

Name: \_\_\_\_\_

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

# Emergency Nurses Association of Ontario



## Core Competencies For the Emergency Nurse

Revised April 2019

Name: \_\_\_\_\_

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

**According to the Emergency Nurses Association position statement, (ENA, 2019)**

*“Emergency nursing is an independent, collaborative, and specialized area of practice. Providing safe, quality emergency nursing care requires expertise in triage and prioritization, resuscitation, intervention and stabilization, discharge training, crisis intervention, and emergency preparedness. Unique to emergency nursing practice is the extensive knowledge and broad scope of practice required to care for diverse patients across the lifespan with a wide variety of complex illnesses and injuries within a limited time period. Operating from the presenting chief complaint rather than an admitting diagnosis is a unique approach to emergency and ambulatory nursing practice. Emergency nurses work in stressful, fast-paced environments where they integrate evidence-based knowledge, make rapid assessments, critical decisions, and life-saving interventions while prioritizing and multitasking. Emergency nurses therefore require a skill-set well beyond that necessary for nursing licensure one that is specific to their practice environment and the care of a wide variety of patients”*

**Instructions:**

- ✚ These competencies can be used for the initial orientation of the nurse to the emergency department (ED).
- ✚ These competencies can also be used as a yearly competence review for ED nurses and as a guide for their yearly learning plan.
- ✚ These competencies can also be used by department leadership as part of the vetting process for vacant ED positions.
- ✚ The emergency nurse should review the competencies and complete a self assessment.
- ✚ A competency assessment will then be completed by the nurse educator / charge nurse / preceptor / mentor.
- ✚ If these guidelines are used for orientation, weekly meetings should be arranged by the nurse with the nurse educator or nurse manager, to review and discuss ongoing completion of the orientation.
- ✚ Two peer reviews should be completed by week six for orientation and submitted to the nurse educator or nurse manager for review. Yearly peer reviews are suggested if using these guidelines as a yearly competence assessment.

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		Rating	Date	Initials	Method of evaluation	Date	Comments	Initials
<b>Orientation to Department</b>								
Physical layout of department								
Individualized set-up of patient rooms/areas								
Charting and documentation review								
Commonly used referral forms								
Commonly used diagnostic forms								
Emergency department team members								
Patient flow and placement								
Allergy identification/Critical Care Indicators								
Specimen processing								
Staff and patient safety								
Call bell systems								
Review medication dispensing with Pharmacist								
Policy and resource materials								
Medical directives								
<b>Location of Equipment</b>								
Cardiac monitors								
Defibrillators, including portable unit								
Telemetry monitors								
Central cardiac monitor								
Portable vital signs monitor								
IV pumps								
End tidal CO <sub>2</sub> monitors								
Transport equipment								
Patient warming equipment (bear hugger and IV fluid warmer)								

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		Rating	Date	Initials	Method of evaluation	Date	Comments	Initials
Infant warmer								
I-STAT								
ECG machine								
Computers and programs								
Glucometer								
Urinalysis								
Crash cart								
Lavage equipment								
Non-invasive blood pressure machines								
Doppler								
Bladder scanner								
Trauma cart								
Cautery equipment								
Weight scales								
Thermometers								
Morgan lens								
Automatic Drug Cabinet								
Ventilator								
Restraints								
Patient lift – portable and ceiling-mounted								
Portable suction								
BIPAP								
IO drill								
<b>Triage</b>								
Knowledge of principles of Canadian Triage Acuity Scale (adult and paediatric CTAS)								

