

Competency Verification Record (CVR)
UVA Health
Continuous/Intermittent Ultrafiltration Therapy RN – Aquadex
Pediatric Population

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

Disclaimer: Competency Verification Records (CVR) are temporarily stored in the Department’s competency filing system until completion has been recorded on a permanent competency form (e.g., OCA, ACR). The CVR requires a validator’s signature.

Transfer of CVR to Permanent Record: With this record of a validated competency, the preceptor, Dept. NEC, manager, or their designee locates the matching competency statement on the Annual Competency Record (ACR), Orientation Competency Assessment (OCA) Regional Competency Assessment (RCA), or Department Specific Competency (DSC) form. *(If the statement is not present, it can be written-in.)* The competency statement is then initialed and dated as complete.

Competency Statement:	Demonstrates management of the pediatric patient receiving continuous or intermittent ultrafiltration therapy using the Aquadex SmartFlow System.	
Validator(s):	Nuwellis Clinical Education Nurse/Manager. Experienced Aquadex RN with at least one year of PICU/NICU nursing experience. Experienced CRRT nurse with at least 6 months experience in the renal unit.	
Validator Documentation Instructions:	Validator documents method of validation (below) and initials each skill box once completed and places their full name, signature, and completion date at the end of the document.	
Method of Validation: (Place any required methods for this competency in bold)	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.
Validation Instructions:	N/A	

Demonstrated Skill	Method of Validation	Evaluator’s Initials
Behaviors for Competency (Critical Behaviors in Bold)		
Nuwellis Academy Nuwellis, Inc. Aquadex training for Healthcare Professionals	T	
1. Renal Unit / PICU / NICU <ul style="list-style-type: none"> i. View <i>Ultrafiltration Training</i> video, complete post assessment quiz, print Ultrafiltration Certificate with passing score of => 80% ii. View 7 (1-6 minutes each) <i>Aquadex Troubleshooting Training</i> videos 		
2. Review Aquadex UF order set components for initiating therapy <ul style="list-style-type: none"> i. Frequency (continuous vs intermittent) ii. Blood Flow Rate 	DO / D	

CVR Template: Created 11/10/2018; Revised; 11/21/2018; 12/29/2022; 6/8/2023

Name of CVR: Continuous/Intermittent Ultrafiltration Therapy RN – Aquadex
 Date CVR Created: 08/2022 Date CVR Revised: 10/31/23
 Subject Matter Expert(s): Brenda Deller, Renal CNS

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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"> iii. Desired ultrafiltration iv. If Modified Aquapheresis - Therapy Fluid solution including rate v. Hematocrit % change & Hematocrit limit vi. Anticoagulant order, including infusion location (pre or post filter, systemic) vii. Identify if Normal Saline or extracorporeal blood prime is indicated 	DO / D	
3. Discuss the method for obtaining Aquadex Console, UF 500 Blood Circuit Set, supplies outlined in SOP; anticoagulant and dialysate if ordered	DO / D	
4. HD catheter <ul style="list-style-type: none"> i. Verify proper placement confirmed by Pediatric Nephrologist, Pediatric Intensivist, Neonatologist, Interventional Radiology placement ii. Demonstrate and discuss rationale for 10ml-in-10 seconds access patency test (adult) OR 5ml-in-5 seconds (NICU/PICU) 	DO / D	
5. Identify the following cartridge components (Appendix A) <ul style="list-style-type: none"> i. Blue withdraw blood line ii. Sensor Clip & Blood Chamber iii. Withdraw, UF & Infusion pressure sensor iv. Blood Pump v. Air Detector vi. Filter vii. Blood Leak Detector viii. UF pump ix. UF Collection bag x. Access Ports xi. White Infusion blood line 	DO / D	
6. Machine On/Off button * Check date & time in MENU after turning on with each treatment	DO / D	
7. Renal Staff – Load circuit following menu prompts	DO / D	
8. Renal Staff - Prime the circuit following the menu prompts AND prime both circuit access ports	DO / D	
9. Renal Staff – Steps for performing blood prime (located in SOP)	DO / D	
10. Discuss & Program Blood Flow Rate (BFR) <ul style="list-style-type: none"> i. Range for pediatric patient ii. Indications for increasing or decreasing 	DO / D	
11. Discuss & Program Ultrafiltration Rate (UFR) <ul style="list-style-type: none"> i. Initial rate and ongoing adjustments ii. Intermittent (<8hr) vs Continuous (>8hrs) therapy; hourly I&O totals for both iii. Documenting hourly UF removed in EPIC 	DO / D	
12. Discuss Circuit blood lines to patient catheter connections <ul style="list-style-type: none"> i. Withdraw (blue line) & Return (white line) ii. Stopcock on Withdraw line indications (therapy fluid, blood draws, AC) iii. Indications and steps for reversing lines 	DO / D	
13. Demonstrate use of Hematocrit Monitoring <ul style="list-style-type: none"> i. How to use – population relevance ii. Obtain initial baseline, how & when to re-baseline 	DO / D	

