

## Competency Verification Record UVA Health

### TCV RN: Assisting LIP with Pulmonary Artery Catheter Insertion in a “MAC”

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Successful completion is documented on the Annual Competency Record (ACR), Orientation Competency Assessment (OCA) Regional Competency Assessment (RCA), or Department Specific Competency (DSC) forms using the following competency statement(s):

**Competency Statement(s):** Demonstrates safe skills while assisting an LIP insert a PA Catheter through a MAC.  
Identifies appropriate waveforms to indicate pressure source within heart anatomy, especially the wedge position.  
Verbalizes potential complications of PA catheter insertion.

Evaluator(s):	Signature:	Initials:
Charge RN or NEC		
Competent RN		

**Method of validation (circle one):**

<b>DO</b>	<b>Direct Observation – Return demonstration or evidence of daily work.</b>
T	Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.
<b>S</b>	<b>Simulation</b>
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.
<b>D</b>	<b>Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.</b>
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 form is to be used as a guide/checklist for competency check off's only; This Competency Verification Record is **not** a required part of the permanent personnel record, rather it is written evidence that a competency was completed by a validator's witness in order for it to be transcribed into a competency form by the NEC or manager. **Process:** The Annual Competency Record (ACR) is used to document new or recurring competency after a nurse's orientation period is over. During orientation, the Orientation Competency Assessment (OCA), Regional Competency Assessment (RCA), or the Department Specific Competency (DSC) forms are used. Please sign-off on these forms where the competency statement above is listed. If it is not yet listed, add the competency statement above to an add-on, blank line section of the form. (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 Dept. NEC or manager by the employee as evidence or their "receipt" of validated competency for them to document in a form above.)

**Instructions:** RN reviews the AACN Procedure Manual for Critical Care, 7<sup>th</sup> edition, Procedure 72, "Pulmonary Artery Catheter Insertion (Assist) and Pressure Monitoring" pages 609-629 **before demonstrating** skills.

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
• Verbalizes indications for pulmonary artery catheter placement		
• Verbalizes potential complications: ventricular dysrhythmias, heart block, hemorrhage, misplacement, pericardial or ventricular rupture, venous air embolism, cardiac tamponade, pulmonary artery infarction, and pulmonary artery rupture		
• Explains procedure to patient		

Name of CVR: TCV RN: Assisting LIP with Pulmonary Artery Catheter Insertion in a “MAC”  
Subject Matter Expert: Paige Brazee, BSN, RN, CCRN, Lauren Bedard BSN, RN, CCRN, Vicki Buffmire MSN, RN, CCRN-K  
CVR Created: 12-13-2022  
NPDS File Pathway: Clinical/Nursing Education/Z NEC2 & NES Educator/Competency Verification Records (CVR)

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<ul style="list-style-type: none"> <li>• Obtains necessary supplies:               <ul style="list-style-type: none"> <li>• 1 PA Catheter</li> <li>• 1 plastic locking sterile sleeve (if not inserting MAC at the same time)</li> <li>• Pressure monitoring cables</li> <li>• Pressure transducer system, including 500 mL bag of NS and pressure bag</li> <li>• 1 Sterile towel</li> <li>• 1 Laparotomy drape</li> <li>• 2 Chloraprep applicators or betadine and 4x4 gauze</li> <li>• 1 Needleless end cap</li> <li>• Non-sterile NS flush</li> <li>• Sterile gown (for LIP inserting PA catheter)</li> <li>• Gloves (sterile and non-sterile )</li> </ul> </li> </ul> <p style="margin-left: 40px;">Hats, masks, and goggles</p>		
•Complete “time-out” and Central Line Checklist in EPIC		
•Prepare flush solution, prime pressure tubing, and connect monitoring cables. Level and zero the transducers.		
•Perform hand hygiene. Don non-sterile gloves, masks, goggles and hats. LIP will don hat, mask, sterile gown, and sterile gloves.		
•Assist LIP in applying sterile drapes and opening PA catheter kit. LIP will cleanse sheath with chloraprep applicators/betadine and 4x4 gauze (based on physician preference)		
•LIP will hand bedside RN the end of PA catheter. RN will connect the correct transducer and cable to PA and CVP ports of the PA catheter, maintaining sterility of the ports. RN will connect saline flush and needleless end caps to proximal infusion port.		
•Examine PA catheter for defects in construction and check balloon integrity. Flush each port of the PA catheter, while communicating with the LIP about which port is being flushed. This will confirm that the correct transducer is connected to the appropriate port.		
•LIP will place plastic sleeve over the PA catheter. LIP will occlude or tap PA distal port to ensure pressure monitoring is working appropriately.		
•Ensure continuous monitoring of ECG and PA distal waveform. To bring up insertion screen on GE monitor, press <i>procedures</i> → <i>catheter insertion</i> <i>If the waveform pressure seems incorrect, you may re-zero at this point or any point in the insertion.</i>		
•LIP will insert PA catheter to approximately 20cm, ensure appropriate right atrial waveform (see graphic below)		
•Upon LIP instruction, insert 1.5mL air into balloon using syringe provided and close slide clamp. Give verbal confirmation the balloon is inflated.		
•Observe for RA, RV, and then PA waveform to confirm placement. Appropriately identify RA, RV, PA, and PAW (wedge) waveforms.		
•Verify proper positioning with a PA waveform. Upon LIP instruction, remove air from balloon and close slide clamp. Give verbal confirmation the balloon is		

