Competency Verification Record (CVR) UVA Health

Epidural Catheter Removal-Labor and Delivery RN

Disclaimer: Competency Verification Records (CVR) are temporarily stored in the Department's competen	cy filing system

Employee Name: _____ Employee ID #: _____ Date Due: _____

<u>Disclaimer:</u> 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.

<u>Transfer of CVR to Permanent Record:</u> 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	Demonstrates proper removal of an epidural catheter.				
Statement:					
Validator(s):	RNs who have demonstrated competency in the removal of an epidural catheter.				
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	DO Direct Observation – Return demonstration or evidence of daily work.				
Validation:	T Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.				
	S Simulation				
	Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.				
	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.				
	Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.				
	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:	Ensure the team member completes identified behaviors for competency using established method of validation. As the Evaluator, initial each row once the behavior has been demonstrated.				

В	Demonstrated Skill sehaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
 Verbal 	ize contraindications for epidural catheter removal:	DO	
0	Pre-eclampsia or HELLP with last CBC/Platelet Count > 4-6 hours		
	ago		
0	LMWH within previous 12 hours		
0	Platelets < 75		
0	EBL >1500 ml (or less if <60kg)		
0	Clotting disorder		

 ${\it CVR Template: Created 11/10/2018; Revised; 11/21/2018; 12/29/2022; 6/8/2023; 3/27/2024}$

Name of CVR: Epidural Catheter Removal

Date CVR Created: 4/29/24 Date CVR Revised: 6/24/2024

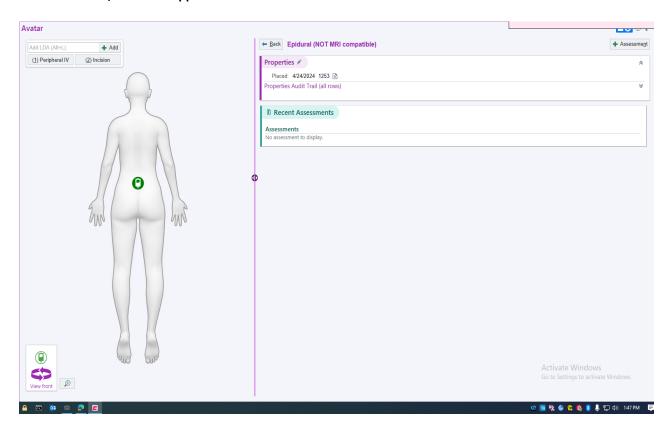
Subject Matter Expert(s) and NPDS Lead: Kimberly White MSN, RN-CNL, Aisha Muhammad, MSN, RN

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Demonstrated Skill	Method of Validation	Evaluator's Initials
Behaviors for Competency (Critical Behaviors in Bold)	Validation	imitials
 Any other concerns 		
If any present: DO NOT remove the epidural catheter until with anesthesiology.		
 Page anesthesia resident PIC #1250 to confirm all criteria are met for epidural catheter removal. 		
 Using aseptic technique, remove dressing and pull epidural catheter using gentle traction to remove. If resistance is encountered, do not persist. Contact anesthesiology immediately. 	DO	
 Note the presence of the catheter tip. If the tip is not visible, contact anesthesiology immediately. 	DO, R	
 After catheter removal, clean the epidural site with alcohol swabs. If the site is not clean, dry, and intact, cover with a sterile dressing and inform anesthesiology. 	DO, R	
 Document LDA removal in EPIC. Record the time and that the catheter was "intact" (presence of the tip) and the reason for removal. 	DO	
 Complete a thromboembolic risk assessment. If LMWH is indicated, ensure it is not given for at least 4hrs after epidural catheter is removed. 	DO	

Reference Table/Pictures if applicable:



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Competency Verified by:			
		Date:	
Validator's Name (printed)	Validator's signature		

References:

Lippincott Procedures: Epidural Catheter Removal

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