CUESTA COLLEGE REGISTERED NURSING PROGRAM
CRITICAL ELEMENTS

LEVELS I through IV

A. OVERRIDING CRITICAL ELEMENTS Violation of an overriding area will result in termination and failure of the particular skill being tested. This criterion is applied to *every* skill.

1. Adheres to scope of practice, facility policies, confidentiality, Cuesta Student Nurse Handbook, Clinical Objectives in Course Syllabi, Level specific evaluation criteria in Clinical Evaluation Tool, and Critical Elements, which are primary.

2. Infection Control

    a. Applies standard precautions to the care of all patients
        i. Protects self from contamination
        ii. Protects patient from contamination
        iii. Disposes of contaminated material in designated containers.
        iv. Disposes of all syringes in the sharps container per OSHA guidelines
        v. Confines contaminated material to contaminated areas
    b. Applies transmission based precautions when ordered or indicated.

3. Physical Well-being: Any action or inaction on the part of the student which threatens the patient's physical well-being.

    a. Checks the physician's order when applicable.
    b. Identifies the patient.
    c. Maintains a safe environment.
    d. Timely assesses and reassesses patient.
    e. Performs a baseline assessment on all patients.
    f. Reports pertinent assessment data promptly.
    g. Uses equipment safely and appropriately.
    h. Knows emergency procedures and equipment in clinical setting.
    i. Ensures appropriate patient hygiene is performed.
    j. Ensures appropriate ADLs are completed.

4. Emotional Well-being: Any action or inaction on the part of the student which fosters the patient's emotional well-being.

    a. Introduces self.
    b. Explains procedures and patient's role when planning for the day.
    c. Provides privacy.
    d. Maintains professional caring role, i.e. communication.

5. Documentation

    a. Applies the legal principles of documentation

6. Written Care Plan

    a. Using the nursing process develops and/or revises a care plan for each patient based on assessment and reassessment.

7. Teaching Learning

    a. Assesses barriers to learning.
    b. Provides teaching based on patient learning needs.
    c. Evaluates patient response and documents.

8. Communication

    a. Informs and provides timely updates to Instructor and Nurse
    b. Effectively communicates to Nurse, level-specific scope of practice

9. Patient Identification

    a. Verifies patient identity using at least two corroborating identifiers as designated by facility policy before providing care, performing treatments, or administering medications.
    b. Asks the patient to state (not confirm) his/her name and checks one other patient identifier, (i.e., date of birth or assigned identification number). Verifies the patient's name and second patient identifier by matching the patient identification band against the medical record.
    c. For non-verbal patients, verifies the patient's name and second patient identifier by matching the patient identification band against the medical record.
    d. Verification requires comparison of patient identification band to a source document such as EMR, patient identification label from the medical record, or copy of the physician order.

B. APPLICATION OF THE NURSING PROCESS INCORPORATING NURSING JUDGMENT

1. Assess the patient on an ongoing basis using a systematic data collection approach to determine the patient's current health status and evaluate present and past coping patterns.

    a. Complete and document a physical assessment on all patients across the lifespan.

5. Diagnose patient response to healthcare problems, and formulate a nursing diagnosis.
6. Identify Outcomes (Goals) that reflect prevention, reduction or resolution of problem.
7. Plan patient care needs to achieve identified outcomes (interventions) and develop an individualized plan of care on each patient.
8. Implement plan of care
9. Evaluate patient response to care.

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CRITICAL ELEMENTS

LEVEL I

SKILL SPECIFIC CRITICAL ELEMENTS Failure of a skill specific critical element will result in termination and failure of a particular skill being evaluated.

1. Medical Record Documentation

    a. Observes legal requirements of charting.
    b. Applies the nursing process in charting.
    c. Records information pertinent to the patient's condition and nursing care.
    d. Adheres to facility policy and procedure for documentation requirements.
        i. Documentation is accurate and timely
        ii. Reassessments, interventions and outcomes relate to the plan of care.
        iii. Changes in condition/new orders that impact nursing interventions.
        iv. Procedures performed at the bedside.
        v. Time patient leaves the unit and returns to unit for tests, procedures, surgery.
    e. Adheres to facility policy when using electronic medical record for maintaining confidentiality of records (don't share password, user name, don't leave record open and walk away, no remote access).

