

National Paediatric Critical Care Nursing Competencies

Foundation

Thank you to all contributors towards the creation of this document and all the Paediatric Critical Care Centres for sharing existing competencies. This final document has combined elements from many existing documents.

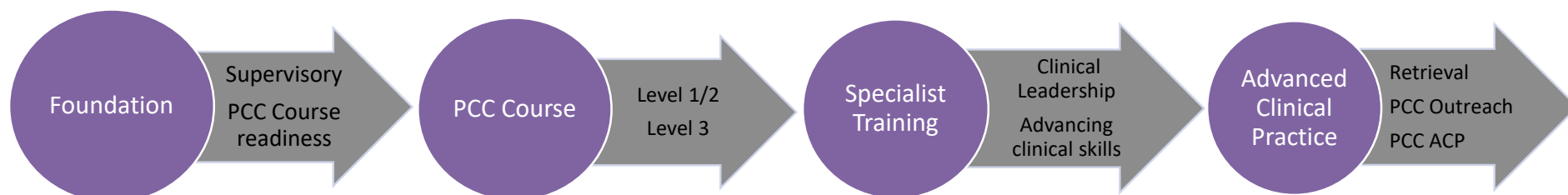
Particular thanks to:

- **Kings College Hospital** whose Framework largely influenced and supported the build of this document.
- **The individuals** involved who invested time and commitment to ensuring this work is fit for now and the future of Paediatric Critical Care services.
- **The Paediatric Critical Care Centres** and respective **educators** that invested time to pilot the document and/or provide detailed and constructive feedback.

Contents Page

The PCC Journey	Pg 4	Nutrition	Pg 25	Non-Invasive ventilation	Pg 50
Scope	Pg 5	Gastrointestinal	Pg 27	Tracheostomy	Pg 52
Assessment	Pg 6	Psychosocial & Mental Health & Wellbeing	Pg 28	Long Term Ventilation	Pg 55
Progress Trackers explained	Pg 7	Pain Assessment & Management	Pg 30	End of Life Care & Palliative Care	Pg 57
Career Tracker and Assessor Tracker	Pg 8	Epidurals	Pg 31	Neonatal Care Option	Pg 59
Assessor Tracker page 2	Pg 9	Patient or Nurse Controlled Analgesia	Pg 32	Asthma Option	Pg 60
Progress Tracker Supervisory Period	Pg 10	Sedation & NMBA	Pg 33	Cardiac Pacing Option	Pg 61
Progress Tracker-PCC L3 Course prep	Pg 11	Procedural sedation	Pg35	Cardiac surgery Care Option	Pg 62
Respiratory Assessment	Pg 14	Skin Integrity & Wound Care	Pg 36	12-Lead ECG Option	Pg 63
Respiratory Intervention	Pg 15	Infection Prevention & Control	Pg 38	Hydrocephalus Option	Pg 64
Respiratory Emergency	Pg 16	Manual Handling, Falls & VTE prevention	Pg 39	Neuro Tumours Option	Pg 65
Chest Drains	Pg 17	Communication & Teamwork	Pg 41	Diabetes/DKA Option	Pg 66
Haemodynamic Assessment	Pg 18	Safety Checks	Pg 43	Advanced Renal Option	Pg 67
Haemodynamic Emergency	Pg 20	Underpinning concepts of ventilation	Pg 44	Liver Option	Pg 68
Neurological Assessment	Pg 21	Care of the ventilated patient	Pg 45	Orthopaedic Option	Pg 70
Seizures	Pg 22	Blood Gas Interpretation (Basic)	Pg 47	Advanced Interventions Option	Pg 71
Fluid Management	Pg 23	Bronchiolitis	Pg 48	Notes Pages	Pg 72-81
Basic Renal & Catheterisation	Pg 24	Nasal High Flow Therapy	Pg 49		

The PCC Journey



This document is designed to support you in gathering the skills and knowledge required from starting your career as a qualified Nurse in Paediatric Critical Care up to the point of 'readiness to attend a L3 PCC course'. This is described as your **Foundation** phase. The Foundation phase includes the skills required during a Supervisory period of clinical practice and those required to proceed to PCC course entry.

Beyond the scope of this document there are 3 further phases of practice that you may wish to enter during your PCC career.

The second phase includes the completion of a Paediatric Critical Care Course where you will gain the skills and knowledge associated with **PCC course** completion.

Following a consolidation period there will be a **Specialist Training** phase where Clinical Leadership and advanced clinical skills required for senior clinical roles will be introduced. This may include but is not limited to advanced ventilation, advanced Renal replacement Therapies and core skills required to team lead or shift lead in PCC.

Should you decide to move into **Advanced Clinical Practice** roles there will be competency frameworks supporting the development of specific skills and knowledge required for these roles. Examples of ACP roles include PCC Retrieval, PCC Outreach and PCC Advanced Clinical Practitioner.

Whilst this document provides an outline for the progression of skills and Knowledge in PCC, it does not provide time specific targets. Not only will this vary between individuals but will also be impacted by the specific needs and standards within each trust. Any specific time frames required should be agreed at a local level.