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		Rating	Date	Initials	Method of evaluation	Date	Comments	Initials
Knowledge of the triage process								
Obtains and records pertinent history								
Demonstrated appropriate focused nursing assessment (according to age and chief complaint)								
Prioritizes patients according to CTAS								
Initiates appropriate testing/treatment of triage patients (based on medical directives)								
Liaisons with the Unit Leader re: patient acuity and volume								
Initiates risk screening, FRI, sepsis, sexual abuse etc.								
Initiates isolation precautions								
<b>Airway and Breathing</b>								
Knowledge of anatomy and physiology relating to the airway and respiratory system								
Airway assessment to determine patency								
Patient assessment: normal vs. abnormal respiratory effort								
Breath sounds/auscultation								
Establishes appropriate oxygen therapy								
Demonstrates use of SaO2 monitoring equipment								
Demonstrates use of Peak Flow device								
Patient teaching re: airways inhalations/medications								
Demonstrated use of croup score								
Suctioning, oral, nasal, tracheal and inline								
Anaphylaxis protocols								
Airway management/positioning								
Assists with Rapid Sequence Intubations								
Demonstrates manual ventilation with ambu bag/mask								

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Assess ventilation / perfusion								
Assess proper tube placement								
Care of intubated patient, (i.e. post intubation diagnostics, suctioning, pain management, sedation)								
Demonstrates use of oral, nasopharyngeal airways, sizing and insertion technique								
<b>Assessment and nursing interventions for: (including but not limited to)</b>								
➤ Tracheal deviation								
➤ Respiration emergencies (i.e., obstruction, croup, epiglottis)								
➤ Inhalation injuries (i.e., gases, chemicals, smoke, thermal)								
➤ Pulmonary embolus								
➤ Asthma, status asthmaticus								
➤ COPD								
➤ pneumonia								
➤ Bronchiolitis, acute bronchitis, RSV								
➤ Pulmonary edema								
➤ Blunt and penetrating chest trauma (i.e., flail chest, pulmonary contusion, pneumothorax, tension pneumothorax, hemothorax, protruding foreign body, open chest wound)								
➤ Respiratory arrest								
Demonstrates care of patient of BIPAP/CPAP								
Knowledge/theory of cricothyrotomy/tracheotomy procedure and equipment								
Assists with insertion and care of chest tubes								

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Reviews special paediatric resuscitation equipment								
Describes Thoracentesis procedure and equipment								
Reviews Glide Scope care and cleaning								
Reviews Difficult Intubation equipment								
Demonstrates ability to collect, interpret and evaluate data related to the respiratory system. (i.e., ETCO <sup>2</sup> , ABG's etc.)								
<b>Circulation</b>								
Interpretation and monitoring of vital signs								
IV access and equipment use								
Arterial line set-up and specimen collection								
Central venous line set-up and monitoring								
Care and access of venous access devices (i.e. PICC, Portacath)								
Intra-osseous set-up, monitoring and access								
Assessment of central and peripheral pulses								
Temperature monitoring and maintenance: hyper/hypothermia (bear hugger, fluid warmers)								
Accurate monitoring of intake and output								
Understanding of principles for rapid fluid administration and devices								
Administration of all types of fluid replacement and differences between them. (i.e., crystalloids, plasma expanders, blood products)								
Knowledge of FAST, when to use and limitations								
<b>Cardiovascular</b>								
Knowledge of anatomy and physiology relating to the cardiovascular system								
Cardiac monitor and interpretation								

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<b>Recognition and nursing interventions for arrhythmias: (including but not limited to)</b>								
➤ PEA								
➤ Asystole								
➤ Ventricular tachycardia, with and without pulse								
➤ Ventricular fibrillation								
➤ PSVT								
➤ Bradycardia								
➤ Junctional arrhythmias								
➤ Heart blocks, 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> degree								
Cardiac arrest protocols								
Describes method for permissive hypothermia in post-arrest patients								
Assists/performs defibrillation, cardioversion, and external pacing								
Identifies indication for defibrillation, cardioversion and external pacing and prepares patient and equipment								
Knowledge of thrombolytics and STEMI medical interventions								
Knowledge of medication infusions used in Acute Coronary Syndrome								
Performs 12 and 15 lead ECG, knowledge of when to perform a 15 lead ECG								
Recognition of STEMI, identifies inferior, anterior, septal and posterior infarct on ECG								
Knowledge and interventions related to pharmacology protocols for the cardiovascular system (i.e., antiarrhythmics, vasopressors, inotropes)								
BCLS/ACLS protocols								



