Competency Assessment

Use this form with each patient assessment until patient is deemed competent. Complete the form every month afterwards. Remember to document competency in patient’s chart.

Date of Assessment:

Name, DOB, and MRN of patient:       Person performing line care:

Person completing form:       Date of initial line placement:

Date implanted port accessed:       Date dressing last changed:

Chlorhexidine in dressing:       Impregnated sponge:       Impregnated dressing:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Processes | Performed Adequately | Performed Inadequately | Not Performed | Comments |
| Hand hygiene. |  |  |  |  |
| Needleless connector decontamination. |  |  |  |  |
| Confirmed sterile dressing intact. |  |  |  |  |
| Sterile dressing changed. |  |  |  |  |
| Insertion site scrubbed with chlorhexidine. |  |  |  |  |
| Appropriate use of chlorhexidine-containing dressing, patch, or alternative site care. |  |  |  |  |
| Dressing kept dry during bathing. |  |  |  |  |
| Appropriate use of needleless connector. |  |  |  |  |
| Use of SAS(H) approach to arranging medication infusions. |  |  |  |  |
| Chlorhexidine decontamination protocol (if prescribed). |  |  |  |  |
| Appropriate use of antibiotic, ethanol, or sodium bicarbonate lock therapy (if prescribed). |  |  |  |  |
| Appropriate use of antiseptic-containing hubs (if prescribed). |  |  |  |  |
| Initiates infusion appropriately. |  |  |  |  |
| Completes infusion properly. |  |  |  |  |
| Patient or caregiver can state signs and symptoms of catheter complications and can recite appropriate organization contacts for help. |  |  |  |  |
| Five “rights” of medication administration confirmed (right patient, right drug, right time, right dose, right route). |  |  |  |  |