### VANCHCS NURSING SERVICE COMPETENCY ASSESSMENT

**NAME:** ____________________________________  **JOB TITLE:** Primary Care Nursing  
**DATE:** _____________________________________  **COMPETENCY:** CONGESTIVE HEART FAILURE

Use Validation Key for documentation of methods in each block. Use age specific and other considerations listed below:

<table>
<thead>
<tr>
<th>Validation Key - Method of Validation</th>
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</thead>
</table>

**Scale:** Age-Specific Criteria  
- **A** = Adult (18 - 65 yrs)  
- **G** = Geriatrics (over 65 yrs)  
- **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*  
  
- **O** = Other Administrative Skills – knowledge base requirements which do not require clinical skills

**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.

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### CONGESTIVE HEART FAILURE

Specific skills and knowledge required for caring for and instructing a patient with the Diagnosis of congestive heart failure

<table>
<thead>
<tr>
<th>Self-Assessment Level of Proficiency</th>
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<td>1. Needs Review</td>
<td>2. Some Experience</td>
<td>3. Competent to perform Independently</td>
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**A** = Adult  **C** = Competent  **O** = Observation  **Y** = Yes  **N** = No

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.

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.
<table>
<thead>
<tr>
<th>Congestive Heart Failure (CHF)</th>
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<tbody>
<tr>
<td>Specific skills and knowledge required to perform the job bases on specific criteria</td>
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### Observes patients for cyanosis, pain, dyspnea, and takes appropriate action while recording findings in CPRS.

### Steps to be followed:
- Use Print out from the clinical reminder to discuss with patient.
- Provide patient with handout from clinical reminder.
- Instructs patient to weigh daily at the same time every day after voiding and maintain a record in MyHealtheVet or on the handout.
- Reduce salt and limit intake of hot dogs, salami, canned foods, and cheese.
- Check food labels for salt (sodium) content
- Maintain total daily sodium at around 2 grams (2000 milligrams).
- Reduce fatty foods to 30% or fewer of total calories consumed. May use Krames handout on reading food labels if new diagnosis of CHF.
- Checks BMI in patient record
- If applicable Clears Move reminder if possible and understands what the Pre Contemplative stage or ambivalence in terms of weight loss means.

### Patient Safety related to Education
When to notify your Treatment team:
- Call their provider if >2 lbs weight is noted or >3-5 pounds in one week.
- 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.
## Congestive Heart Failure (CHF)

Specific skills and knowledge required to perform the job bases on specific criteria

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### Patient Participation related to Education

- **a)** Patient advised that smoking may increase risks of worsening heart failure, atherosclerosis, bronchitis, pneumonia, and dyspnea. Offered smoking cessation if a smoker.
- **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.

### Basic 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 eg, laboratory and weight if applicable.

**OUTCOME:** Patient will want to adhere to a healthy program to prevent complications from CHF.

### Follow-up: Y / N  
Action Plan:

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**Staff:** ____________________________  
**Preceptor:** ____________________________