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<b>Assessment and nursing interventions for: (including but not limited to)</b>								
➤ Acute coronary syndromes								
➤ Cardiac dysrhythmias								
➤ Cardiac contusion, cardiac tamponade								
➤ Hypovolemic shock								
➤ Cardiogenic shock								
➤ Obstructive shock								
➤ Distributive shock (anaphylactic, neurogenic, septic)								
➤ Congestive heart failure, left and right								
➤ Hypertensive crisis								
➤ Aortic aneurysm, abdominal and thoracic								
➤ Pericarditis, myocarditis and endocarditis								
➤ cardiomyopathy								
Assists with pericardiocentesis procedure								
Demonstrates ability to collect, interpret and evaluate data related to the cardiac system								
<b>Neurological</b>								
Knowledge of anatomy and physiology relating to neurological system								
Demonstrates ability to assess level of consciousness using Glasgow Coma Scale, pediatric coma scale and appropriate use								
Canadian Neurological Stroke Scale and appropriate use								
Assessment of neuro-vital signs								
Acute Stroke protocol								
C-spine immobilization and stabilization								
Assists with lumbar puncture and collection of samples								

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Evaluation of pain using appropriate pain scale								
Non-pharmacological pain management strategies								
<b>Assessment and nursing interventions for: (including but not limited to)</b>								
➤ seizure activity, status epilepticus and febrile seizures								
➤ meningitis and encephalitis								
➤ TIA, acute ischemic / hemorrhagic stroke								
➤ Spinal cord / vertebral injuries								
➤ Increased intercranial pressure								
➤ Head injury (i.e., shaken baby syndrome, concussion, contusion, penetrating injury)								
➤ Headaches (i.e., migraine, tension, sinus)								
➤ Organic brain syndromes (i.e., dementia, Alzheimer’s)								
➤ Acute confusional state / delirium								
Demonstrates ability to collect, interpret and evaluate data related to the neurological system								
<b>Immunology / Hematology / Endocrinology</b>								
Knowledge of anatomy and physiology relating to the endocrine system								
<b>Assessment and nursing interventions for: (including but not limited to)</b>								
➤ Hyperglycemic emergencies (i.e., DKA and HHNC)								
➤ Hypoglycemia								
➤ Thyroid emergencies (i.e., thyroid storm, myxedema coma)								
➤ Adrenal gland emergencies (i.e., Addison’s crisis, Cushing’s syndrome, SIADH, Diabetes Insipidus)								
➤ Blood dyscrasias (i.e., DIC, Sickle cell crisis, Hemophilia)								

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➤ Oncological emergencies (i.e., Spinal cord compression syndrome, malignant effusions)								
➤ Immunocompromised patient (i.e., HIV / AIDS, febrile neutropenia, asplenia)								
Demonstrates ability to collect, interpret and evaluate data related to the endocrine system								
<b>Maxofacial, Eye, Ear, Nose and Throat (EENT)</b>								
Knowledge of anatomy and physiology relating to the EENT systems								
Assists with foreign body removal								
Epiglottis monitoring								
Assessment of visual acuity examination for all eye related presentations								
Demonstrates correct technique when irrigating eyes								
Demonstrates application and removal of Morgan Lens								
Demonstrates use and interpretation of pH paper								
Demonstrates correct application of eye patch								
Demonstrates proper procedure for instilling eye drops / analgesia								
Assists with nasal packing								
Assists physician with ear examinations and irrigations								
Performs throat examinations and recognizes alterations from normal								
Assessment of abnormal dental occlusions								
Assists with fiberoptic examinations and care of scope								
Assists with tonometer and understands results								
<b>Assessment and nursing interventions for: (including but not limited to)</b>								