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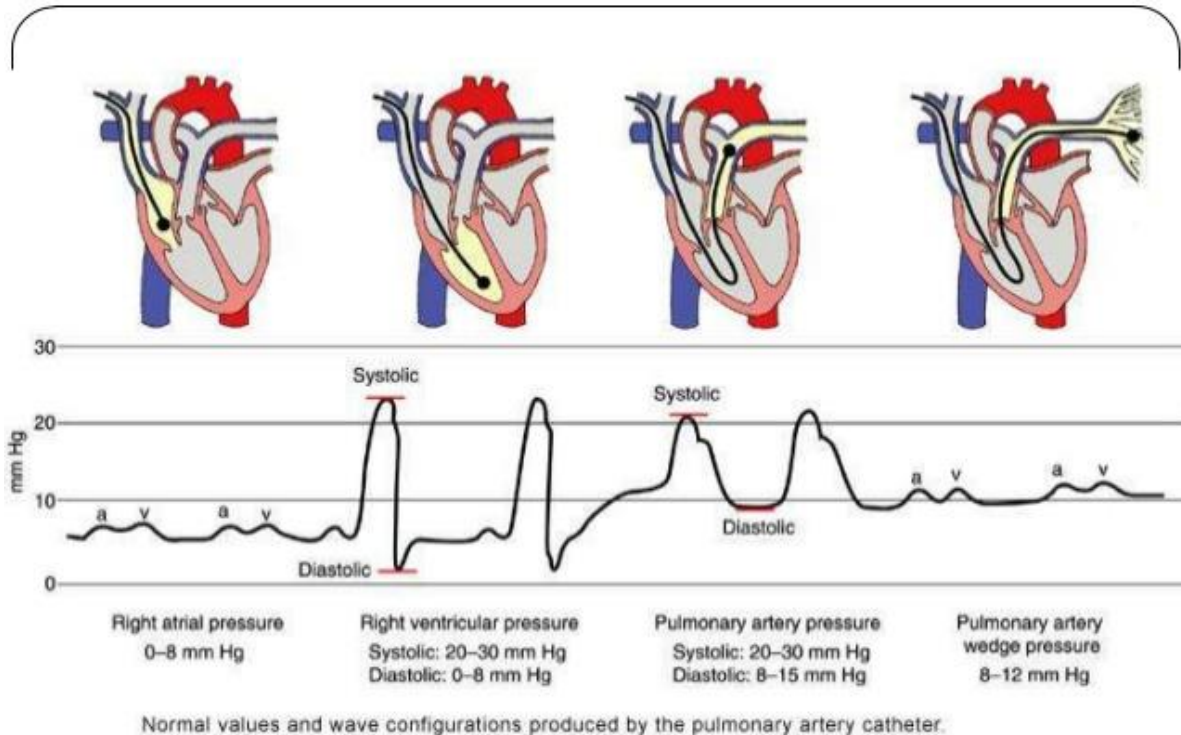
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Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
deflated. Remove air from syringe. Reattach syringe.		
• Apply new dressing if necessary. Dispose of used supplies.		
• Level and zero transducer. Observe waveforms and perform square wave test.		
• Confirm placement with portable chest x-ray		
• Document on LDA avatar in Epic, including external centimeter length marking.		

**Critical Elements:** potential complications, time out performed, pressure tubing is properly prepared and leveled in a timely fashion, follows LIP instructions in assisting with catheter while maintaining procedural sterility.



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**References:** 7<sup>th</sup> Edition AACN Procedure Manual, Procedure 72: Pulmonary Artery Catheter Insertion (Assist) & Pressure Monitoring

*Competency Verified by:*

\_\_\_\_\_  
Evaluator's Name (printed)

\_\_\_\_\_  
Evaluator's signature

\_\_\_\_\_  
Date:

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