Crenshaw Community Hospital

Skills Competency: Hand Washing / Hand Rub

Name:_____ **Date:** _____

Unit: ☐Med/Tele ☐ED ☐Surgery/OP ☐Special Services ☐Non-Clinical

Hand Washing	**Yes**	**No**
1. Wets hands under warm water.		
2. Applies soap and distributes over hands		
3. Rubs hand together vigorously for 10-15 seconds to create lather		
4. Using Friction, covers all hand surfaces including palms, back of hands, fingernails, web spaces, and fingers		
5. Rinses hands under warm running water.		
6. Dries hands thoroughly with a disposable towel		
7. Turns off faucet using a clean disposable towel		
Hand Rub		
1. Should not be used if hands are visibly soiled		
2. Apply a dime-sized amount (2-3 ml) of product into palms of dry hands		
3. Rub product into hands, cover all hand surfaces including palms, back of hands, fingernails, web spaces, and fingers		
4. Rub hands until dry before performing another task. **DO NOT WIPE OFF.**		

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Employee Signature

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Evaluator Signature

Crenshaw Community Hospital

Skills Competency: Medical Immobilization (Restraints)

Name:_____ **Date:** _____

Unit: ☐Med/Tele ☐ED ☐Surgery/OP ☐Special Services

	Yes	No
1. Able to locate and recite CCH policy and procedure for placing a patient in restraints.		
2. Identify and document all alternatives attempted prior to placing a patient in restraints		
3. Identify the different types of restraints: a. Medical Immobilization – to prevent a patient from pulling/removing any medical device/equipment b. Chemical Immobilization – any medication used in order to restrain or alter his/her level of consciousness c. Behavior Immobilization – placing a restraint or immobilization device on a patient that is not compliant or cannot follow direction due to any behavioral issues.		
4. Able to obtain MD order for restraint as specified within CCH policy (Medical Restraint) a. Locate and identify the Restraint order set. b. Able to acknowledge that the Medical Restraint Order has to be obtained every 24 hours and documented as such. c. PRN orders are not permitted d. All restraint orders are to be flagged on night shift during the 12-hour chart check.		
5. Return demonstration on placing the patient in restraints.		
6. Documentation of circulation and release of restraint every 2 hours.		
7. Able to identify all safety assessments and documentation of any needs of the patient while in restraints		
8. Able to locate all downtime forms regarding medical immobilization.		
9. Initiate suicide assessment and any ongoing assessment related to suicidal patient. Documentation in patient's chart.		
10. Ability to locate all flow sheets within the patient's medical record and document accordingly.		
11. Restraint/Medical Immobilization test.		

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Employee Signature

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Evaluator Signature

Crenshaw Community Hospital

Skills Competency: Vital Signs

Name:_____ **Date:**_____

Unit: ☐Med/Tele ☐ED ☐Surgery/OP ☐Special Services **Preceptor:** _____

	Yes	No
1. Blood Pressure a. Choose appropriate size blood pressure cuff for patient. b. Palpate the brachial artery. c. Position the stethoscope. d. Auscultate patient's blood pressure. e. Identify normal and abnormal blood pressure, including factors affecting blood pressure		
2. Respiratory Rate a. Observe the patient's respiration b. Count respirations. c. Assess for depth, rhythm, and character of respirations. d. Identify and describe normal and abnormal respiratory rates.		
3. Radial Pulse a. Select correct pulse point. b. Palpate and count the pulse. c. Assess pulse rhythm and volume. d. Identify and describe normal and abnormal pulse rates.		
4. Apical Pulse a. Locate apical impulse (PM) b. Place stethoscope over the apical pulse. c. Listen and count the apical pulse for one minute. d. Assess pulse rhythm and strength. e. Identify and describe normal and abnormal pulse rates.		
5. Pain Scale a. Assess location, intensity, quality, onset, duration, and recurrence, manner of expressing pain, precipitating factors, alleviating factors of patient pain. b. Demonstrate use of 10-point pain intensity. c. Demonstrate use of Wong-Baker FACES Rating Scale.		
6. Oxygen Saturation a. Apply the sensor and attach the pulse oximeter. b. If patient has nail polish or acrylic nails, place sensor to pad of finger		
7. Temperature a. Obtain the digital thermometer. b. Determine if the patient has ingested hot or cold beverages or food within the last 30 minutes. c. Cover oral probe with probe cover. d. Insert under the tongue to either side of mouth. e. Instruct patient to close mouth without placing teeth on the thermometer. f. Leave probe in place until beeping is heard. g. Read the results on the display window. h. Identify and describe normal and abnormal temperature ranges.		
8. Documentation a. Assess appropriate patient chart to document vital signs. b. Record patient's vital signs on the patient flow-sheet within the chart. c. Notify the appropriate staff of abnormal vital signs.		

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Employee Signature

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Evaluator Signature