

Competency Verification Record

UVA Health

Doppler for Peripheral Pulses

Employee Name: _____ Employee ID #: _____ Date: _____

Successful completion is documented on the Annual Competency Record (ACR) or Department Specific Competency Form using the following competency statement(s):

Competency Statement(s): Demonstrates correct use of Doppler for peripheral pulses

Evaluator(s): Competency Verification Record will be signed by an RN/LPN whose competency has been validated

Method of validation (circle one):

DO	Direct Observation – Return demonstration or evidence of daily work.
T	Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.
S	Simulation
C	Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.
D	Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.
R	Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.
QI	Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.
N/A	If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.

Note: This Competency Verification Record is **not** a required part of the permanent personnel record. This form is to be used as a guide for competency check off only; **the Annual Competency Record is used to document competency.** (If competency validation occurs away from the unit, this form can be completed by the validator; the signed form can then be presented to the unit NEC or manager as evidence of competency. The Annual Competency Record is then signed indicating that the competency was validated).

Instructions: Avoid moving the probe rapidly because it distorts the signal

Skill Level: RN, LPN, MA, PCA, PCT

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
Equipment <ul style="list-style-type: none"> • Doppler • Gel • Wash cloth 	D	
Implementation <ul style="list-style-type: none"> • Verify two patient identifiers • Perform hand hygiene • Explain procedure to patient • Turn Doppler on • Apply small amount of gel to the probe • Tilt the probe 45 degrees from the artery, making sure to put gel between the skin and the probe • Gradually turn up volume until pulse is detected 	D/DO	

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Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
<ul style="list-style-type: none"> • Count the signals for 60 seconds to determine the pulse rate • Clean gel off patient with wash cloth when complete • Mark the Doppler pulse with sharpie (circle) 		
Documentation <ul style="list-style-type: none"> • Record the location and quality of the pulse • Record pulse rate 	D	
Discuss <ul style="list-style-type: none"> • What would your actions be if no pulse is detected 	D	

Critical Elements: The Doppler is more sensitive than palpation for determining pulse rate, and is especially useful when a pulse is faint or weak.

References:

[Lippincott Procedures: Doppler Use](#)

[Lippincott Procedures: Universal pulse marking, pre & post angiography](#)

Competency Verified by:

 Evaluator's Name (printed) Evaluator's signature Date: _____