

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).				