**Licensed Nurse Competency Checklist-Dialysis**

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**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | | **Evaluation**  **(Check One)** | | **Method of Evaluation**  **(Check One)**  D = Skills Demonstration  O = Performance Observation  W = Written Test  V = Verbal Test | | | | **Verification**  **(Initials/Date)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency**  **Demonstrated/**  **Meets**  **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **Evaluator complete**  **Licensed Nurse Competency Checklist-Dialysis** | Demonstrates /verbalizes understanding of hospital/dialysis facility agreement for dialysis |  |  |  |  |  |  |  |
| Demonstrates /verbalizes understanding of hospital transfer /change of condition |  |  |  |  |  |  |  |
| Demonstrates / verbalizes  understanding of communication and collaboration required between dialysis facility and nursing home. |  |  |  |  |  |  |  |
| Demonstrate /verbalizes understanding of dialysis emergency policy and procedure e.g., bleeding/hemorrhage. |  |  |  |  |  |  |  |
| Demonstrates / verbalizes  understanding of resident preference, individualized resident care plan, interventions and goals. |  |  |  |  |  |  |  |
| Demonstrates proper MDS 3.0 Coding for Sections (if applicable):   * H * K   Dialysis should not be coded Parenteral/IV fluids administered in conjunction with chemotherapy or dialysis   * O   Do not include IV medications of any kind that were administered during dialysis   * O   O0100J, Dialysis   * (other): |  |  |  |  |  |  |  |
| Verbalizes understanding of Federal Requirements of Participation as it relates to dialysis:   * Dignity * Right to be informed and make treatment decisions * Right to refuse * Advance Directives CA * Notification of change * Accommodation of needs, call system * Be provided by qualified persons * Pressure ulcer * Nutrition * Hydration * Unnecessary Medications * Infection Control * Medical director * Resident Records |  |  |  |  |  |  |  |
| Licensed nurse demonstrates documentation responsibilities for dialysis:   * Assessment Process * RAI Process * Care Plan Development, Implementation and Revisions * Communication * Etc. |  |  |  |  |  |  |  |
| Demonstrates patient teaching:   * diet, * fluid restriction, * no BP, Sleeping on or tight clothes on the arm with access point? |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**\*I certify that I have received orientation in the above-mentioned areas.**

**\*Employee:**

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**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Initials Signature Date**

***(PLACE IN EMPLOYMENT FILE)***

**References:**

Centers for Medicare and Medicaid Services (CMS) State Operations Manual, Appendix PP-Guidance to Surveyors for Long Term Care Facilities. (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

Centers for Medicare and Medicaid Services (CMS) Dialysis Critical Element Pathway, Form CMS 20076 (5/2017): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>