2. Medication Administration: The administration of drugs by any route.

    a. Performs three checks for each medication against MAR **prior** to administration.
    b. Identifies drug incompatibilities and allergies.
    c. Identifies correct landmarks.
    d. Uses two patient identifiers for identifying patient per facility policy.
    e. Follows the 6 Rights:
        i. Right medication
        ii. Right dose
        iii. Right patient
        iv. Right time
        v. Right route
        vi. Right documentation promptly completed after medication administration
    f. Verbalizes name of drug, rationale, expected therapeutic effects, pertinent pre assessments, anticipated side effects, drug interactions, safe dose range, and nursing implications *before* administration.
    g. Performs appropriate baseline assessments and reassessments and documents where appropriate.
    h. Performs dose verification with two licensed nurses for High Risk medications per facility protocol.
    i. Disposes medication waste in appropriate containers following HIPAA standards.

3. IV Therapy

    a. Fluid Administration:

        i. Performs IV site Assessment per facility policy and PRN.
        ii. Verifies patency.
        iii. Primes tubing clearing air
        iv. Determines the:
            a) Right patient
            b) Right drug (solution)
            c) Right dose (amount)
            d) Right route
            e) Right time (rate)
            f) Right documentation promptly completed after medication administration

    b. Tubing Change/Site Care

        i. Follows facility policy for frequency of tubing change and site care.
        ii. Surgical Asepsis/Sterile Technique:
            a) Identifies tubing parts that are to remain sterile and maintains sterility.
            b) Applies principles of sterile technique throughout the procedure.
        iii. Documents tubing change and site care.
        iv. Secures catheter with a sterile dressing per facility policy.

    c. Discontinuing an IV

        i. Performs appropriate assessment prior to discontinuing IV
        ii. Utilizes techniques to minimize discomfort while removing dressing.
        iii. Removes catheter smoothly, visualizing site during removal
        iv. Achieves hemostasis before securing dressing
        v. Inspects catheter for integrity and reports irregularities
        vi. Documents in medical record

4. Intake and Output

        i. Monitors, evaluates, documents, and reports intake and output.

5. Mobility

    a. When moving or positioning patient, maintains proper body alignment of self and patient.
    b. Adheres to facility policy regarding equipment to assist with patient mobility.
    c. Observes safety standards when moving or positioning patient.
    d. Evaluates sensory and vascular function of affected area

6. Enteral Tubes

    a. Nasogastric tube placement
        i. Provides rationale for type of tube.
        ii. Places gastric tube and verifies accuracy of placement per facility policy using at least two methods of verification: insufflations, aspiration, measurement of the tube at the nares, and x-ray.
        iii. Secures tube.

b. Enteral feeding/medication administration
    i. Assesses tube for correct placement per facility policy using at least two methods of verification: insufflations, aspiration, measurement of the tube at the nares, and x-ray.
    ii. Checks residuals per facility policy and prn.
    iii. Verifies that the tube is secure.
    iv. Flushes tube before and after medication administration.
    v. Assesses skin integrity
    vi. Provides skin care at the site per facility policy

c. Decompression
    i. Assesses correct placement per facility policy using at least two methods of verification: insufflations, aspiration, measurement of the tube at the nares, and x-ray.
    ii. Assures correct suction setting.
    iii. Assesses skin integrity
    iv. Provides skin care at the site per facility policy

e. Irrigation:
    i. Uses correct solution at room temperature.

7. Oxygenation

    a. Assesses respiratory status of patient.
    b. Positions patient to facilitate oxygenation.
    c. Assures correct oxygen delivery.
    d. Assesses oxygen saturation.

8. Skin Care

    a. Assesses and reassesses skin integrity.
    b. Cleanses and dries skin routinely per facility policy.

9. Sterile Technique

    a. Maintains sterile field.
    b. Applies principles of sterile technique throughout the procedure.

