

Competency Verification Record (CVR)

UVA Health

Obtaining an EKG on an Infant

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

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:	Learner will demonstrate how to obtain an EKG on an infant, including proper lead placement and documentation.	
Validator(s):	Alicia Shifflett, RN; Dee Dee Yoder, RN; Autumn Maxey, RN; Zoey Johnson, RN; Janice Steppe, PCT	
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 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:	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.	

Demonstrated Skill	Method of Validation	Evaluator’s Initials
Behaviors for Competency (Critical Behaviors in Bold)		
• Verify correct patient using at least 2 patient identifiers	DO	
• Verify Physician Order in EPIC	DO	
• Explain procedure to parents or caregivers	D	
• Wash hands, don PPE as appropriate	DO	
• Turn on the EKG machine	DO	
• Select: ID at bottom left of screen	DO	
• Select: Find Patient tab (Location should be on “all orders” or “all inpatient orders”)	DO	
• Put in MR# – order should show. Select: Select button to return to ID page NOTE: If unable to connect order to EKG, enter patient information manually	DO	
• Confirm all patient’s information is correct	DO	

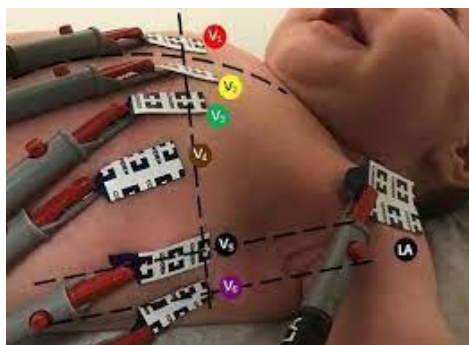
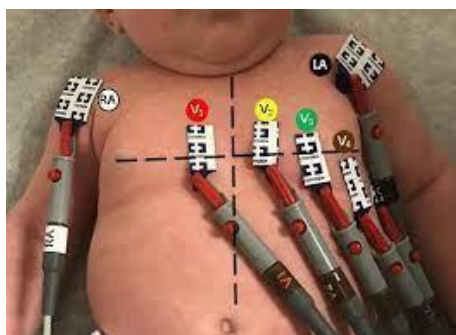
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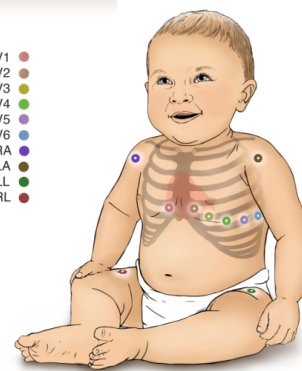
Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
<ul style="list-style-type: none"> Place patient in a supine position in warmer, bassinet or crib 	DO	
<ul style="list-style-type: none"> Identify standard lead placement, place limb lead electrodes as follows – see images below: Note: Due to the limited body surface of neonates you will likely need to cut EKG electrodes in half. <ul style="list-style-type: none"> Left arm: 1-2 inches below the left clavicle Left leg: left lower abdomen near left iliac crest Right arm: 1-2 inches below the right clavicle Right leg: right lower abdomen near right iliac crest 	DO	
<ul style="list-style-type: none"> Identify standard precordial lead placement, place precordial electrodes as follows: Note: Due to the limited body surface of neonates you will likely need to cut EKG electrodes in half. <ul style="list-style-type: none"> V1: Fourth intercostal space to the right of the sternum V2: Fourth intercostal space to the left of the sternum V3: Midway between V2 and V4 (left side) V4: Fifth intercostal space at the midclavicular line (nipple line) left side V5: Fifth intercostal space, anterior axillary line (midway between V4 and V6) V6: Fifth intercostal space, mid-axillary line (left side) 	DO	
<ul style="list-style-type: none"> Connect leads 	DO	
<ul style="list-style-type: none"> Encourage parents to participate by soothing their infant (gloved finger or pacifier for non-nutritive sucking). May consider the use of oral sucrose with order from MD per unit specific standards. 	DO	
<ul style="list-style-type: none"> Check wave form 	DO	
<ul style="list-style-type: none"> Select EKG (It will acquire a 10 second EKG and print a 1 page report automatically) 	DO	
<ul style="list-style-type: none"> Select Transfer 	DO	
<ul style="list-style-type: none"> Once EKG reviewed and approved by LIP, remove leads 	DO	
<ul style="list-style-type: none"> Person obtaining EKG should enter their initials or 1st initial and last name in the operators ID field 	DO	
<ul style="list-style-type: none"> Re-dress or swaddle infant and return EKG machine. 	DO	

Reference Table/Pictures if applicable:



Precordial ECG Lead Placement

- V1 ●
- V2 ●
- V3 ●
- V4 ●
- V5 ●
- V6 ●
- RA ●
- LA ●
- LL ●
- RL ●



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Competency Verified by:

Date: _____

Validator's Name (printed)

Validator's signature

References:

ECG placement. ECG Lead Placement - Cardiology Fellowship - Pediatric Fellowships - Education & Training - Pediatrics - University of Rochester Medical Center. (n.d.). Retrieved April 6, 2023, from <https://www.urmc.rochester.edu/pediatrics/cardiology-fellowship/ecg-placement.aspx>

ECG Lead Placement on an Infant. (2021). *YouTube.* Retrieved April 6, 2023, from https://youtu.be/PNQmm_fL9JM.