There is also an acknowledgement that variations in specialism and local operational preferences may result in some overlap of the skills and knowledge required at each phase.

Scope

This document has been developed by a working group formed of members of the Paediatric Critical Care Society Educators (PCCS-E) group. The goal is to standardise expectations of nurse competence for paediatric critical care (PCC) delivery and enhance transferability of knowledge and skills, creating a more mobile and flexible workforce for the future of PCC as well as supporting each nurse in their PCC career. By providing a clear and progressive skills and knowledge framework individuals will work towards clear goals, understand how the milestones in their career will be met and work in partnership with supervisors and educators to meet them.

Each competency document is built with achievable system based **Chapters**. Each **chapter** contains:

Clinical Skills- That which should be physically demonstrated (by simulated practice if appropriate).

Knowledge- Demonstrate the underpinning knowledge and theory.

Knowledge application- Demonstrate the ability to recognise and apply learned theory and skill to a clinical situation as and when required.

Optional Chapters

Some Chapter are not featured in the progress trackers but may be required within your Trust due to the specific patient group you care for. These chapters have a Blue base colour rather than purple and will state 'option' in the title. Local Educators and Managers must perform an analysis of optional Chapters to decide the requirements in their specific patient group and communicate this with team members.

Code	Competency
Clinical skills	
RE1	Can demonstrate the correct use of a resuscitator on a newborn infant, child and adult
RE2	Can demonstrate the correct use of a resuscitator on a newborn infant, child and adult
RE3	Understands the uses of an Ambu-bag and demonstrates correct method of use
RE4	Understands the indication for intubation of the nasopharyngeal airway. Can demonstrate the correct use of the device and describe risks associated with its use
RE5	Demonstrate correct method of use of a resuscitator on a newborn infant, child and adult
RE6	Can demonstrate the correct use of a resuscitator on a newborn infant, child and adult
RE7	Can demonstrate the correct use of a resuscitator on a newborn infant, child and adult
Knowledge	
RE8	Understands the main causes of respiratory distress in the newborn
RE9	Understands the importance of physiological effects of respiratory distress in the short term and long term
Knowledge application	
RE10	Recognise respiratory arrest and call for help. Make an emergency call and use appropriate choice and use of resources
RE11	Recognise changes in respiratory status and express concern in a timely manner. Appropriate clinical skills and knowledge

Code	Competency
Clinical skills	
NE1	Demonstrates correct set up of the incubator, appropriate temperature and humidity settings for the patient's age/gestation
NE2	Demonstrates correct positioning of the newborn for optimum neuro and physical development
NE3	Demonstrates the correct use of the NICE guidelines for the management of hyperbilirubinemia. Able to

Assessment

Learners are expected to take responsibility for their own learning and commence the assessment process with the **self-report** column. Here they should confirm they believe themselves to be competent and ready for assessment. The assessor will then document their findings.

Competent will be documented as **Yes**

Not competent as **No**

All episodes of assessment should be documented in order to evidence the nature and extent of support and supervision provided in achieving a skill and to provide direction in performance management if repeated assessments are unsuccessful.

Formative assessment is used to assess levels of competence after an opportunity of learning. It will provide feedback as to what gaps remain in order to plan further development. **Formative** assessment is an important step for the learner and assessor to reach a shared understanding of needs and next steps. If the learner is deemed Competent at first assessment there may not be a need for further documented assessment although some clinical skills in particular may be beneficial to assess twice if there is likely to be variations in performance or adaptations required to perform the same skill in a different situation.

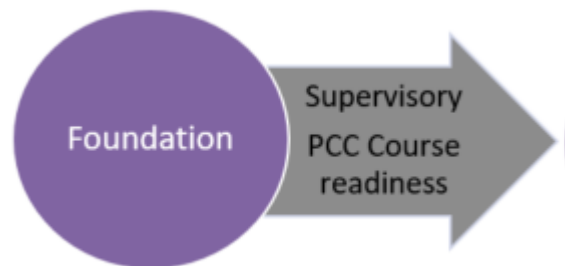
Summative assessment provides a conclusion to an episode of learning and skill acquisition. Both learner and assessor are required to report 'Yes' in order for the individual to be deemed competent in this skill. Skills have been written as singular stand alone skills that can be completed in a progressive and positive way rather than in a detailed description encompassing all knowledge, and a variety of clinical skills in relation to 1 area of competence. The benchmark for competence is therefore more specific with less variation in assessment as long as attention is paid to the specific description.

Notes pages included can be used by the learner to evidence their competence or record and reflect on opportunities. The notes also provide assessors with a space to record elements of the assessment process, document feedback given and plan next steps. Failure to achieve competence should be managed following local trust performance processes, however these competencies can be used as evidence.