10. Urinary Catheter:

    a. Applies principles of sterile technique throughout the procedure
    b. Assesses and reassesses proper placement.
    c. Positions catheter to promote drainage and prevent dependent loops of tubing
    d. Applies catheter secure device per facility policy

11. Enema

    a. Uses correct solution and type enema
    b. Gathers necessary equipment
    c. Places patient in correct position on left side unless contraindicated.
    d. Controls flow to avoid patient discomfort
    e. Monitors for adverse effects
    f. Records intake and output

12. Vital Signs

    a. Measures, records and reports accurately:
        i. +/- 0.2 degrees for temperature
        ii. +/- 2 mm Hg for blood pressure
        iii. +/- 2 beats/minute for apical pulse
        iv. +/- 1 respirations/minute
        v. Assesses pain
    b. Reports abnormal findings to RN and Instructor.

13. Wound Care
    a. Follows hospital policy, protocol or orders for type of wound care
    b. Dressing Changes
        i. Determines the need for sterile or clean technique
        ii. Applies principles of sterile or clean technique throughout the procedure
    c. Irrigation:
        i. Uses correct solution at appropriate temperature.
        ii. Instills into correct body area.
        iii. Controls flow (rate and volume) of solution.
    d. Assesses and reassesses wound, drainage or dressing and documents findings
    e. Assesses and manages drains according to type and function

14. Blood Glucose Monitoring

    a. Uses equipment correctly and efficiently.
    b. Cleanses patient's finger per policy.
    c. Dons clean gloves.
    d. Collects adequate blood sample and assures hemostasis.
    e. Reports results to licensed nurse and documents

15. Pain Management

    a. Assesses the patient's pain using a valid and appropriate scale.
        i. Self-report scale (preferred): numeric 0-10 or FACES scale.
        ii. Behavioral scales: PAIN-AD, FLACC, NIPPS.
    b. Intervenes promptly if pain exceeds 2/10 or patient's stated goal.
    c. Informs the patient of possible pharmaceutical and non-pharmaceutical methods of pain control.
    d. Involves patient and family in goal setting of pain management.
    e. Evaluates and document interventions and patient's response to intervention in a timely manner as determined by route and intervention.

LEVEL II

SKILL SPECIFIC CRITICAL ELEMENTS Failure of a skill specific critical element will result in termination and failure of the particular skill being evaluated.

1. Subcutaneous Medication Administration:

    a. Identifies drug incompatibilities and allergies.
    b. Follows 6 rights.
    c. Verbalize precautionary measures *before* administration, including anticipated side effects, drug interactions, and nursing implications.
    d. Identifies landmarks and selects and prepares appropriate site.
    e. Researches and administers medication as recommended in the medication guide.
    f. Uses correct needle and syringe safely and efficiently.
    g. Calculates and draws up dosages accurately and efficiently.
    h. Performs appropriate baseline assessments and reassessments.

2. Intramuscular Medication Administration

    a. Identifies drug incompatibilities and allergies:
    b. Follows 6 rights.
    c. Verbalizes precautionary measures *before* administration, including anticipated side effects, drug interactions, and nursing implications.
    d. Identifies landmarks and selects and prepares appropriate I.M. injection site.
    e. Uses correct needle and syringe safely and efficiently.
    f. Calculates and draws up dosages accurately.
    g. Aspirates to check for blood return.
    h. Researches and administers medication as recommended in the medication guide.
    i. Performs appropriate baseline assessments and reassessments.

3. Care of the Neonate

    a. When moving or positioning neonate, maintains support of the head and neck.
    b. Transports the neonate via crib when outside the patient rooms
    c. Performs and evaluate neonatal assessments in accordance with age appropriate parameters.
    d. Adheres to infant abduction policies of the hospital.
    e. Evaluates adequacy of neonatal nutrition.

4. Care of the Pediatric Patient

    a. Performs and evaluate pediatric assessments in accordance with age appropriate parameters
    b. Evaluates nutrition and hydration status.
    c. Applies growth and development principles during the provision of care

5. Naso-pharyngeal and oropharyngeal suction

    a. Provides adequate oxygenation.
    b. Verifies patency of suction and appropriate level of suction.
    c. Inserts catheter only to pharyngeal area.
    d. Maintains a patent airway.

6. Nasal-Tracheal Suction and Tracheal Suction

    a. Provides adequate oxygenation.
    b. Verifies patency of suction with appropriate level of suction.
    c. Inserts catheter to tracheal area or until cough reflex.
    d. Assesses and documents secretion character and quantity.
    e. Maintains a patent airway.
    f. Provides frequent oral care.

