Competency Verification Record (CVR)
UVA Health
Continuous Renal Replacement Therapy (CRRT) - NxStage
Experienced NxStage CRRT Travel RN

Employee Name:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ **Employee ID #:**＿＿＿＿＿＿＿＿＿＿ **Date Due**:＿＿＿＿＿＿＿

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 patient receiving Continuous Renal Replacement Therapy (NxStage CRRT) with the NxStage device. *Prerequisite CBL Required
Validator(s):	Experienced NxStage CRRT RNs (with at least one year of NxStage CRRT experience)
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. • For preceptors, NECs, or Managers: Competency statement needs added to the Travel RN Orientation Competency Assessment (OCA) Part 3 as a write-in.
Method of Validation:	**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:	1. *Traveler must complete the "NxStage Adult CRRT Basic User knowledge Assessment" with a minimum score of 80% before CVR can be completed. (Found in Workday) 2. Preference is always to demonstrate competency in the patient care setting when possible. 3. In the absence of hands-on demonstration with NxStage CRRT, a discussion with the validator is acceptable.

Demonstrated Skill **Behaviors for Competency (Critical Behaviors in Bold)**	**Method of Validation**	**Evaluator's Initials**
1. Completes pre-knowledge assessment with a minimum score of 80%.	T	
2. Confirms NxStage CRRT order set components (modality, dialysis/replacement fluids rate, Blood Flow Rate (BFR), Desired Fluid Loss)	DO/D	

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
3. Verbalizes the method to collect NXSTAGE CRRT fluids and any circuit medications ordered to the bedside	DO/D	

4. Identifies the following cartridge components (**See Picture pg. 4**)
    a. Arterial (Access) patient line
    b. Saline "T" & saline line (white clamps)
    c. Arterial access pressure pod
    d. Post-filter Cap Port & Post-filter "T"
    e. Venous (Return) patient line
    f. Therapy lines (green clamps)
    g. Effluent lines (yellow clamps)
	DO/D	

5. Identifies Control Panel (Cycler) and NxView Monitor features
    a. *Control panel (Cycler)* – Status window, Rate/Volume controls, Treatment keys (Add fluid/Treatment/Mute/Stop), Volume toggle, Up & Down arrows, Displays (Therapy fluid/UF/BFR)
    b. *NxView Monitor* – Therapy summary screen, Caution & Alarm screen, Flow Rates w/ Internal Volumes window, History screen, Graph screen
    c. *Warmer* – Location and settings:
        i. Fluid warmer <u>must be on</u> and set between 10:00-12:00 visually
        ii. Nephrology must approve warmer to be off or set to max
	DO/D	

6. Provides patient and/or primary contact education about their NxStage CRRT, to include ongoing lab results, hourly nursing interventions and treatment goals	DO/D	

7. Identifies clinician resources for escalating NxStage CRRT concerns
    a. App Bar on NxView monitor
    b. NxStage Technical Support (primary resource for technical troubleshooting)
    c. Renal Unit Shift Manager
    d. Nephrology ICU Fellow / Nephrology Transplant Fellow
	DO/D	

8. Demonstrates ICU RN Responsibilities
    a. Obtains initial NxStage CRRT labs and as ordered throughout treatment (per NxStage CRRT order set); report out of range values to renal fellows
    b. Consults nephrology fellow & primary team LIP for signs/symptoms of NxStage CRRT adverse events
    c. Notifies renal fellow of changes to ordered BFR or UF range
    d. End Treatment – Planned, Emergent, Manual Rinse back / Return of blood: (See steps on next page)
	DO/D	