Formative		
Self-report	Assessor level	Sign & Date
Yes	No	Thomas Haggan 04/04/22

For staff member and assessors to provide additional evidence or competence or areas for development		
Date	Note (please reference competence codes as required)	Documented by (Print & Sign)
04/04/22	Knowledge of normal respiratory cycle is currently lacking and reading is required prior to summative assessment. Aim to re-assess within 3 weeks (Mid July '22)	Thomas Haggan Thomas Haggan

Progress Trackers explained



The Foundation competencies are divided into **Supervisory** and **PCC Course readiness**. Progress Trackers allow the learner and assessors to easily see at a glance the progress towards completion of each element. Period of completion and designated supernumerary time are at the discretion of local teams.

Supervisory Period – Normally directly supervised by an established Critical Care nurse for a period of time to enable development of the essential skills required to care independently for a child requiring critical care. There is a variety in the length of supervisory periods given to nursing staff new to this specialty depending on which Paediatric Critical Care Unit they work and the previous clinical experience. This is the basic level of competence expected before independent practice. However, some units will make adaptations in the way that supervision is provided with concepts such as ‘team Nursing’ or ‘Pod Nursing’ beyond the supernumerary period. Skills to be completed in Supervisory are highlighted red.

PCC Course readiness level 3 - Once you have completed your allocated supervisory period, you can then begin to progress from Novice Practitioner to Advanced Beginner. This involves working through the competency mapping for L3. These expand on existing knowledge and skill acquired during your supervisory period and build on further skills. These competencies are designed to evidence your readiness for a PCC L3 course. Skills to be completed for PCC course readiness are highlighted in purple.

Code	Competency
Clinical skills	
R1	Can perform respiration on an infant/child/adult
R2	Can observe patient respiratory demand
R3	Can assess work of respiratory effort
R4	Uses correct technique for findings
R5	Can recognise and differentiate wheeze and stridor
R6	Uses observation to assess effectiveness of therapy

Preceptorship- The foundation document has been designed to cover all competencies required of a newly qualified nurse through their preceptorship period and therefore they should not be required to complete 2 competency documents simultaneously aside from those related to medicines management and intravenous line management.

Career Tracker and Assessor Tracker

This Foundation competency framework for Paediatric critical care is relating to the following individual			
Name	Signature	Pin number	Date Foundation document commenced

Career tracker		
Date commencing employment	Date completing employment	Organisation and department

Skills completion Tracker	Date completed	Educator Confirmation (Name and signature)
All Supervisory Skills Completed		
All L3 PCC Course readiness skills completed		

Assessor tracker page 1				
Print Name	Sample Signature and initials	Designation	PIN	Organisation

Assessor tracker page 2

[illegible]

Respiratory Assessment		
R1	Pg 14	Tick
R2		
R3		
R11		
R12		

Respiratory Intervention		
RI 1	Pg 15	Tick
RI 2		
RI 3		
RI 5		
RI 7		
RI 9		
RI 10		
RI 11		

Respiratory Emergency		
RE1	Pg 16	Tick
RE2		
RE3		
RE5		
RE6		
RE7		
RE8		

<u>Chest Drains</u>	
CD 3 Pg 17	Tick
CD 5	
CD11	

Haemodynamic Assessment		
H1	Pg 18	Tick
H2		
H3		
H4		
H5		
H6		
H7		
H8		
H9		
H12	Pg 19	
H13		
H14		
H15		
H16		
H17		
H18		
H21		

Haemodynamic Emergency	
HE1 Pg 20	Tick
HE2	
HE3	
HE8	
HE9	

Neurological Assessment		
NA1	Pg 21	Tick
NA2		
NA3		
NA5		
NA6		

Seizures		
S 1	Pg 22	Tick
S 2		
S 11		

Fluid Management		
F1	Pg 23	Tick
F3		
F8		
F10		

<u>Basic Renal & Catheterisation</u>	
REN1 Pg 24	Tick

Nutrition	
N1 Pg 25	Tick
N4	
N6	
N17 Pg 26	
N18	

<u>Pain Assessment & Management</u>	
PA1 Pg 30	Tick
PA2	

<u>Sedation & NMBA</u>	
Sed4 Pg 33	Tick
Sed5	
Sed7	
Sed8	
Sed9	
Sed17 Pg 34	

Skin Integrity & Wound Care	
SI Pg 36	Tick
SI 2	
SI 3	
SI 4	
SI 5	
SI 6	

Infection Prevention & Control		
IC1	Pg 38	Tick
IC2		
IC3		

<u>Manual Handling, Falls & VTE Prevention</u>	
MH1 Pg 39	Tick
MH3	

Communication & Teamwork		
C1	Pg 41	Tick
C2		
C3		
C5		
C7		
C8		

Safety Checks	
SC1 Pg 43	Tick
SC2	
SC3	
SC4	
SC5	
SC6	
SC7	
SC8	

Underpinning Concepts of Ventilation		
VA1	Pg 44	Tick
VA17		

Care of the Ventilated Patient		Tick
VB 4	Pg 45	
VB5		
VB6		
VB7		
VB8		
VB9		
VB10		
VB11		
VB17	Pg 46	
VB21		
VB22		
VB24		
VB28		
VB 31		
VB32		