7. Tracheostomy Care

    a. Provides adequate oxygenation.
    b. Maintains a patent airway.
    c. Maintains cuff status appropriately.
    d. Changes inner cannula when present per facility protocol.
    e. Modifies and adapts tracheostomy care to patient situation using nursing judgment.

8. Maintaining patency of Peripheral Saline Lock

    a. Verifies IV patency following facility policy for type, amount, and frequency of flush.
    b. Utilizes a push-pause turbulent technique.
    c. Stabilizes and secures IV.
    d. Assesses IV site.
    e. Documents site condition and patency.

9. Intermittent infusion of IVPB meds via peripheral saline lock or primary IV solution

    a. Verbalizes assessment, precautionary measures, and rate before administration, including relevant labs, action of medication, anticipated side effects, drug compatibilities, IV fluid compatibilities, rate of infusion, maximum safe concentration, and interventions and nursing implications.
    b. Performs appropriate baseline assessments and reassessments.
        i. Verbalizes when SAS or SASH is required
        ii. Demonstrates appropriate use of SAS/SASH; determines patency.
        iii. Uses sterile technique, primes secondary tubing to remove air and preserve medication
        iv. Scrubs the saline lock port with alcohol prior to connecting IV tubing.
        v. Uses equipment safely and appropriate
        vi. Ensures all medication has been delivered by following with a compatible primary solution in the amount necessary to flush remaining medication through the tubing, set to deliver at the same rate that was used to deliver the medication.

10. P.C.A.

    a. Applies critical elements of pain management, medication administration and fluid administration.
    b. Calculates dosages accurately and efficiently
    c. Operates pump safely.
    d. States correct antidote and rationale for use.
    e. Assesses patient's understanding of and ability to self administer medication
    f. Educates patient as needed.
    g. Assesses response to medication and monitors for adverse effects.
    h. Notifies appropriately when patient unable to self administer.

i. Documents per facility policy and procedure.

11. Epidural Analgesia

a. Applies critical elements of pain management and medication administration.
b. Assesses and reassess for decreased sensory and motor function and ongoing pain level.
c. Assesses integrity of tubing, catheter and dressing.
d. Reports patient assessment and complication.

LEVEL III

SKILL SPECIFIC CRITICAL ELEMENTS Failure of a skill specific critical element will result in termination and failure of the particular skill being evaluated.

1. Central Line/Continuous IV Infusion

    a. Identifies type of catheter (short-term or long-term and number of lumens).
    b. Follows hospital policy for size and type of syringes used to access the device.
    c. Follows hospital policy for accessing and de-accessing implanted ports
    d. Maintains patency of catheter.
    e. Prevents contamination of catheter or site.
    f. Prevents air from entering catheter.

2. Central Line Flush

    a. Performs site assessment prior to flush.
    b. Cleanses (scrubs) access port with cleaning solution (ie. alcohol or chlorhexidine) per facility policy or a minimum of 15 seconds prior to connecting syringe OR
    c. If required by facility policy uses CUROS caps on all access ports and replaces after each access per facility policy.
    d. Follows facility policy for type, amount, and frequency of flush.
    e. Utilizes a push-pause turbulent technique.
    f. Problem solves to maintain catheter patency.
    g. Prevents contamination during flush and problem solving interventions.
    h. Prevents air from entering catheter.

3. Central Line Care and Dressing Change

    a. Performs site assessment.
    b. Utilizes sterile technique.
    c. Secures the line throughout procedure
    d. Follows facility policy for frequency, cleansing procedure, cap changes and dressing technique.
    e. Cleanses (scrubs) all access ports per facility policy prior to any access OR
    f. If required by facility policy uses CUROS caps on all access ports and replaces after each access per facility policy.

