

UC San Diego Health

Continuous Renal Replacement Therapy (CRRT) Initial Competency Assessment and Validation

EMPLOYEE NAME:	DATE:	EVALUATION PERIOD:	MANAGER NAME:
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Competency validation will be recorded when the employee fulfills the identified validation criteria as appropriate for each area. A designated validator (i.e. Manager, Educator, or Preceptor) will sign and date each competency once the competency has been demonstrated per the stated validation method(s). Post-Tests must be passed with or remediated to 80%. The employee signature at the end of the document indicates employee ownership and further confirms that competency has been met. Areas not signed require an action plan for completion within a designated time frame.

Competency Objectives	Education Method/ Resources	Validation Method (circle method used)	Validator Legible Signature/ Date
Initiation of CRRT			
<ul style="list-style-type: none"> Identifies available accesses for fluids Assists dialysis RN with initial lab draws, including patient lab draws prior to initiation and machine labs 30 minutes after initiation Assesses patient's tolerance to initiation of CRRT, and communicates findings with nephrologist Collaborates with dialysis Rn to ensure orders are concurrent to the machine settings and iv solutions 	GU Clinical Practice Guideline CRRT labs after restarting CRRT policy	Direct Observation Scenario-based Evaluation Verbal Report Documentation Review	_____ Validator Signature _____ Validator Printed Name _____ Date
Monitoring of CRRT			
<ul style="list-style-type: none"> Demonstration of critical alarms troubleshooting, including Arterial, venous, filter and volume (excessive fluid volume gain/loss) Calculates and documents hourly fluid replacement Demonstrates Hourly checks for drip chamber is full and access lines secure Identifies machine adjustments for "code blue" Demonstrates titration of fluids according sliding scale and labs Demonstrates proper frequency of lab draws Demonstrates procedure for administering iv bolus Communicates with nephrologist on all fluid and electrolyte abnormalities and bolus administrations Evaluates access dressing and changes as indicated per policy Evaluates system for clotting and performs flushing procedure as indicated, documents appropriately 	Prismaflex Operator's manual CRRT flushing and returning blood to patient policy Emergency Standing Orders GU clinical practice guideline	Direct Observation Scenario-based Evaluation Verbal Report Documentation Review	_____ Validator Signature _____ Validator Printed Name _____ Date
Discontinuation			
<ul style="list-style-type: none"> Demonstrates calculation and administration of final hour of replacement fluid demonstrates discontinuation of system, including return of blood and post-catheter care 	CRRT flushing and returning blood to patient policy GU clinical practice guideline	Direct Observation Scenario-based Evaluation Verbal Report Documentation Review	_____ Validator Signature _____ Validator Printed Name _____ Date
CRRT Education and Orientation			
<ul style="list-style-type: none"> Attends CRRT class by proof of CEU turned into Manager/CNS Completion of CRRT test with passing grade, turned into Manager/CNS 		Direct Observation Scenario-based	_____ Validator Signature

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<ul style="list-style-type: none">• Completes 12-hour CRRT bedside orientation		Evaluation Verbal Report Documentation Review Post Test	_____ Validator Printed Name _____ Date
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The employee signature below indicates employee ownership and confirms knowledge and competency for the required above items. If employee needs further education on objectives listed above, employee understands it is his/her responsibility to communicate need to manager or preceptor.

EMPLOYEE'S SIGNATURE/DATE: _____

UNIT MANAGER'S SIGNATURE/DATE: _____

ACTION PLAN (if needed)

Manager Signature: _____

Date Completed: _____