<u>Nasal High Flow Therapy</u>	
NHF 5 Pg 49	Tick

Non-Invasive Ventilation	
NIV1 Pg 50	Tick
NIV7	
NIV10	
NIV11	
NIV14 Pg 51	

<u>Tracheostomy</u>		
T2	Pg 52	Tick
T5		
T8		
T24	Pg 53	
T25	Pg 54	
T28		

[illegible]

Respiratory Assessment		
R4	Pg 14	Tick
R5		
R6		
R7		
R8		
R9		
R10		

Respiratory Intervention		
RI 4	Pg 15	Tick
RI 6		
RI 8		
RI 12		

Respiratory Emergency		
RE 4	Pg 16	Tick
RE 9		
RE 10		

Chest Drains		
CD1	Pg 17	Tick
CD2		
CD4		
CD6		
CD9		
CD12		
CD15		

Haemodynamic Assessment		
H10	Pg18	Tick
H11		
H19		
H20		
H22		
H23		
H24		

Haemodynamic Emergency		
HE4	Pg20	Tick
HE5		
HE6		
HE7		
HE10		
HE11		
HE12		
HE13		
HE14		

Neurological Assessment		
NA4	Pg 21	Tick
NA7		
NA8		
NA9		
H22		
H23		
H24		
NA10		
NA11		

Seizures		
S3	Pg 22	Tick
S4		
S5		
S6		
S7		
S8		
S9		
S10		
S12		
S13		

Fluid Management		
F2	Pg 23	Tick
F4		
F5		
F6		
F7		
F9		

Basic Renal & Catheterisation		
REN2	Pg 24	Tick
REN3		
REN4		
REN5		
REN6		
REN7		
REN8		
REN9		
REN10		
REN11		
REN12		
REN13		
REN14		
REN15		

Nutrition		
N2	Pg 25	Tick
N3		
N5		
N7		
N8		
N9		
N10		
N11		
N12		
N13		
N14		
N15		
N16		
N19		

Gastrointestinal		
G1	Pg 27	Tick
G2		
G3		
G4		
G5		
G6		
G7		
G8		
G9		
G10		
G11		
G12		
G13		
G14		
G15		
G16		

Psychosocial & Mental Health & Wellbeing		
PM1	Pg 28	Tick
PM2		
PM3		
PM4		
PM5		
PM6		
PM7		
PM8		
PM9		
PM10		
PM11		
PM12		
PM13		
PM14		

Pain Assessment & Management		
PA3	Pg 30	Tick
PA4		
PA5		
PA6		
PA7		
Epidurals		
E1	Pg 31	Tick
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
E10		
E11		

Patient or Nurse Controlled Analgesia		
P1	Pg 32	Tick
P2		
P3		
P4		
P5		
P6		
P7		
P8		
P9		
P10		
P11		
P12		

Sedation & NMBA		
Sed1	Pg 33	Tick
Sed2		
Sed3		
Sed6		
Sed10		
Sed11		
Sed12		
Sed13		
Sed14		
Sed15		
Sed16		
Sed18		
Sed19		
Sed20		

<u>Procedural Sedation</u>		
PR1	Pg 35	Tick
PR2		
PR3		
PR4		
PR5		
PR6		
PR7		
PR8		
PR9		

<u>Skin Integrity & Wound Care</u>		
SI 7	Pg 36	Tick
SI 8		
SI 9		
SI 10		
SI 11		
SI 12		
SI 13		
SI 14		
SI 15		
SI 16		
SI 17		
SI 18		
SI 19		
SI 20		
SI 21		
SI 22		
SI 23		
SI 24		

<u>Infection Prevention & Control</u>		
IC4	Pg 38	Tick
IC5		
IC6		
IC7		
IC8		
IC9		
IC10		
IC11		
IC12		
IC13		

<u>Manual Handling, Falls and VTE prevention</u>		
MH2	Pg 39	Tick
MH4		
MH5		
MH6		
MH7		
MH8		
MH9		
MH10		
MH11		
MH12		
MH13		
MH14		
MH15		
MH16		
MH17		
MH18		

<u>Communication & Teamwork</u>		
C4	Pg 41	Tick
C6		
C9		
C10		
C11		
C12		
C13		
C14		
C15		
C16		
C17		

<u>Underpinning concepts of Ventilation</u>		
VA2	Pg 44	Tick
VA3		
VA4		
VA5		
VA6		
VA7		
VA8		
VA9		
VA10		
VA11		
VA12		
VA13		
VA14		
VA15		
VA16		

<u>Care of the Ventilated Patient</u>		
VB1	Pg 45	Tick
VB2		
VB3		
VB12		
VB13		
VB14		
VB15		
Vb16		
Vb16		
Vb18		
Vb20		
Vb21		
Vb22		
Vb23		
Vb24		

<u>Blood Gas Interpretation</u>		
BG1	Pg 47	Tick
BG2		
BG3		
BG4		
BG5		
BG6		
BG7		
BG8		
BG9		
BG10		
BG11		
BG12		
BG13		

