Met</th>
<th>Level of Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>Direct Observation/Return Demonstration</td>
</tr>
<tr>
<td>V</td>
<td>Verbalization/Discussion</td>
</tr>
<tr>
<td>T</td>
<td>Test</td>
</tr>
<tr>
<td>NA</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

If overall performance or competency is rated below the minimum competency level of 2, that performance or competency must be reassessed within 30 days of this review.

The employee demonstrates skills and competence in the following:

**Goal:** The patient’s pulse is assessed accurately without injury and the patient experiences only minimal discomfort.

1. **Gather Equipment/Supplies:**
   - Watch with second hand
   - Gloves

2. Perform hand hygiene and don gloves.

3. **Observe the patient’s respirations.** Note the rise and fall of the patient’s chest.

4. **Using a watch with a second hand, count the number of respirations for 30 seconds.** Multiply this number by 2 to calculate the respiratory rate per minute.
   - If respirations are abnormal in any way, count the respirations for at least 1 full minute.

5. **Note the depth and rhythm of the respirations.**

6. **When measurement is completed cover the patient and help him or her to a position of comfort.**

7. **Remove gloves and perform hand hygiene.**

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

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

Employee’s Signature
Evaluator’s Signature