**Nursing Assistant Competency Checklist-Dialysis**

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

| **Skill Area** | **Evaluation****(Check One)** | **Method of Evaluation****(Check One)**D = Skills DemonstrationO = Performance ObservationW = Written TestV = Verbal Test | **Verification** **(Initials/Date)** |
| --- | --- | --- | --- |
| **Competency****Demonstrated/****Meets** **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **Evaluator complete Nursing Assistant Competency Checklist-Dialysis** | Understands the importance of taking vital signs post-dialysis even though the dialysis center took the vital signs post-dialysis |  |  |  |  |  |  |  |
| Understands and demonstrate that it is not normal to have bleeding from access site post-hemodialysis. |  |  |  |  |  |  |  |
| Demonstrates avoidance of taking a BP on the arm with the fistula or graft site. |  |  |  |  |  |  |  |
| Demonstrate /verbalizes understanding of dialysis emergency policy and procedure e.g., bleeding/hemorrhage. |  |  |  |  |  |  |  |
| Demonstrates / verbalizesunderstanding of resident preference, individualized resident care plan, interventions and goals |  |  |  |  |  |  |  |
| Nursing Assistant demonstrates documentation responsibilities:* Care Plan Interventions
* Etc.
 |  |  |  |  |  |  |  |
| Verbalizes situations where communication with the nurse is required:* Dizziness
* Change in mood or behavior
* Pain
* Change in weight
* Resident non-compliance with fluid restriction
 |  |  |  |  |  |  |  |
| **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 20071 (5/2017): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>