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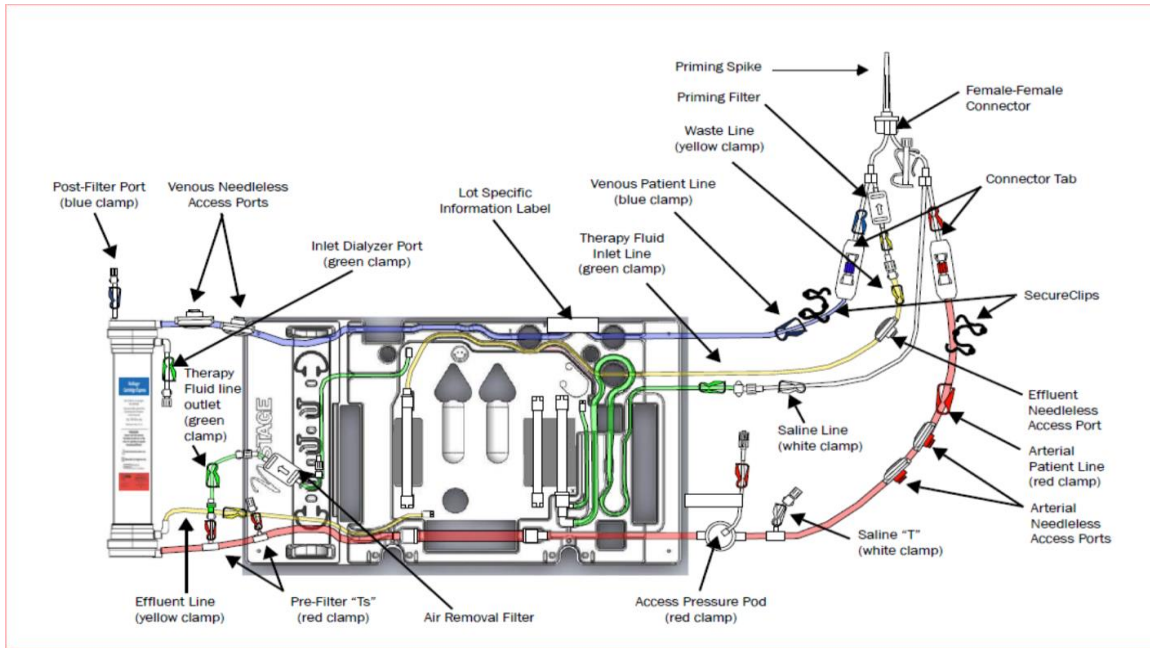**Experienced** NxStage CRRT **Travel RN**

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials

i. Open App Bar (bottom arrow on NxView screen)
    ii. Select Rinse back option
        1. Select "Book" Icon
    iii. Follow "End Treatment & Return Blood" steps
 	
        OR
 	
    iv. Emergency Rinse Back Icon
  e. Citrate block access per Nephrology order		

9. Demonstrates required Hourly Documentation in EMR by ICU RN
  a. Access & circuit pressures, BFR & therapy/replacement flow rate, filtration fraction on NxStage CRRT flowsheet
  b. "NxStage CRRT Check" section in NxStage CRRT flowsheet
  c. Calculate I&O and complete rows A-G in NxStage CRRT flowsheet using Alaris Interoperability (I&O SW).
  d. Program Net UF per numeric value of row F
	DO/D	

10. Differentiates alarm levels: Green, Yellow (MIT), Red (MIST)
  a. Identifies yellow & red troubleshooting alarm tools available
    i. "I" in App bar (bottom screen arrow)
    ii. User Guide in Charm bar (left screen arrow)
    iii. Status bar
	DO/D	

11. Identifies graph trends indicating filter clotting (low venous pressure, high balance chamber pressures, or filter clotting alarms & cautions)	DO/D	

12. Verbalizes treatment options for hypotension, which may include
  a. Crash Mode (press & hold STOP for 2 seconds)
  b. Normal saline bolus as ordered
	C/D	

13. Identifies when to place patient in Recirculation & steps using SIMPL-**E** ➔ End Treatment and Return Blood ➔ Choose "Planned return" and "Temporary Disconnect"	DO/D	

14. Identifies process for discontinuation of NxStage CRRT
  a. Ensure 300-500 mL of NS in priming bag
  b. Select desired treatment end from SIMPL-**E** and follow steps
	DO/D	

Reference Table/Picture: See next page

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Competency Verified by:

_____ Date: _____

Validator's Name (printed)   *Validator's signature*

References:

- *User manual*- Access via the "Charm" bar on the NxStage device
  - NxStage System One User Guide

    MaView Interface Guide Generic...

- *Standard Operating Procedure* – *Initiation and Discontinuation of Hemodialysis with Hemodialysis Catheter (Content Owner: Karen Sumner, Version 1.0, Approved 7-31-2020)*
  - Initiation/Discontinuation of HD with catheter
- *Standard Work* - Adult Hemodialysis/Apheresis Catheter Blocking (Document: Citrate Blocking Standard Work October 2018 (Citrate SW Rev sdm 12.24.17.docx)
  - Citrate Blocking Standard Work October 2018 — Documentation Site (virginia.edu)
- *Renal Unit Policy 3.1: Heparin Anticoagulation in NxStage CRRT*—
  - Heparin Anticoagulation in CRRT 8/2018 — Documentation Site (virginia.edu)
- *Clinical Practice Guideline: CPG 2.131: Hepatitis B Screening & Prevention in Inpatient Dialysis Patients*
- *Lippincott Nursing Procedure Manual: Hemodialysis/Apheresis Catheter Access by Non-Renal Services Staff*
- *Nursing Policy Manual: Policy: Central Line Catheters*