<u>Bronchiolitis</u>		
B1	Pg 48	Tick
B2		
B3		
B4		
B5		
B6		
B7		
B8		
B9		
B10		
B11		

<u>Nasal High Flow Therapy</u>		
NHF1	Pg 49	Tick
NHF2		
NHF3		
NHF4		
NHF6		
NHF7		
NHF8		
NHF9		
NHF10		

<u>Non-Invasive Ventilation</u>		
NIV2	Pg 50	Tick
NIV3		
NIV4		
NIV5		
NIV6		
NIV8		
NIV9		
NIV10		
NIV11		
NIV12		
NIV13		
NIV15		
NIV16		
NIV17		
NIV18		
NIV19		
NIV20		
NIV21		
NIV22		

<u>Tracheostomy</u>		<u>Long Term Ventilation</u>		<u>End of Life Care & Palliative Care</u>		Trust Specific Skills from Optional Chapters		Trust Specific Skills from Optional Chapters		Trust Specific Skills from Optional Chapters	
T1	Pg 52	Tick	LTV1	Pg 55	Tick	EOL1	Pg 57	Tick			
T3			LTV2			EOL2					
T4			LTV3			EOL3					
T6			LTV4			EOL4					
T7			LTV5			EOL5					
T9			LTV6			EOL6					
T10			LTV7			EOL7					
T11			LTV8			EOL8					
T12			LTV9			EOL9					
T13			LTV10			EOL10					
T14			LTV11			EOL11					
T15			LTV12			EOL12					
T16			LTV13			EOL13					
T17			LTV14			EOL14					
T18			LTV15			EOL15					
T19			LTV16			EOL16					
T20			LTV17			EOL17					
T21			LTV18			EOL18					
T23			LTV19								
T26											
T27											
T29											
T30											
T31											
T32											
T33											
T34											
T35											