4. Blood Draw through a Central Line

    a. Follows facility policy
    b. Establishes patency with flush prior to and following blood draw
    c. Draws amount of waste as specified by facility policy
    d. Draws appropriate blood sample as indicated by lab
    e. Flushes per facility policy following blood draw.
    f. Problem solves to resolve difficulty drawing blood
    g. Resumes IV infusion when applicable after blood draw

5. Tubing Change
    a. Follows facility policy for frequency of tubing change.
    b. Surgical Asepsis/Sterile Technique:
        i. Identifies tubing parts that are to remain sterile and maintains sterility.

c. Applies principles of sterile technique throughout the procedure.
d. Documents tubing change
e. Performs patient assessment before, during, and after tubing change.
f. Follows sterile procedure as for any IVFL tubing change; priming, meticulous cleansing of port of entry per facility policy.
g. Prevents air from entering catheter.

6. Removal of Short Term Central Lines

a. Performs appropriate assessment prior to discontinuing
b. Utilizes techniques to minimize discomfort while removing tape
c. Utilizes precautionary measures to prevent complications
d. Removes catheter smoothly and provides hemostasis
e. Inspects catheter integrity and reports irregularities
f. Documents in the medical record

7. IV Push

a. Adheres to Cuesta College Student Nurse IV Drug Administration Policy and facility policy.
b. Verbalizes precautionary measures *before* administration, including drug-drug and drug-solution incompatibilities, anticipated side effects, drug interaction, infusing solutions, and nursing implications.
c. Verbalizes Pre- assessment and reassessment data and rationale for medications.
d. States what the medication is and why patient is receiving medication.
e. Demonstrates correct preparation, dilutes as required and labels syringe appropriately
f. Demonstrate correct administration technique for type of venous access
g. Demonstrate correct administration technique for infusing versus "locked" IV
h. Determines how to administer the medication based on IV access device, infusing solutions and medication
i. Verbalizes and demonstrates appropriate rate of administration.

8. Ostomy Care

a. Assesses and reassesses stoma and peristomal skin integrity.
    i. Cleans skin and changes pouching system when leaking.
    ii. Applies bag and wafer correctly.
    iii. Maintains integrity of the system by emptying when 1/3 - 1/2 full, and or patient request.
    iv. Monitors output.
b. Irrigation
    i. Uses correct equipment, solution at appropriate temperature.
    ii. Controls flow (rate and volume) of solution.
    iii. Monitors input and output.

9. Chest Tubes

a. Assesses and reassesses respiratory status of patient.
b. Assesses and reassesses amount and type of drainage.
c. Assesses and reassesses for air leak.
d. Maintains correct amount of fluid in water seal and suction chambers.
e. Positions drainage chamber below patient's chest.
f. Maintains patency of tubing.

10. Blood Administration

    a. Performs appropriate assessments and reassessments through-out transfusion process.
    b. Verbalizes rationale for blood component.
    c. Ensures patient consent obtained prior to transfusion.
    d. Performs patient teaching prior to transfusion as appropriate to patient condition.
    e. Verifies order to administer
    f. Verifies correct blood component for patient per facility policy.
    g. Performs baseline vital signs and assessment.
    h. Ensures adequate IV catheter size for purpose of transfusion.
    i. Primes blood tubing with normal saline, clearing air from tubing.
    j. Verbalizes and adheres to timeframe for transfusion based on type of blood component and patient condition
    k. Monitors for and initiates interventions in the event of an adverse reaction.

11. IV Start

    a. Adheres to Cuesta College Student Nurse IV Start Policy.
    b. Assesses peripheral venous access.
    c. Promotes emotional well being of the patient.
    d. Identifies and maintains sterile areas of the IV catheter.
    e. Performs proper IV site preparation.
    f. Inserts IV catheter with bevel up
    g. Does not reinsert needle once catheter has been advanced.
    h. Confirms placement of IV catheter.
    j. Secures catheter with dressing per facility policy.
    k. Maintains patency of catheter with flush or IV solution.

12. Intradermal Injection
    a. Identifies allergies.
    b. Adheres to facility policy for intradermal injection.
    c. Follows 6 rights of medication administration.
    d. Performs appropriate patient teaching – site care, return for reading
    e. Identifies landmarks and selects and prepares appropriate site.
    f. Calculates and draws up dosages accurately and efficiently.
    g. Uses correct needle and syringe safely and efficiently.
    h. Insures a bleb or wheal is noted after injection
    i. Read results accurately and document according to facility policy