

Competency Verification Record

UVA Health

TCVICU: Sterile Blake Drain- Atrium to Bulb Suction

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, sterile transition of Blake drains from atrium connection to bulb suction connection. Identifies potential air leaks present in chest tubes after conversion. Demonstrates proper labeling of chest tubes.

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

Method of validation (circle or highlight 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 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: Pay close attention to the instructions in bold.

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
State which chest tubes can be placed to bulb suction. 19-24french Blake drains only. Note--Pigtails and 28-32french chest tubes cannot be bulbed!		
Ensure that LIP has ordered chest tubes to be bulbed.		
Identify the number of chest tubes to be bulbed.		
Gather appropriate supplies: <ul style="list-style-type: none"> • 2 pairs clean gloves • 1 pair sterile gloves • Masks and Goggles 		

Name of CVR: TCVICU: Sterile Blake Drain- Atrium to Bulb Suction (Version 1)

Subject Matter Expert: Paige Brazee, BSN, RN, CCRN

CVR Created: 12-13-2022 LB and PB

NPDS File Pathway: Clinical/Nursing Education/Z NEC2 & NES Educator/Competency Verification Records (CVR)

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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"> • 1 pack sterile towels • Sterile scissors; Kelly clamps (1 for each chest tube) • Chlorapreps (2 per chest tube) • JP bulb drains (1 per chest tube) • Sterile blue connectors (may be in room or in chart) • Sterile 4x4 (to pad chest tube tubing prior to clamping) • Zip ties (2 per chest tube) *red for mediastinal, white for pleural. • Banding gun. • Permanent Marker (preferably black) 		
Use hand sanitizer to clean hands prior to entering room.		
Explain procedure to patient and visitors and ask visitors to leave room for the duration of the procedure.		
Don clean gloves. Clean the work surface with bleach wipes and allow to dry.		
Ensure privacy: Pull closed the room curtain. Uncover only the body parts that need to be exposed to maintain sterile field and perform procedure.		
Perform hand hygiene. Put on clean gloves and a mask. If patient is not intubated or trached, they need to wear a mask too.		
Holding 1 sterile towel by the edges only, place towel on work surface to provide sterile space for equipment.		
Open sterile packages (without touching the inside of the package) by dropping items onto the sterile field (chlorapreps, scissors, Kelly clamps, blue connectors, bulb drains, 4x4s)		
Move chest tubes to the side, away from where the sterile field will be placed. Open sterile towel, holding it by the corners only, then place across patient's chest.		
Holding chest tube in the air, prep 4-5 inch area of each chest tube 360 degrees with the 1st chloraprep. Place cleaned chest tubes on sterile drape, so that the area that will be cut is on sterile drape.		
Remove clean gloves. Perform hand hygiene. Don sterile gloves.		
Raise tubing off sterile field, wrap with 4x4, then clamp with Kelly clamp. Clean from 4x4 to connector with 2 nd chloraprep.		
Cut tubing with sterile scissors within the prepped area. Ensure that tubing is cut below the umbilicus and above the pelvic bone. Cut only 1 tubing at a time.		
Attaches each chest tube to a connector and then to JP bulb. Compress bulb & close stopper. Unclamp tubing. Bulb should stay compressed. <ul style="list-style-type: none"> • If JP bulb does not remain compressed, chest tube may have an air leak 		
Repeat for all other chest tubes. Ensure that all bulbs remain compressed. <ul style="list-style-type: none"> • <i>Sterility can now be broken and care completed with clean technique</i> 		
On bulbs that remain compressed, place the appropriate colored zip ties at lowest area of chest tube (closest to bulb) and at the area where blue connector attaches to chest tube. Do not occlude the tubing with the zip ties. <ul style="list-style-type: none"> • <i>Red zip ties = MCT</i> • <i>White zip ties = PCT</i> 		
Tighten all zip ties with the banding gun. Check for sharp edges. If present, cover with tape.		
Clean your work area and dispose of used atriums and equipment appropriately.		

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Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
Inform RN of the new status of chest tubes. RN will document chest tube status in EPIC LDA's, and label each chest tube with permanent marker according to how chest tubes are documented in the chart (MCT 1, PCT 1, etc.)		

Critical Elements: Hand hygiene, maintaining sterility, clamping tubing before connection to bulb.

References: Adapted from AACN protocol

Revised: 10/27/2022 D. Fink, BSN, RN, CCRN-CSC; Edited by PEB 11/28/2022

Competency Verified by:

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