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
R1	Can perform respiratory observations and document accurately in an infant/child/adult						
R2	Can assess work of breathing and recognise signs of increased respiratory effort						
R3	Can assess respiratory efficacy and effect in infant/child and young person and recognise signs of respiratory inadequacy						
R4	Uses correct technique to auscultate chest and describes normal findings						
R5	Can recognise and describe common deviations from the norm- e.g. wheeze and stridor						
Knowledge							
R6	Can demonstrate knowledge of the role of the respiratory system						
R7	Demonstrates knowledge of normal respiratory cycle						
R8	Demonstrates knowledge of normal gas exchange and the effect that inadequate gas exchange has on the body, relating this to findings such as neurological status						
R9	Understands the impact that respiratory illness can have on gas exchange and how the body responds						
R10	Understands the impact that other systems and conditions have on the respiratory system such as neurological conditions and Sepsis						
Knowledge application							
R11	Uses respiratory observations and assessment to recognise deterioration or improvement in respiratory status and communicates findings clearly in a timely manner						
R12	Liaises with the senior nursing team, medical team and physiotherapists to ensure that respiratory treatment plan is sound						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
RI 1	Can demonstrate correct administration of oxygen via face mask, Non re-breathe mask and Nasal Cannula						
RI 2	Can demonstrate the correct choice of equipment, choice of suction pressure and technique for oropharyngeal suction						
RI 3	Can demonstrate the correct choice of equipment, choice of suction pressure and technique for nasopharyngeal suction						
RI 4	Can correctly administer prescribed nebulised medication relevant to individual patients condition						
RI 5	Adjusts patient position where possible to ensure optimal respiratory function						
Knowledge							
RI 6	Understands how the body conditions air to optimal humidification and temperature through the nasal and oral passage and understands the importance of adequate humidification when administering oxygen						
RI 7	Can state why suctioning is used as a respiratory intervention and how to assess the need for suction						
RI 8	Understands why different nebulised medication is used for specific patients and patient conditions						
RI 9	Understands why patient positioning plays an important role in optimal respiratory function						
Knowledge application							
RI 10	Can recognise and respond in a timely manner when a patient requires: Supplemental oxygen, suction, nebulisers or repositioning						
RI 11	Can effectively communicate findings in relation to the above to senior nurses, medical colleague and physiotherapists						
RI 12	Can assess the effectiveness of respiratory interventions and communicate with appropriate personnel						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
RE 1	Can demonstrate the correct use of head tilt and chin lift in an infant, child and adult						
RE 2	Can demonstrate the correct use of Jaw thrust						
RE3	Understands the uses of an oropharyngeal airway and demonstrates correct method for sizing and insertion						
RE4	Understands the indications and limitations of the nasopharyngeal airway. Can estimate correct length and size and describe risks associated with its use.						
RE5	Can demonstrate the correct technique for using self-inflating bag-mask devices						
RE6	Can demonstrate the correct use of an anaesthetic bag and has understanding of dangers associated with use						
Knowledge							
RE7	Understands the main causes of respiratory arrest						
RE8	Understands the importance of immediate action and physiological effects of respiratory arrest on patient in the short term and long term						
Knowledge application							
RE9	Recognise respiratory arrest and act accordingly – Call for help Make an emergency call/arrest call Appropriate choice and use of equipment in timely fashion						
RE10	Can express urgent concerns related to respiratory status clearly to members of the team						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
CD1	Can assist with a chest drain insertion of a conscious patient. i.e. selection of the appropriate equipment and preparation of the drainage system						
CD2	Can assist with a chest drain insertion of an invasively ventilated patient. i.e. selection of the appropriate equipment and preparation of the drainage system						
CD3	Can select the correct bedside and portable equipment when caring for a child with a chest drain.						
CD4	Demonstrates effective care of a chest drain site e.g. cleaning, swabbing, securing.						
CD5	Can perform patient observations and pain assessment including documentation of a child with a chest drain according to local guidance and checklists if available						
CD6	Can set up drainage system ready for connection to chest drain tubing						
CD7	Can connect and commence a Chest Drain on suction as prescribed						
Knowledge							
CD8	Understanding the rationale for chest drain insertion						
CD9	Understands the nursing responsibilities during the insertion of a chest drain						
CD11	Understands the patient observations required for a child with a chest drain						
CD12	Understands the principles of chest drain removal in a conscious patient and factors to consider						
Knowledge application							
CD13	Can act appropriately in the event of accidental chest drain dislodgement and call for help appropriately						
CD14	Can act appropriately in the event of a blocked drain						
CD15	Can troubleshoot any problems and escalate accordingly						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
H1	Obtains and documents clinical data about rate, rhythm, volume and regularity of pulses in infant/child/adult						
H2	Using a stethoscope can auscultate heart sounds and recognises deviation from the norm (does not need to diagnose defect but inform medical personnel).						
H3	Can assess and record central and peripheral capillary refill time and assess peripheral perfusion						
H4	Can attach 3 lead ECG monitoring ensuring correct set up and lead reading. Sets appropriate alarm limits and responds to abnormalities.						
H5	Can choose correctly sized cuff for Non invasive blood pressure and record findings						
H6	Can ensure an arterial line is set up correctly, labelled, visible and checks performed as per unit protocol with correct documentation						
H7	Zero arterial line at beginning of shift and make appropriate adjustments on repositioning. Ensure appropriate waveform and act accordingly with concerns						
H8	Can set up Central venous pressure monitoring in line with unit policy and monitor and record findings						
H9	Can assess and record body temperature in line with local equipment and policy recognising deviations from the norm						
H10	Demonstrate safe use of warming devices in line with local policy						
H11	Demonstrate safe use of cooling devices in line with local policy						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Knowledge							
H12	Can describe tachycardia/bradycardia for infant/child/adolescent.						
H13	Can discuss the relevance of pulse volume and identify reasons for clinical abnormality						
H14	Can discuss factors associated with reduced or absent peripheral perfusion and appropriate responses						
H15	Can identify normal sinus rhythm and recognise deviations from the norm						
