

# Competency Verification Record

## UVA Health

### Infant Antibiotic Administration Via Syringe Pump

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):** The Nurse will demonstrate the proper use of standard workflow to correctly administer infant antibiotics (Abx) (Ampicillin and Gentamycin) via Alaris syringe pump using interoperability

**Evaluator(s):** Alicia Shifflett, Dee Dee Yoder, Autumn Maxey

**Method of validation (circle one):** Remove the \_\_\_\_\_ as more than DO method of validation is used. Also the DO method is noted within the body of the CVR.

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:** Use the standard workflow tip sheet provided to complete the following steps

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
Identifies correct supplies needed for antibiotic administration and flushes.	DO	
Labels tubing with appropriate change date and time.	DO	
<b>Assesses peripheral intravenous (PIV) line for patency using 0.3 to 0.5 ml of normal saline.</b>	DO	
<b>Verifies the 5 rights using 2 patient identifiers for first antibiotic.</b>	DO	
Primes (1.7 ml) small bore tubing using normal saline.	DO	
<b>Scans patient, first antibiotic syringe, and pump as prompted using interoperability.</b>	DO	
Loads syringe with first antibiotic into pump, and verifies proper rate and VTBI (volume to be infused) then starts infusion.	DO	
Upon completion, removes antibiotic syringe, attaches proper flush, selects "restore" and enters VTBI amount of 3mls, and starts infusion.	DO	

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<b>Demonstrated Skill</b> Behaviors for Competency (Critical Behaviors in Bold)	<b>Method of Validation</b>	<b>Evaluator's Initials</b>
<b>Upon completion of flush infusion, verifies the 5 rights using 2 patient identifiers for second antibiotic.</b>	DO	
<b>Scans patient's second antibiotic, and pump as prompted using interoperability.</b>	DO	
Removes flush, loads second antibiotic syringe, verifies proper rate and VTBI, then starts infusion.	DO	
Upon completion of antibiotic infusion, removes antibiotic syringe, attaches flush, selects "restore" and enters flush amount of 3ml, then starts infusion.	DO	
Upon completion of flush infusion, clamps tubing, disconnects tubing from patient, clamps PIV line and places green Curoc cap on the PIV line and the open end of IV tubing.	DO	
Removes flush syringe from pump and disconnects it from tubing, and then places green Curoc caps on both open ends of 1.7 ml small bore IV tubing.	DO	
States that tubing set is kept up to 24 hours for future antibiotic administrations.	DO/T/R	

**Critical Elements:**

**References:**

*Competency Verified by:*

\_\_\_\_\_  
 Evaluator's Name (printed)                      Evaluator's signature                      Date: \_\_\_\_\_