

Clinical Decline/Skills Competency Fair Participant Checklist FY 19 - RN and LPN

Name: _____ Title: _____ Date: _____

Employee ID _____ Unit: _____

Staff will show skill competency within their job role. This competency checklist includes Adult, Pediatric and Neonatal Populations. Reviewers please circle specific populations when applicable.

Required for:	Station	Reviewer Initials*
All RN/LPN Staff Including pre/post-op/clinics with crash carts (No OR)	Crash Cart Adult, Pediatric and/or Neonatal	
All RN/LPN Staff (+clinics with Crash carts)	Defib/AED	
All RN/LPN Staff (+clinics with Crash carts)	Ambu/Chest Compressions Adult, Pediatric and/or Neonatal	
All RN/LPN Staff (+clinics with Crash carts)	Suction	
All RN Staff (+clinics with Crash carts)	Code Blue Medication Administration/Bristojet/IVP Adult, Pediatric and/or Neonatal	
All RN/LPN Staff (no clinics, NICU or OR)	Restraints	
All RN/LPN Staff (no clinics)	Stroke Protocol Pre/Post Test	
All RN/LPN Staff Adult, Pediatric and/or Neonatal	Mock Code Simulation (According to the population served)	Validator Initials:

Reviewer Name/initials _____/_____

Credentials: _____

Reviewer Name/initials _____/_____

Credentials: _____

Reviewer Name/initials _____/_____

Credentials: _____

Mock Code Validator

Validator Name/Initials _____/_____

Credentials: _____

Participants: Remember to check out at registration desk after completing all required stations.

Keep this sheet and bring to your Mock Code Simulation Scheduled Class

***indicates participant demonstrated COMPETENCY.**