H16	Can identify normal ranges for blood pressure in infant, child and adolescent and recognise deviations from norm.						
H17	Understands limitations of non-invasive blood pressure						
H18	Can discuss usual sites for arterial line placement, uses and risks associated with arterial lines and how to troubleshoot problems						
H19	Can describe usual sites for line placement for Central Venous Pressure monitoring, normal ranges and clinical relevance of CVP						
H20	Can discuss the rationale for performing common blood tests and the relevance of findings on the haemodynamic status						
H21	Can describe normal temperature range, reasons for high and low temperature and impact on haemodynamic status and appropriate interventions.						
H22	Can describe appropriate actions in response to abnormal temperature, appropriate use of antipyretics, warming and cooling and risks associated						
Knowledge application							
H23	Uses cardiovascular assessment to inform care by communicating findings with nursing and medical team.						
H24	Recognises changes in haemodynamic status and responds in a timely manner						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
HE1	Demonstrate correct technique for delivery of chest compression in for all ages						
HE2	Demonstrate how to perform checks and prepare defibrillator for use in infants/children and adolescents						
HE3	Demonstrates correct pulse palpation in infants/children/adults						
HE4	Demonstrate ability to prepare and administer fluid bolus during haemodynamic emergency.						
HE5	Can administer blood components in a clinical emergency and adheres to trust policies/guidelines.						
HE6	Recognises signs of internal/external haemorrhage, acts appropriately and ensures immediate help sought.						
HE7	Can prepare inotropes and vasopressor infusions in line with local paediatric policy						
Knowledge							
HE8	Can describe how to call cardiac arrest team (Paeds, location, door opening)						
HE9	Can describe how to fast bleep and appropriate situation in which to use fast bleep						
HE10	Described 4 most common arrhythmias (Asystole, PEA, VT and VF) and refers to appropriate treatment algorithms to describe actions required						
HE11	Describes commonly used medications in cardiovascular emergency, reasons for use and how to administer						
HE12	Can describe the uses and risks associated with inotropes and vasopressors and understands their professional limitations in regards to dose adjustment and changing infusions						
Knowledge application							
HE13	Recognises a haemodynamic emergency and acts appropriately using skills and knowledge described above in a timely manner						
HE14	Communicates appropriately with the team in a haemodynamic emergency, escalating concerns, relaying information and documenting appropriately						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
NA1	Demonstrate safe, developmentally appropriate assessment i.e. Glasgow Coma Scale, and amended GCS for infants and children at appropriate intervals.						
NA2	Performs accurate pupil assessment and documents findings.						
NA3	Can perform AVPU assessment where appropriate.						
NA4	Can assess for signs of raised intracranial pressure (RICP).						
Knowledge							
NA5	Understands appropriate uses and limitations of the GCS and AVPU and clinical relevance of finding.						
NA6	Understands the clinical relevance of pupil assessment and findings.						
NA7	Demonstrates an understanding of the pathophysiology of raised ICP, the causes, signs, symptoms and management						
NA8	Demonstrate knowledge of the functions of the main areas of the brain and can relate the patient assessment findings						
Knowledge application							
NA9	Recognises the patient with abnormal neurological findings, including subtle changes in neurological status and escalates appropriately.						
NA10	Can interpret neurological findings and communicate them effectively with the MDT.						
NA11	Communicates appropriately with parents and carers and works in partnership with them to aid the neurological assessment and responds appropriately to their concerns.						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
S1	Recognises a patient with seizure activity						
S2	Immediately takes adequate steps to maintain patient safety						
S3	Demonstrates safe management of seizures and follows available algorithms, treatment protocols and patient specific medical plans						
S4	Safely administers prescribed regular/emergency medications to control seizure disorders						
S5	Appropriately documents and communicates all seizure activity and intervention required						
Knowledge							
S6	Understands what a seizure is, how and why it can manifest						
S7	Understands the physiological impact of seizure activity including immediate and long term dangers						
S8	Has an understanding of seizure classifications						
S9	Has appropriate understanding of the mechanism of action of the most frequently administered medication for seizure disorders						
S10	Has an understanding of the importance of drug therapeutic levels and the risk of drug toxicity						
Knowledge application							
S11	Recognises the patient with possible seizure activity. Ensures safety is maintained and escalates/raises alarm appropriately						
S12	Provides timely treatment to the patient with seizure activity						
S13	Communicates appropriately with family members and the medical team						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
F1	Can accurately calculate daily and hourly fluid requirements and document clearly. Define requirements for infant/child/adult.						
F2	Can administer fluid replacement of losses as prescribed and clearly document						
F3	Can calculate the fluid balance of a patient and document clearly						
F4	Can perform an assessment of hydration status of an infant/child/adolescent						
Knowledge							
F5	Demonstrates Knowledge of Fluid Balance in the body and factors influencing fluid balance.						
F6	Can demonstrate knowledge of the impact of fluid loss on normal physiology of infant/child/adolescent						
F7	Demonstrates understanding of the impact of illness on fluid requirements and fluid balance in an infant/child/adolescent.						
F8	Can demonstrate knowledge of the signs and symptoms of dehydration and fluid overload						
Knowledge application							
F9	Can communicate findings of assessment of hydration status to medical team and senior nursing team in relation to patient condition and contribute to care planning for fluid management						
F10	Recognises deviations from the norm in relation to hydration status and escalates concerns in a timely manner						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
REN1	Can perform catheter hygiene care following trust policy						
REN2	Can take samples to assess renal function i.e. urinalysis and U&E’s						
REN3	Recognise and respond to urinary retention appropriately						
REN4	Can safely catheterise a female child in accordance with the urinary catheterisation guideline						
REN5	Can safely catheterise a male child in accordance with the urinary catheterisation guideline						
REN6	Can safely flush a catheter with a suspected blockage in accordance with the catheterisation guideline						
Knowledge							
REN7	Understands the function of kidney and renal system						
REN8	Understands the effects of dehydration on renal function						
REN9	Demonstrates knowledge of different types of common diuretics and their actions						
REN10	Has knowledge of the possible causes of retention in children						
REN11	Demonstrates knowledge of the structural differences of female and male anatomy						
