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**NICU Nursing Mid-Orientation Evaluation**

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| **OVERALL PERFORMANCE** | **Intermediate patients** |  | **Print & Sign** |
| Exceeds expectations |  |  | Preceptor(s):Signature(s): |
| Meets expectations |  |  | Preceptee:Signature: |
| Below expectations |  |  | Nursing manager / ANM:Signature: |
| Does not meet expectations |  |  | Nurse Educator:Signature: |

***Definitions:***

**Exceeds expectations**: Nurse has met the above objectives and can progress to orientation on high acuity patients.

**Meets expectations:** Nurse is in the process of meeting the above objectives, and has a plan in place to close the gaps within a specific time frame as outlined in the grid above. They can progress to orientation on high acuity patients.

**Below expectations:** Nurse requires more time to meet the above objectives, and has a plan in place (NICU Clinical Support Plan, developed with NPDE) that must be completed prior to progressing to orientation on high acuity patients.

**Does not meet expectations:** Nurse has not met the above objectives, and cannot care for intermediate patients alone, nor can they progress to orientation on high acuity patients.

**First three weeks – Intermediate patients**

By the end of the three weeks (6-9 shifts), and in order to progress, the following objectives must have been met:

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| --- | --- | --- | --- |
| **SAFETY** | Achieved | To be Improved, with specific plan/goal | Comments |
| SAFE check properly completed and signed for each patient by 8:00* Alarms limits properly set, and ON
* Bag/mask function checked, PEEP & FiO2 set appropriately
* Suction verified
* High-touch surfaces wiped down
* Bracelet verified
 |  |  |  |
| Ensures patient environment is safe (bed rails, portholes, caps in bed, bedside accessible/not blocked, etc.) before leaving the patient room* Identifies safety risks and addresses risks appropriately
 |  |  |  |
| Verifies orders, verifies careplan, verifies CMAR, and makes a written plan for the day for each patient |  |  |  |
| Verifies lab orders & results in an appropriate time delay via Oacis, recognizes any abnormal results, and asks for help (eg. tells preceptor, notifies medical team) |  |  |  |
| Responds appropriately to patient alarms* Knows difference between red and yellow alarms
* Uses 3 patient screen view to monitor patients in other rooms, and listens for those alarms
 |  |  |  |
| Verifies PIVs hourly, checking site and comparing to contralateral limb |  |  |  |
| Verifies PICC/UVL external portion, dressing integrity, and site Q check |  |  |  |
| Intervenes as follows (at minimum) when VS are not within normal limits* Questions abnormal values
* Alerts medical team if has concerns
* Re-assesses within an appropriate interval
* Responds appropriately with observation, stimulation to A/B/Ds
* Calls for help (from preceptor/colleagues) when patient requires more than stimulation
 |  |  |  |
| **COMMUNICATION** | Achieved | To be Improved, with specific plan/goal | Comments |
| Introduces self to parents and explains plan for day |  |  |  |
| Is able to give hand-over to nurse in organized fashion (by system) most of the time |  |  |  |
| Is able to present in rounds with support from preceptor most of the time |  |  |  |
| Makes a plan for breaks with buddy with support from preceptor |  |  |  |
| Can articulate resources available / who to call for help |  |  |  |
| **ORGANIZATION** | Achieved | To be Improved, with specific plan/goal | Comments |
| Tidies and restocks bedside at end of each care, and before end of shift |  |  |  |
| Takes breaks at appropriate times, at least half of the time |  |  |  |
| Charting is mostly complete after each care |  |  |  |
| Care plan is updated at the end of each shift |  |  |  |
| Report is entered into computer before 7 |  |  |  |
| **PROFESSIONALISM** | Achieved | To be Improved, with specific plan/goal | Comments |
| Arrives consistently on time, ready to take report at 7:15 |  |  |  |
| Dresses appropriately, including following infection control guidelines for nails |  |  |  |
| Manages stress in appropriate way (eg. removes self from bedside if needing to vent, etc) |  |  |  |
| Works with colleagues in a collaborative way and is open to feedback |  |  |  |
| **MEDICATIONS** | Achieved | To be Improved, with specific plan/goal | Comments |
| Ensures all new medication order transcriptions are double checked, signed, doses checked, and orders faxed |  |  |  |
| Can prepare simple IV medication with correct dilution and double verification (eg. ampicillin, furosemide, hydrocortisone). |  |  |  |
| Uses the 5 rights for each medication given; knows WHY each medication is being given; uses Lexicomp as resource |  |  |  |
| Can safely and correctly administer IV medications:* Push medications
* Intermittent medication with syringe pump
 |  |  |  |
| Correctly transcribes new orders, checks staggering table, and correctly indicates hours of administration |  |  |  |
| Verifies compatibilities prior to administering medications, and clamps lines/shuts infusions as needed |  |  |  |
| **INFECTION CONTROL** | Achieved | To be Improved, with specific plan/goal | Comments |
| Scrubs the hub with every IV access |  |  |  |
| Changes lines, suction tubing, humidity boxes, etc. at correct intervals |  |  |  |
| Understands when to initiate additional precautions |  |  |  |
| Uses appropriate PPE as indicated |  |  |  |
| Performs hand hygiene at each moment, with particular attention to vascular access |  |  |  |
| Properly disinfects common equipment after use (eg. scale) |  |  |  |
| **CLINICAL SKILLS** | Achieved | To be Improved, with specific plan/goal | Comments |
| Performs thorough head-to-toe assessment on each patient, taking no more than 30-45 mins |  |  |  |
| Takes vital signs at appropriate intervals, using appropriate technique for axillary temp + blood pressure |  |  |  |
| Manages bCPAP care:* Proper prong placement
* Suctioning
* Cannulaid change
* Head massage
* Positioning (with moderate success)
 |  |  |  |
| Has inserted NG or OG tube using appropriate technique & measurement & placement check (pH) |  |  |  |
| Has attempted capillary specimens (with moderate success) |  |  |  |
| Has attempted venous draw (with moderate success) |  |  |  |
| Manages care for a hypoglycemic baby –blood gas vs. accucheck; acts quickly & appropriately on low blood sugars |  |  |  |
| Manages care for a baby on phototherapy – temp control, eye protection, skin care (products etc), radiance meter |  |  |  |
| Uses incubator appropriately for premature babies less than 32 weeks* Heat curtain
* Dome closed
* Humidity
* Baby mode
 |  |  |  |
| Does complete skin assessment on babies at least once per shift and understands risks of skin breakdown (eg. devices, pressure points, cleaning agents, adhesives, premature skin) |  |  |  |
| Attempts to position babies in developmentally appropriate way |  |  |  |
| Applies principles of Comfort Zone for any needle procedure |  |  |  |
| Can adjust TFI as ordered and balances feeds and IV infusions appropriately (feeding schedule) |  |  |  |
| Can place a non-intubated baby in kangaroo care |  |  |  |
| Can complete a breastpump teaching independently |  |  |  |
| Can put a baby to the breast with support |  |  |  |
| Can bottle feed a baby, watching for cues of hunger/satiety/fatigue, and paces appropriately |  |  |  |
| Can bathe a baby as per protocol |  |  |  |
| Others (list): |  |  |  |
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