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➤ Foreign body, eye, ear, nose								
➤ Chemical exposure, ocular, oral, pharyngeal								
➤ Ocular injuries (i.e., corneal abrasion, retinal detachment, hyphema, acute glaucoma)								
➤ Ear injuries / disease (i.e., ruptured tympanic membrane, otitis media)								
➤ Epistaxis, anterior and posterior								
➤ Oropharyngeal abscesses, injuries or inflammation (i.e., epiglottitis, angioedema, peritonsillar abscess, post tonsillectomy bleed)								
➤ Facial fractures (i.e., La Fort I, II, III, orbital)								
➤ Maxofacial injuries / disease (i.e., Bells Palsy, dental avulsion, dislocation)								
Demonstrates ability to collect, interpret and evaluate data related to Maxofacial and EENT systems								
<b>Gastrointestinal</b>								
Knowledge of anatomy and physiology relating to the gastrointestinal systems								
Nasogastric / orogastric tube insertion								
Suctioning procedures								
Knowledge of gastric lavage/whole bowel irrigation and equipment								
Care of gastrostomy and enteral tubes								
Abdominal assessment including inspection, auscultation and palpation of abdomen								
Assist with paracentesis								
Assist with peritoneal lavage								

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Ostomy care								
Rectal tube insertion								
<b>Assessment and nursing interventions for: (including but not limited to)</b>								
➤ Hernia, ischemic bowel, paralytic ileus								
➤ Obstructed bowel								
➤ Peritonitis / non-traumatic perforation								
➤ Toxic megacolon								
➤ GI bleed, upper, lower, esophageal, varices								
➤ Pancreatitis, hepatic encephalopathy								
➤ Foreign bodies								
➤ Cholecystitis, cholelithiasis								
➤ Appendicitis								
➤ Pyloric stenosis, intorsusception								
➤ Ulcerative colitis , Crohn’s disease, gastroenteritis, diverticulitis								
➤ Abdominal injury (i.e., splenic rupture, liver laceration, diaphragmatic rupture)								
➤ Constipation, diarrhea								
Demonstrates ability to collect, interpret and evaluate data related to the gastrointestinal system								
<b>Genitourinary</b>								
Knowledge of anatomy and physiology relating to the genitourinary systems								
Insertion / application of male, female and pediatric catheters / condom catheters / urinary bag								
Knowledge of catheter associated UTI (CAUTI)								
Maintenance of continuous bladder irrigations								

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Assessment of volume and character of urine output								
Assists with insertion and maintenance of suprapubic catheters								
Monitors renal function through fluid balance								
Use and interpretation of bladder scanner								
Perform and interpret urine dip stick and pregnancy tests								
Obtain urine culture								
<b>Assessment and nursing interventions for: (including but not limited to)</b>								
➤ Infection (i.e., UTI, pyelonephritis, epididymitis, prostatitis)								
➤ Renal colic								
➤ Urinary retention or obstruction								
➤ Renal failure								
Demonstrates ability to collect, interpret and evaluate data related to the genitourinary system								
<b>Obstetrics, reproductive female and male</b>								
Knowledge of anatomy and physiology relating to the male and female reproductive systems								
Knowledge of anatomy and physiology relating to the obstetrical patient								
Inspection, auscultation and palpation of the abdomen								
Assessment of per vaginal (PV) blood loss								
Auscultate fetal heart sounds								
Assists with pelvic exams and handling of swabs/specimens								
Demonstrates use and cleaning of lighted speculum								
Able to test for amniotic fluid								
Recognize signs of fetal distress								

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Demonstrates use of gynecology stretcher								
Aware of guidelines / policy for sexual assaults								
Ability to preserve forensic evidence and maintain chain of custody								
<b>Assessment and nursing interventions for: (including but not limited to)</b>								
➤ Ovarian cyst								
➤ Ectopic pregnancy								
➤ Abortion, threatened, spontaneous, therapeutic, septic, missed.								
➤ Pregnancy induced hypertension, eclampsia, HELLP syndrome, hyperemesis gravidarum								
➤ Abruptio placenta, Placenta previa, ruptured uterus, amniotic fluid embolism, DIC								
➤ Postpartum hemorrhage, retained products, episiotomy								
➤ Foreign bodies, perineal, anal trauma								
➤ Infection (i.e., mastitis, PID, toxic shock syndrome, STI's)								
➤ Emergency childbirth (i.e., delivery, cord prolapse, retained placenta, breech birth, meconium-stained amniotic fluid)								
➤ New born baby assessment (i.e., APGAR, medications, warming)								
➤ Torsion – testicular, ovarian								
➤ Priapism								
➤ Penile / scrotal pain								
Demonstrates ability to collect, interpret and evaluate data related to the female / male reproductive system and obstetrics								

