

UVA Health Medical Center
Competency Verification Record (CVR)
Outpatient Dialysis
Tego™ Hemodialysis Connector Cap Change
Role: RN, LPN, and Dialysis Technicians

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:	Demonstrates how to change TEGO caps maintaining aseptic technique.																
Validator(s):	Validators must be RNs who have completed their orientation competency forms and are documented as competent in the skills they are validating.																
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:	<table border="1"> <tr> <td>DO</td><td>Direct Observation – Return demonstration or evidence of daily work.</td></tr> <tr> <td>T</td><td>Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.</td></tr> <tr> <td>S</td><td>Simulation</td></tr> <tr> <td>C</td><td>Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.</td></tr> <tr> <td>D</td><td>Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.</td></tr> <tr> <td>R</td><td>Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.</td></tr> <tr> <td>QI</td><td>Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.</td></tr> <tr> <td>N/A</td><td>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.</td></tr> </table>	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.
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Validation Instructions:	Each validator completes the competency form using direct observation as the method for validation.																

Name of CVR: Tego™ Hemodialysis Connector Cap Change
Date CVR Created: 04/29/2025 **Date CVR Revised:**
Subject Matter Expert(s): Pamela Reynolds, RN and Toynetta Morgan, MHA, BSN

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Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
Confirms the patient's identity using at two patient identifiers.	DO	
Demonstrates placing Tego caps on central venous catheters prior to initial use for dialysis in an outpatient unit	DO	
Describes frequency of Tego cap replacement (weekly on Wednesday/Thursday)	D	
Use aseptic technique to open sterile 4X4 gauze package and apply a 50-cent size piece of Betadine solution into center of gauze.	DO	
Perform hand hygiene.	DO	
Put on a mask and instruct the patient to put on a mask to prevent airborne contamination of the catheter.	DO	
Perform hand hygiene.	DO	
Don gloves.	DO	
Keeping Betadine gauze in its outer wrap, separate Betadine gauze by holding outer paper wrap.	DO	
Place each catheter port in a gauze then scrub to the right only. (Prevents loosening of cap)	DO	
Open gauze and allow to air dry for 5 minutes.	DO	
Confirm clamps are locked and connections are secure and tight.	DO	
Remove gloves and discard.	DO	
Perform hand hygiene.	DO	
After 5-minute air dry perform hand hygiene and don gloves and place patient in Trendelenburg position or flat with feet elevated.	DO	
Remove and discard gloves, then perform hand hygiene.	DO	
Don gloves.	DO	

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Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
Verify catheter ports are clamped, then remove Tego cap.	DO	
Maintain aseptic technique to scrub each catheter hub vigorously with alcohol prep for 15 seconds, then apply new Tego cap to each hub aseptically.	DO	
Confirm clamps are locked and connections are tight and secure.	DO	
Remove patient from Trendelenburg position.	DO	
Instruct patient to remove mask.	DO	
Remove gloves, discard, and perform hand hygiene.	DO	
Changes Tego caps if the catheter is malfunctioning, and it is suspected that the Tego caps have a defect or mechanical obstruction.	DO	

Competency Verified by:

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

References:

- Lippincott Solutions: Hemodialysis Catheter Needleless Connector Change, *Core Curriculum for Nephrology Nursing*, 7th Edition: American Nephrology Nurses' Association, 2020
- Tego Needle Free Access Device/Extension Set, Package Insert, 07/12, ICU Medical Tego Needlefree Hemodialysis Connector

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