CHESAPEAKE HOME HEALTHCARE

Providing Service to a Community that Deserves Attention.

HOME SKILLS COMPETENCY CHECKLIST FORM

NAME (please print):_____TITLE:_____ DATE: _____

INSTRUCTIONS: Your Orientation to a new client is MANDATORY! The Nurse Orienting must complete ALL criteria listed below. The Orientation Nurse and/or Primary Caregiver should initial areas that were addressed during in-home orientation. Sections 2,4,5,10 and 11 may be used by the Registered Nurse to verify or update skill competency.

TIME IN: _____ TIME OUT: _____

Home Orientation	Comments	Orientation Nurse Initials	RN Sup Initials
1. New Patient: (Write name and DOB below) _____			
2. Write your Patient's Disease process: (i.e. cerebral palsy) _____ **Write your patient's Technological Needs: (i.e. ventilator)** _____			
3. Locate Home Chart; Be sure to identify all these listed below ❑ Current Physician Orders ❑ Nursing Care Plan ❑ Emergency Protocol ❑ Location of Extra Nurses Notes/Flow Sheets ❑ Location of Timesheets			
4. MEDICATION THERAPY ❑ Locate where meds are stored ❑ Locate Medication Measuring/Cutting devices ❑ Review Medication Administration Record (MAR) ❑ **Identify Medication Administration Procedure and List:** _____ (i.e. P.O.; Parenteral; IV Therapy; etc)			
5. RESPIRATORY MANAGEMENT Locate ALL Respiratory Equipment. Check All that apply to this patient ❑ O2 ❑ Suction Machine ❑ Pulse Ox meter ❑ C Pap ❑ Bi Pap ❑ Nasal Cannula ❑ NEB Treatment ❑ CPT devices ❑ Other (List):_____ ❑ Review Treatment Administration Record (TAR) ❑ Does this patient have a Trach? Yes or No (Circle One) ❑ Indicate Trach Care (Change of Trach, Trach Tubing, Trach Ties, etc.) _____ ❑ Indicate Cleaning Regime: _____			
6. SUPPLIES ❑ Locate where supplies are stored and what supplies are to be used with this patient during your shift. ❑ Identify who is responsible for ordering supplies and list below:			

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_____ **MISCELLANEOUS AREAS** ❑ Locate gloves, extra towels, bed linen, and washcloths ❑ Identify where to place dirty linens ❑ Identify who is responsible for laundering of dirty linens (Remember you as the nurse can launder the patient's dirty linens if requested by the family. However, laundering is limited to the patient's items ONLY.)			
7. DAILY ROUTINE ❑ Identify the established daily routine through information received from the primary caregiver/orienting nurse ❑ Locate items needed to provide comfort to your patient-example toys, books, videos, etc;			
8. TELEPHONE PARAMETERS ❑ Identify where Emergency Contacts are listed ❑ Add your name to the nurses telephone listing ❑ Identify How family wants to be in contact during the hours that you're working with their child and list below: _____			
9. DISPOSAL OF BIOHAZARD WASTE ❑ Identify the location for disposal of waste ❑ Identify the frequency of trash disposal (per shift/ per occurrence)			
10. TRANSFER/MOBILITY Identify Equipment utilized for this patient (Hoyer Lift, Stander, etc ;) _____			
11. FEEDING ADMINISTRATION ❑ Locate where feeding supplies are stored ❑ Identify Gastrointestinal Problems _____ ❑ Feeding pump (if being used): _____ ❑ Indicate Cleaning Regime: _____			
12. OTHER AREAS DISCUSSED:			

Please sign your name below by the designated title to indicate that Orientation was completed at a satisfactory level. Failure to complete the Home Orientation Form will result in non-payment of Orientation, see CHHC Basic Policies and Procedures.

Nurse Orienting to Patient Signature: _____ **Date** _____

Name of Nurse of Who Oriented You: _____ **Date** _____

Primary Caregiver (mom or dad): _____ **Date** _____

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Responsibilities of Licensed Nurse

You are responsible for the well-being and safety of your patient. To ensure this, the following must be completed and **documented:**

1. Get a detailed report from the Nurse or Caregiver you are relieving.
    i. ALWAYS Review Doctor's Orders/Plan of Care at the beginning of the shift.
2. A comprehensive head to toe **assessment** completed at the beginning of your shift and as otherwise indicated or ordered based on the client's condition.
    i. All notes should be sent to the Office weekly. (TUESDAY BY 5 P.M.)
3. Notify the Agency and you're the **RN Supervisor** of any change in the client's condition **immediately** after your assessment. A parent or family member may notify the physician but this is your responsibility.
4. Check all **emergency equipment** at the beginning of each shift. Ensure that all resuscitation devices are the correct sizes for your client. For example, do you have an adult resuscitation for a child or infant?
5. Order all medication and supplies weekly or monthly to ensure there is enough for the next shift. Restock all supplies each shift. Keep family informed of all orders.
6. Check all orders daily for changes before you start medications and treatments.
7. Call CHHC's Office as needed for chart forms and time slips before supplies run out.
    i. 301-249-4333 – Ask to speak to the Clinical Records Clerk
8. Educate patients and/or family regarding the patient's illness, procedures, treatments, including self-care, prevention and health maintenance
9. Keeps an accurate record of time - See Arrival Protocol Policy
10. Adheres to CHESAPEAKE HOME HEALTH CARE INC. policies and procedures

PHYSICIAN ORDERS – Must be updated and signed by the physician every **60 days**. If the patient has a doctor's appointment before the 60 day due date, the nurse must have the orders signed during this visit.

QUALITY ASSURANCE/RN SUPERVISORY VISITS - Are done every month for the Licensed Nurse.

REMEMBER - Patient confidentiality is a must! You must not discuss any information about your client without a written consent except during change of shift report!