

New Hire Name: _____ Unit: _____ Position: _____

Instructions:

- Review each hyperlinked competency to complete the knowledge, skills, and attitude (KSA) required to provide safe patient care
- Preceptor(s) must validate each competency by initialing and dating on each line in real time
- Preceptor(s) and New Hire must print and sign their full name on the last page before submitting to Unit Director/Manager
- Please also refer to the **California Vocational Practice Act section 2518.5** (https://www.bvnpt.ca.gov/about_us/laws.shtml) and your **individual unit/department Standards of Practice** which may further refine or limit the scope of LVN practice.

Note: The Population-Specific Initial Competency Validation Checklist for LVNs must be completed in addition to this form (if applicable)

Age Group(s) Served (Check all that apply)			
<input type="checkbox"/> Neonates (< 30 Days)	<input type="checkbox"/> Infants (>= 30 Days & < 1 Year)	<input type="checkbox"/> Adolescents (>= 13 Years & < 18 Years)	<input type="checkbox"/> Adults (>= 18 Years & < 65 Years)
<input type="checkbox"/> Pediatrics (>=1 Year & < 13 Years)		<input type="checkbox"/> Geriatrics (>= 65 Years)	
QSEN Competency Assessment Criteria		Validation of Competency	
A. PATIENT / FAMILY CENTERED CARE		Preceptor Initials	Date
1. LVN role in the Nursing Process			
a. Assessment/Data Collection			
2. Patient Education			
3. Patient Experience			
4. Pain Management			
5. Advanced Care Planning			
6. Palliative Care Services			
7. End of Life Care (exclude RNPH)			
B. TEAMWORK AND COLLABORATION		Preceptor Initials	Date
1. Communication: Hand Off/Bedside Report			
2. Delegation			
3. Chain of Command			

4. Care Coordination		
5. Patient Admission		
6. Patient Discharge		
7. Patient Transfer: (specify for RNPH)		
a. Patient Transfer: Within The Facility		
b. Patient Transfer: Outside The Facility		
C. EVIDENCE-BASED PRACTICE	Preceptor Initials	Date
1. Evidence Based Practice		
D. QUALITY IMPROVEMENT	Preceptor Initials	Date
1. Quality Improvement		
2. Core Measures:		
a. Immunization		
b. Severe Sepsis/Septic Shock (≥ 18 years of age)		
c. Venous Thromboembolism (VTE) Prophylaxis (exclude RNPH)		
i. Equipment: VTE Prophylaxis (exclude RNPH)		
3. Nurse Sensitive Indicators:		
a. Fall Prevention and Post Fall Management		
b. Infection Prevention		
c. Catheter Associated Urinary Tract Infection (CAUTI) Prevention		
i. Equipment: Bladder Scanner		
d. Prevention of Central Line Associated Bloodstream Infection (CLABSI)		
e. Skin and Wound Care		
E. SAFETY	Preceptor Initials	Date
1. Cardiopulmonary Monitoring: (exclude RNPH)		
a. Equipment: Doppler (exclude RNPH)		
b. Equipment: 12 Lead EKG Recording (exclude RNPH)		
2. Rapid Response, Code Stroke, Code Blue Activation, and Emergency Resuscitation Device(s) (exclude Rapid Response for RNPH)		
a. Equipment: Automated External Defibrillation		
3. Blood and Blood Product Administration		
4. Glycemic Management		

a. Equipment: Accu-Chek Inform II (exclude RNPH)		
b. Equipment: Insulin Pen		
5. Infusion Therapy		
a. Peripheral IV Insertion and Venipuncture (exclude RNPH)		
i. Equipment: Vein Finder AV400		
ii. Equipment: Infusion Pump (Sigma)		
6. Lab Specimen Collection and Handling		
7. Medication Management and Administration		
8. Respiratory Management: Oxygen Administration		
a. Equipment: Oxygen Administration		
9. Restraints (exclude RNPH)		
10. Restraints and Seclusion (RNPH only)		
11. Safe Patient Handling		
12. Suicide Assessment and Precautionary Interventions (specify for RNPH)		
13. Temperature Management : (exclude RNPH)		
a. Temperature Management: Cooling		
b. Temperature Management: Warming		
14. Violent Risk Behavior (specify for RNPH)		
F. INFORMATICS	Preceptor Initials	Date
1. Documentation		

New Hire Name: _____ Unit: _____ Position: _____

Preceptor Printed Name	Preceptor Signature	Preceptor Initials	Preceptor Employee ID	Preceptor Unit	Date

In signing this Initial Competency Validation Checklist (RN), the New Hire has demonstrated the required knowledge, skills, and attitude (KSA) required to provide safe patient care appropriate to the age groups served.

New Hire Printed Name: _____ New Hire Signature: _____

New Hire Employee ID: _____ Date: _____

Unit Director/Manager Printed Name: _____ Unit Director/Manager Signature: _____

Unit Director/Manager Employee ID: _____ Date: _____

One Staff = "Init Comp"