RN General Nursing Documentation Competency-Based Orientation Checklist

Name _____

V = Verbalized/Discussed
O = Observed
D = Demonstrated

Competency and Performance Criteria	Method of Validation				Initials	
	Date	V	O	D	Orientee	Preceptor
Competency: Demonstrates effective documentation of patient care in the medical record						
Knowledge of Security and HelpDesk access:						
Verbalizes understanding that sharing passwords to hospital systems is grounds for termination						
Knows when and how to contact the HelpDesk						
Clinical Documentation Systems access:						
Verbalizes the clinical systems that will be used in the RNs role and their functions						
Verbalizes understanding of patient identifiers, differences between MRN and FIN						
Located CERNER Icon and logs in using own user ID and password						
Patient List						
Build Patient Location and Custom Lists						
Care Compass						
Establishes relationships with patients						
Identifies and locates patient information						
Identifies nurse review alert for new results/orders						
Locates high alerts/isolation icons						
Locates Activity list						

Reviews activity timeline						
Reviews powerplans and suggested IPOCs						
Opens chart from Care Compass						
Chart Overview: Banner Bar						
Understands and locates key components of the Patient Banner Bar: - Name, MRN, FIN - Primary Team - Code Status - Clinical Weight- Allergies						
Chart Overview: Review Resource Menu Tabs						
Locates menu tabs used for resources: - e Clinical Reference Solutions - Clinical Pharmacology - Patient Education						
Documents/reviews patients preferred pharmacy						
Exits patient chart through exit door						
Utilizes Adhoc Forms for necessary documentation: - Shift summary note - Event note - Provider notification - Sepsis Screening Tool - Admission Weight - Pre Procedure Checklist						
Chart Overview: Powerchart Layout						
Locates Powerchart menu, iView, navigator bands						
Adds/Edits iView Navigator bands from toolbar						
Customizes time frames/search parameters						
Modifies and corrects incorrect documentation						

Menu: Patient Handoff						
Identifies pertinent information within each four patient handoff tabs used for patient review/report						
Menu: Results Review						
Reviews patient results: Labs, Radiology, Microbiology, Vital Signs						
Identifies low, high, and abnormal values						
View trends and graphing						
Menu: Task List						
Identifies overdue & nurse review icons						
Differentiates actions related to grey vs. yellow tasks						
Completes Chart Check Review Order Profile						
Reviews suggested and implements appropriate IPOCs based on patient condition						
Completes an adult admission history fully including all required and unrequired areas						
Documents/updates patient allergies						
Documents/updates patient home medications						
Documents PFCC Powerform						
Documents 23 hour obs patient						
Menu: Documents & Reports						
Locates and reviews patient PMH, Progress Notes, Dictated Reports, Consult Notes, Test results etc….						
Menu: Form Browser						
Locates and reviews form browser						
Identifies forms as complete vs. incomplete						
Differentiates actions for viewing vs. modifying forms						

Medication Administration						
Locates patient medication via MAR, MAR Summary, Medication Administration Wizard (MAW)						
Reviews location and usage of barcode scanning device related to medication documentation						
Documents patient medication via MAW						
Reviews functionality of MAR and MAR summary such as: - Reference manual - Missing medication request - Order information details						
Understands and demonstrates processes related to high alert medications and requirement for nurse witness						
Reviews and understands purpose of icons related to need for addition documentation needs such as: - Vital signs - Pain level - Lab values						
Menu: Orders						
Reviews order section including: - Menu - Tabs (orders, medication, and document in plan) - Icons						
Demonstrates steps needed to place a new order including: - Communication Types (phone, verbal, paper, etc.) - Order details (nurse collect, lab collect, etc.)						
Differentiate between supplies and patient care order						
Reviews and understands purpose of functions such as: - Cancel/Reorder - Cancel/Discontinue - Crediting supplies						

Demonstrates use of PowerPlans: - When to initiate - Review provider comments - Add an order - Discontinuation of a PowerPlan						
Specimen Collection						
Reviews workflow of specimen collection including: - Understanding 'Red Rule' - Utilizing barcode scanning device - Applying filters for nurse collect vs. lab collect - Printing labels - Documenting specimen as collected - Process required to collect a specimen deemed 'unable to obtain' (using Cancel/Reorder function)						
Menu: IView/I&O General Nursing Areas						
Edits Navigator Bands appropriate to specific patient/care area (Stroke, ICU Liberation, Oncology)						
Reviews IView/I&O sections: - Nursing Interventions - Adult Scales and Screens (CIWA, GCS, NIH, Falls, MEWS with UOP - Wound Care - Adult Education - Patient Transportation						
Completes system assessment per documentation standards based on physician ordered level of care						
Understands use of blue reference text throughout IView/I&O section						
Differentiates options of documentation as regards to charting by exception (WDL, WDL with exceptions, WDL with patient specific variances)						
Demonstrates associating/disassociating a monitor						

Saves and documents rhythm strip Q shift and PRN with change in patient condition						
Demonstrates ability to create, document within, and inactivate a dynamic group as appropriate (lines, tubes, drains, blood administration)						
Menu: Discharge Summary						
Reviews physician discharge orders						
Completes discharge summary documentation						
Attaches patient and medication education materials based on patient's diagnosis and treatment						
Prints and saves documents						
Reviews documents with patient/family obtaining signatures validating their understanding of discharge teaching and plan						
Makes copies of documents placing one in patient chart and the other for patient use						
Saves and completes patient discharge						
CERNER Downtime Processes						
Locates DTV on unit and demonstrates process to log on						
Locates green downtime binder and reviews materials within						
Demonstrates use of Access Repository on desktop to obtain downtime documents						

Preceptor Printed Name: _____

Signature: _____

Date: _____

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Signature: _____

Date: _____

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Signature: _____

Date: _____

Orientee Name: _____

Signature: _____

Date: _____