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<b>Musculoskeletal/integumentary</b>								
Knowledge of anatomy and physiology relating to musculoskeletal and integumentary systems								
Assessment of the 7 P's (pain, pallor, polar, paresthesia, pulses, pressure and paralysis)								
Assist with topical / local anaesthetic								
Assist with skin closure, glue, suturing, staples								
Removal of sutures, staples								
Assess for evidence of fractures, sprains and bruising								
Performs wound care of acute and chronic wounds								
Reviews billing procedure for orthopaedic supplies								
Knowledge of Procedural sedation protocols								
Ability to provide appropriate nursing interventions pre, during and post procedural sedation								
Assists with reduction and/or immobilization of fractures and dislocations								
Preservation of amputated parts								
Reviews available dressing supplies and indications								
Assists with trephination of subungual hematoma								
Knowledge and skill with ring removal								
Assists with cast application / removal								
<b>Assessment and nursing interventions for: (including but not limited to)</b>								
➤ Compartment syndrome								
➤ Neurovascular compromise								
➤ Penetrating injury								
➤ Soft tissue injuries								



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➤ Acute or exacerbated chronic inflammatory states (i.e., gout, osteoarthritis)								
➤ Infectious processes (i.e., cellulitis, osteomyelitis, necrotizing fasciitis)								
➤ Skin disorders (i.e., rash, hives, eczema, ulcerations)								
➤ Fractures, dislocations, amputations, crush injuries								
Demonstrates ability to collect, interpret and evaluate data related to the musculoskeletal and integumentary systems								
<b>Environmental</b>								
Knowledge of anatomy and physiology relating to environmental exposure								
<b>Assessment and nursing interventions for: (including but not limited to)</b>								
➤ Heat syndromes (i.e., heat exhaustion, heat stroke)								
➤ Cold syndromes (i.e., frostbite, hypothermia)								
➤ Near drowning								
➤ High altitude illness / decompression illness								
➤ Bites and stings (i.e., human, animal, insects, snakes)								
Knowledge of reporting guidelines for bites								
Knowledge of rabies vaccination / antivenom kits								
Demonstrates ability to collect, interpret and evaluate data relating to environmental exposure								
<b>Toxicology</b>								
Knowledge of anatomy and physiology relating to toxicological exposure								
Able to access Ontario poison control information / telephone number								

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Demonstrates a knowledge of common poisonings and methods to prevent absorption								
Ability to recognize substance abuse / intoxication								
Knowledge of risk screening tools for substance use / withdrawal and protocols for use								
Knowledge of site-specific antidote kits								
Knowledge of pharmacological agents related to certain exposures (i.e., N-acetylcysteine, naloxone, sodium bicarb, charcoal)								
Knowledge of gastric lavage equipment								
<b>Assessment and nursing interventions for: (including but not limited to)</b>								
➤ Toxic exposure – chemical, environmental								
➤ Poisonings and substance use								
➤ Inhalants								
➤ Recreational / prescription drugs								
Demonstrates ability to collect, interpret and evaluate data relating to toxicological exposure								
<b>Mental Health</b>								
Knowledge of crisis interventions/ policies /guidelines and laws to create a safe environment as it relates to patient, family and staff								
Ability to complete a suicide risk assessment								
Knowledge of inter-disciplinary resources available								
Ability to establish a therapeutic relationship within a challenging environment								
Demonstrates communication techniques and de-escalation skills that defuse aggressive behaviour								

