

VANCHCS NURSING SERVICE COMPETENCY ASSESSMENT

NAME: _____

JOB TITLE: **Registered Nurse**

DATE: _____

COMPETENCY: **CONGESTIVE HEART FAILURE**

Use Validation Key for documentation of methods in each block.

Use age specific and other considerations listed below:

Validation Key - Method of Validation					
1. Method of Validation	2. Test	3. Discussion	4. Peer Review	5. Return Demonstration	6. Observation
7. Mock Event	8. Presentation	9. Case Study			

<p>Scale: Age-Specific Criteria A = Adult (18 -65 yrs) G = Geriatrics (over 65 yrs)</p>
<p>C = Other Considerations Appropriate: (Yes/No) Cultural – Black - address as Mr. or Mrs.; flexible time frames; respect privacy; build trust; fear of addictions Asian - very modest; family oriented; respect medical authority; father or eldest son acts as family spokesman Hispanic – frequently complimentary, usually reserved in formal settings; protects family from serious illness Socio-Economic – provide clear, concise communication; patient focus approach to healing Cognitive Abilities – observe facial grimaces *Population - Veteran population see below</p>
<p>O = Other Administrative Skills – knowledge base requirements which do not require clinical skills</p>

***Gender:** Male Female **Ethnicity:** Caucasian, African-American, Hispanic, Asian, Native American, other
Service/Time of Conflict: Pacific/Europe
 Africa-infectious disease, wounds, exposure to nuclear weapon/frostbite/injury, mustard gas **Korea (K)** cold injury, lasting effects/the “forgotten” conflict **Cold War (CW)** nuclear testing/nuclear clean up **Vietnam (V)** Agent Orange, infectious disease/anger/distrust government – unfairly blamed for war unsupported war **Gulf wars (GW)** Desert Storm, Iraqi Freedom – devastating injuries – triple amputation, face blown off. Exposure to smoke, chemical or biological agents, depleted uranium (DU), infections/debilitating undiagnosed illnesses/military experience wasn’t as expect, life-changing consequences r/t career, education, and marriage. **Peace Keeping Missions (PK)** missions in Bosnia, Haiti, Kosovo, etc. **Peace Time (PT)** – time of no conflicts
All Conflicts: PTSD (post Traumatic Stress Disorder); Fearful of unknown; sleep disorders; anxiety; restlessness; fearful of anesthesia (not in control); combative and disoriented; safety issues.

CONGESTIVE HEART FAILURE Specific skills and knowledge required for caring for and instructing a patient with the Diagnosis of congestive heart failure	Self-Assessment Level of Proficiency			Competent	Validation	Comments
	1. Needs Review	2. Some Experience	3. Competent to perform Independently	Date/Initial	Validation Method	
	A	C	O	Y N		
Identifies Patients with the diagnosis or history of Congestive Heart Failure in CPRS						
Demonstrates knowledge of the implications of Congestive Heart Failure in terms of patient education and desired outcome for patient.						
Patient Assessment Evaluates patients abilities to learn/understand in CPRS finds the clinical reminder for CHF and right clicks mouse to get all the information essential to teach the patient. Listens to heart sounds and recognizes dull sounds versus a clear resounding “lub-dub”.						

<p>Listens to lung sounds in 6 areas areas front and back . Left lung has two lobes and right lung has three lobes. Listens for sounds of fluid collection in the lungs both front and back. May be crackles or raiilles, inspiratory/expiratory wheezing or bubbling sounds in the lungs. Notifies the MD.</p> <p>Observes patients for cyanosis, pain, dyspnea, raiilles and takes appropriate action while recording findings in CPRS.</p>						
<p>Steps to be followed:</p> <p>a) Use Print out from the clinical reminder to discuss with patient.</p> <p>b) Provide patient with handout from clinical reminder.</p>						

	A	C	O	Y	N	
<p>Congestive Heart Failure (CHF) Specific skills and knowledge required to perform the job bases on specific criteria</p>	<p><u>Self-Assessment</u> Level of Proficiency</p>			Competent		Validation
	<p>1. Needs Review 2. Some Experience 3. Competent to perform Independently</p>			Date/Initial		Validation Method
	A	C	O	Y	N	
<p>c) Instructs patient to weigh daily at the same time every day after voiding and maintain a record in MyHealthVet or on the handout.</p> <p>e) Reduce salt and limit intake of hot dogs, salami, canned foods, and cheese.</p> <p>f) Check food labels for salt (sodium) content</p> <p>g) Maintain total daily sodium at around 2 grams (2000 milligrams).</p> <p>h) Reduce fatty foods to 30% or fewer of total calories consumed. May use Krames handout on reading food labels if new diagnosis of CHF.</p> <p>i) Checks BMI in patient record</p> <p>j) If applicable Clears Move reminder if possible and understands what the Pre Contemplative stage or ambivalence in terms of weight loss means.</p>						
<p>Patient Safety related to Education When to notify your Treatment team:</p> <p>a) Call their provider if >2 lbs weight is noted or >3-5 pounds in one week.</p> <p>b) Call a provider if any of these symptoms get worse: persistent frequent cough, shortness of breath with activity, or when lying flat at night requires more pillows or sit in a chair, swelling of legs and ankles. OUTCOME: Patient will not end up in CHF crisis and will call provider to be seen before symptoms become unmanageable.</p> <p>Patient Participation related to Education</p> <p>a) Patient advised that smoking may increase risks of worsening heart failure, atherosclerosis, bronchitis, pneumonia, and dyspnea. Offered smoking cessation if a smoker.</p> <p>b) Patient counseled on increased risks of water retention if drinking too many fluids, as well as worsening heart failure due to consumption of alcohol. Offered classes to reduce alcohol intake if drinking more than 3 oz/wine or one beer a day. OUTCOME: Patient will not develop complications of CHF related to water retention, alcoholism and/or smoking.</p>						

<p>URGENT CARE TX: If patient arrives in Urgent Care, patient receives an ECG, questioned about digitalis/lanoxin useage, hx of heart disease, placed on 0xygen, MD called for Morphine order if anxious, short of breath with CHF history after assessment. Appropriate laboratory tests ordered stat. Place patient on monitor, with frequent B/P's and monitor pulse oximetry. OUTCOME: Patient will be stabilized prior to transfer or discharge.</p>						
<p>RN Knowledge Required a) Basic pathophysiology of the Disease Congestive Heart Failure and can explain to the patient in terms they understand, ie: Too much fluid in the tissues of the heart muscle which prevents the heart from contracting to pump the blood through the body resulting in fatigue, weakness, shortness of breath. We can try to contain it to heart muscle alone with the patient's help to include medication compliance, acceptance of lifestyle changes in relation to food intake, fluid intake, adherence to recommended monitoring tests eeg, laboratory and weight if applicable. OUTCOME: Patient will want to adhere to healthy program to prevent complications from CHF.</p>						

Follow-up: Y/N

Action Plan:

Staff: _____

Preceptor: _____