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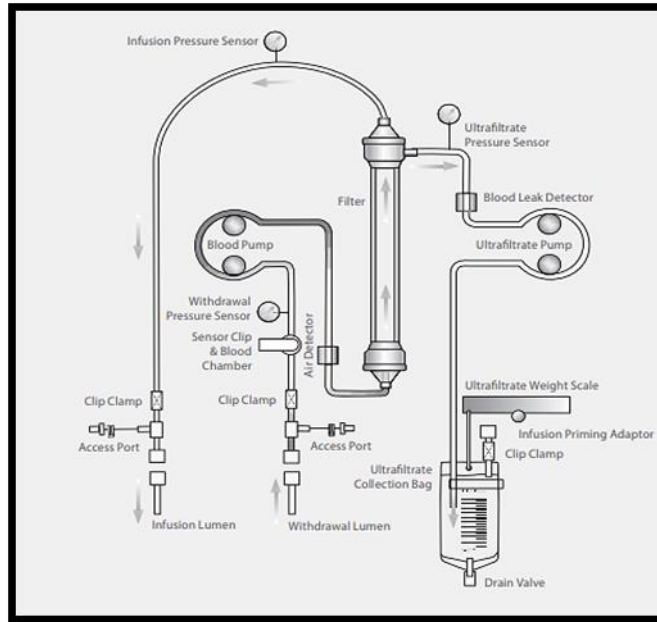
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iii. Discuss potential physiologic impact of {position changes, transfusions, fever, agitation, O2 saturations} on Hct & SVO2		
iv. Locate Hct limit alarm		
v. Assess and interpret Hct graph		
14. Discuss 4 alarm/alert levels	D	
15. Troubleshooting alarm steps	DO / D	
i. Locate current mode r/t alarm priority		
ii. Locate alarm/alert message & graphic of affected circuit component on console screen		
iii. Locate and perform recommended alarm/alert remedies		
16. Discusses location of operational pressure ranges (Withdrawal & Infusion lines, UF)	DO / D	
i. Discuss range and interventions for rising filter pressure		
ii. Discuss steps to re-prime circuit		
17. Assess and interpret pressure graphs (Access, Filter, & Hct)	DO / D	
18. Discuss components of performing hourly I&O's	DO / D	
19. Components of hourly Aquadex Epic documentation	DO / D	
20. Discuss rationale and steps for putting blood lines in recirculation (located in SOP)	DO / D	
21. Discuss rationale and steps for returning blood in circuit to patient (located in SOP)	DO / D	
22. Discuss steps for ending treatment (located in SOP)	DO / D	
23. Discuss steps for blocking patient catheter	DO / D	
24. Discuss safety precautions	DO / D	
i. Maintain blood line and patient access visibility		
ii. Plug equipment in red electrical outlet		
25. Resources	DO / D	
i. Notify Pediatric Nephrologist of any adverse treatment events or therapy concerns		
ii. Call Nuwellis Customer Support for device concerns		
iii. Contact Renal Unit (PIC 9922) for non-emergent troubleshooting and circuit rebuild needs		

Reference with Table/Pictures if applicable: Aquadex SmartFlow User Manual, Nuwellis, @2020

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Appendix A



Competency Verified by:

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