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Ability to recognize escalating behaviours								
Ability to recognize delirium, dementia, depression in the geriatric population								
Demonstrates knowledge of least restraint policies								
Demonstrates proper application of physical restraints								
Initiates continuous observation as required								
Demonstrates an understanding of Form 1 / 42 and the legal implications for the patient								
<b>Assessment and nursing interventions for: (including but not limited to)</b>								
➤ Mood and personality disorders (i.e., depression, bipolar, personality disorder)								
➤ Anxiety and stress disorders (i.e., panic attacks, PTSD, anxiety states)								
➤ Schizophrenia – psychosis, paranoia, hallucinations								
➤ Suicidal ideation / attempt								
➤ Eating disorders (i.e., anorexia, bulimia)								
➤ Addictions								
➤ Abuse – pediatric, partner, elderly, vulnerable patient								
Demonstrates ability to collect, interpret and evaluate data relating to mental health presentations								
<b>Infection Control</b>								
Explains infection control guidelines as it pertains to patients of the ED								
Demonstrates standard precautions when dealing with all patients								
Knowledgeable regarding isolation procedures								
Ability to set up negative pressure room / anti room								

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Ability to collect an NP swab								
<b>Assessment and nursing interventions for: (including but not limited to)</b>								
➤ Antibiotic resistant organisms (i.e., MRSA, ESBL, VRE, C-DIFF)								
➤ Non communicable infections (i.e., Lyme disease, West Nile virus, malaria)								
➤ Communicable infections (i.e., meningitis, mumps, measles, herpes, pertussis)								
➤ Severe respiratory infections (i.e., SARS, TB, H1N1)								
Demonstrates ability to collect, interpret and evaluate data relating to infection prevention and control								
<b>Trauma</b>								
Knowledge of anatomy and physiology relating to trauma presentations								
Demonstrates the ability to answer patch phone, obtain information and notify appropriate staff								
Initiates a trauma code if appropriate								
Demonstrates primary and secondary survey								
Demonstrates C-spine immobilization								
Describes importance of mechanism of injury								
Demonstrates use of burn dressings, rule of nines, fluid replacement and documentation records								
Describes process for notification of coroner (who, when, how)								
<b>Pediatrics</b>								
Ability to modify assessment based on age / cognition of patient								
Aware of vitals signs specific to age								
Weighs all pediatrics in kg								

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Demonstrates knowledge and skill of IV fluid administration and IV medication administration in the pediatric population								
Demonstrates ability of calculating medication doses for pediatric patients								
Demonstrates how to use the Braselow tape								
Demonstrates knowledge of contents of the Pediatric Braselow code cart and is aware of how to restock								
Demonstrates ability to identify a child in need of protective services								
Utilizes distraction with pediatric patients undergoing procedures								
<b>Psychosocial / End of Life</b>								
Provides effective and timely communication to the patient and family								
Ensures an environment that promotes privacy and support								
Provision of encouragement, reassurance, acceptance during times of stress								
Knowledge of cultural awareness and sensitivity								
Provides comfort measures to patients / families								
Knowledge of appropriate support services (i.e., pastoral services, interpreters, victim support)								
<b>Assessment and nursing interventions for: (including but not limited to)</b>								
➤ Managing a death in ED								
➤ Proper disposition of the body								
➤ Required documentation								
➤ TGLN referral and process								

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		Rating	Date	Initials	Method of evaluation	Date	Comments	Initials
<b>Discharge Planning</b>								
Identifies priorities for discharge (i.e., resources, referrals)								
Provides teaching to patients / families on conditions treated								
Provides explanations for new medications, treatments, self care, follow ups and outside referrals								
Provides additional discharge instructions via departmental hand outs or community prepared documents when available								
Documentation of discharge information given								
<b>Transfer of Accountability</b>								
Provides a concise transfer of accountability to oncoming staff, staff within the hospital for transfers to inpatient units, out of hospital transfers via communication tool and / or transfer of accountability form								
Accurate and timely documentation within the ED chart								
<b>Professional Practice, Legal issues / Ethical Issues</b>								
<b>Knowledge of nursing interventions related to : (including but not limited to)</b>								
➤ Advance directives								
➤ Child / elder abuse								
➤ Organ / tissue donation								
➤ Family presence during resuscitation / invasive procedures								
➤ Medical examiner / coroner								
➤ Unidentified patient								
➤ Preservation and collection of evidence								
➤ Police requests								
➤ Criminal assault								

