**Nursing Assistant Competency Checklist-Dialysis**

*State logo added here. If not, delete text box*

**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 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 / verbalizes  understanding 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:**

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

**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>