Name: \_\_\_\_\_

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

The rating scale for self assessment: 0 – no experience 1 – limited experience 2 – competent 3 - expert	Method of Evaluation Key: O = Observation T = Written Test V = Verbal Review	Self-Assessment by Employee			Competency Assessment			
		Rating	Date	Initials	Method of evaluation	Date	Comments	Initials
➤ Prevention and management of aggressive behaviour								
➤ Critical incidents								
➤ Informed consent								
➤ Gunshot or stab wound reporting								
➤ Blood alcohol collection								
➤ Emergency preparedness including pandemic and disaster planning								
➤ Codes								
➤ CBRNE								
➤ workplace violence prevention								
➤ Capacity / SDM/ POA								
<b>Medications</b>								
Knowledge of pharmacology and medications commonly used in the ED								
Administers medication safely according to hospital policy								
Utilizes 2 person identifiers to administer medications / treatments								
Knowledge of medication reconciliation								
Review medications below								

Drug Name	Drug classification	IV Medication Manual Reviewed (date)	Location in Department
Alteplase (tPA)			
Amiodarone			
Atropine			

Name: \_\_\_\_\_

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

Drug Name	Drug classification	IV Medication Manual Reviewed (date)	Location in Department
Calcium Chloride			
Calcium Gluconate			
Desmopressin Acetate			
Diazepam			
Digaband			
Digoxin			
Diltiazem			
Dobutamine			
Dopamine			
Droperidol			
Epinephrine			
Ergometrine maleate			
Etomidate			
Fentanyl			
Hydralazine			
Insulin			
Ketamine			
Labetalol			
Lidocaine			
Lorazepam			
Magnesium Sulfate			
Mannitol			
Metoprolol (IV)			
Midazolam (Versed)			
Morphine			
Naloxone (Narcan)			
Nitroglycerin (IV)			
Norepinephrine			
Octaplex			
Octreotide			
Phenylephrine			
Procainamide			
Propofol			
Pronestyl			
Protamine			



Name: \_\_\_\_\_

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

Drug Name	Drug classification	IV Medication Manual Reviewed (date)	Location in Department
Rocuronium			
Succinylcholine			
Tenecteplase			
Tranexemic Acid			
Vasopressin			
Verapamil			
Voluven			

### Mandatory Skills Review – Emergency Services

Course	Date completed	Initials
BCLS		
ACLS		
TNCC		
ENPC		
PALS		
Electrical defibrillation / Pacing		
Lifesaving drugs		
ECG interpretation		
Cardiac strip interpretation		
Hemodynamic Review		
Care of CVAD's		
BIPAP/CPAP		
Ventilator		
Fluid Warmer		
Chest Tubes		
Shock review		
IV Pumps		

Name: \_\_\_\_\_

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

**Orientation Performance Assessment**

Week # \_\_\_\_\_

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

Individual's comments:

Preceptor's comments:

Reviewed by Nurse Educator on \_\_\_\_\_

Signature: \_\_\_\_\_

**Make 5 photocopies of this sheet. You will have weekly assessments for 6 weeks while you are on orientation**

Name: \_\_\_\_\_

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

### Peer Assessment Tool

Consider the characteristics listed below and put an x beside those that best describe your peer. These results will be viewed by the Nurse Educator and Nurse Manager only.

Name of Peer: \_\_\_\_\_

Cooperative		Sees other's points of view	
Informed and knowledgeable		Willing to compromise	
Participates		Not afraid to ask questions	
Organized			
Trustworthy			
Positive approach		Poor work ethic	
Highly skilled in job		Reluctant to move from own position or point of view	
Follows through on commitments		Judges others quickly	
Good work ethic, dependable		Negative approach	
Assertive		Poor knowledge base of emergency nursing	
Willing to learn		Aggressive	
Easy to deal with		Resistant to change	
Copes well with changes		Often involved in conflict	
The one who resolves conflict		Poor communication skills	

List any opportunities for your peer for personal growth:

- 
- 
- 
- 
- 
- 
- 

List any other compliments / concerns here:

- 
- 
- 
- 
- 
- 
- 

Print name, sign and date: \_\_\_\_\_

Name: \_\_\_\_\_

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

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