REN12	Understands the indications and contraindications of catheterisation in children						
REN13	Understand the possible complications associated with catheterisation						
Knowledge application							
REN14	To recognise and troubleshoot issues with urine output and catheter management responding appropriately						
REN15	To alert senior colleagues and medical staff to any signs of Renal dysfunction						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
N1	Can pass an Naso/orogastric tube: accurately measuring length, pH test gastric aspirate to confirm placement, safely secure and describe steps taken when failing to confirm position with pH strips						
N2	Can pass a Nasojejunal tube with support from senior colleagues: accurately measuring length and describing the next steps to confirm placement						
N3	Can accurately measure weight/height/head circumference and document correctly: Can take recent nutritional history to inform care						
N4	Can safely measure gastric residual volume						
N5	Can safely prepare and administer Parental Nutrition						
N6	Can safely perform a capillary blood sugar test						
N7	Can offer safe feeding assistance for those that are unable to feed themselves						
N8	Work in partnership with parent/carers to ensures appropriate meals are ordered for patients with consideration of cultural, religious and personal beliefs and preferences as well as clinical need						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Knowledge							
N9	Can identify the indications/contraindications of different routes of nutrition (NGT/OGT/NJT/PEG/JEJ/PEG-J/PN).						
N10	Can demonstrate understanding of the importance of nutrition in the presence of illness						
N11	Describes how nutritional status effects morbidity.						
N12	Can understand the physiology behind feed intolerance and the signs/symptoms indicating this.						
N13	Can understand the appropriate monitoring for a patient receiving PN and associated risk factors.						
N14	Can understand the importance of blood sugar control, the pathophysiology of blood sugar control and the implications of hypo/hyperglycaemia. Particularly in neonates.						
N15	Demonstrates awareness of the different feeds available for patient administration, how to safely store and administer them and importance of following patient specific dietitian plans						
N16	Has an understanding of the many benefits of breastfeeding. Can offer guidance, encouragement and support to breastfeeding/expressing mothers and refer to breast-feeding specialist team if further support needed						
Knowledge application							
N17	Can follow dietician guidance/out of hour’s protocols to ensure nutrition is delivered as soon as clinically appropriate						
N18	Can complete a nutritional assessment within 4 hours of admission and respond appropriately to the result. Can communicate and document changes in nutritional status						
N19	Liaises with parent/carers, kitchen staff, dietitians and senior management to ensure that food orders are suitable and satisfactory for the patients requirements						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
G1	Can assess a patient for bowel sounds						
G2	Can assess a patient for signs/symptoms of reflux						
G3	Can safely perform a bowel wash out as per surgical instruction.						
G4	Can change a stoma bag/assess the health of a stoma. Colour/size/appearance(shiny/moist)/ granuloma/ulceration						
G5	Can refeed into a a stoma						
G6	Can administer bowel prep in line with local guidance						
G7	Can assess for signs of constipation and administer treatment as well as promoting preventative steps						
G8	Can test stool for faecal occult blood						
Knowledge							
G9	Can categorise stool according to the Bristol Stool Chart.						
G10	Can identify melena						
G11	Can identify the signs/symptoms of common childhood GI conditions; Hirschsprung's/pyloric stenosis/appendicitis/D&V.						
G12	Can demonstrate understanding for the indications for a surgical stoma and the different types of stoma						
G13	Can identify causes/conditions which may result in short gut and the implications of patients identified as short gut						
Knowledge application							
G14	Can recognise changes in GI status, recognise the significance and alert the clinical team						
G15	Can recognise sign of obstruction/perforation/ acute abdomen and escalate concerns appropriately						
G16	Can recognise changes in stoma output or appearance and escalate appropriately						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
PM1	Demonstrate an ability to engage with children and young people and their families to create a therapeutic relationship.						
PM2	Can recognise and respond to children and young people experiencing mental health problems						
PM3	Can monitor and record behaviors appropriately, identifying the need to escalate concerns and request support						
PM4	Demonstrates skills in communication that strengthen the partnership with parents/carers, colleagues and outside agencies in the best interests of the patient. Recognises limitations in challenging conversations and seeks help when required						
PM5	Demonstrates an understanding of the importance of self care and wellbeing and uses strategies to promote this in themselves and others						
Knowledge							
PM6	Understands the psychosocial elements of nursing care and considers this when developing patient care plans.						
PM7	Demonstrates an understanding of the psychosocial impact of hospital admission on CYP and families (including sleep, diet, peer relationships, mental health).						
PM8	Has an awareness of the specific needs of adolescent patients and their family members, and responds to psychosocial concerns prevalent in this age group (e.g. relationships, sexual health, drug and alcohol use, gang related violence)						
PM9	Demonstrates knowledge of relevant legal frameworks such as Children's act, Mental capacity act and deprivation of liberty safeguards						
PM10	Demonstrates an understand of diagnoses of developmental differences and neurodiversity and works with patient, families and colleagues to understand how these can inform care planning to ensure the patients best interests are always considered						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Knowledge application							
PM11	Identifies opportunities for health promotion when working with CYP and families						
PM12	Demonstrate an understanding of the impact of difference and diversity (including social, cultural, spiritual, religious and economic factors) upon self and others, and considers the influence of these factors in the development of care plans.						
PM13	Understands the roles of all members of the MDT (including play specialist/ youth worker, clinical psychologist, paediatric liaison staff, social worker) and relevant external agencies(e.g. CAMHS, social services) and how to make a referral						
PM14	An ability to identify own learning needs and / or areas for development within the sphere of psychosocial care. This includes the ability to recognise the limitations of own skills and when to seek support or guidance (e.g. discussing with senior clinicians, or making onward referrals to the psychosocial networks).						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
PA1	Is able to undertake a thorough pain assessment with the appropriate use of pain assessment tools for infants/children/adolescents						
PA2	Is able to undertake a thorough pain assessment with the appropriate use of pain scores for children who are sedated.						
PA3	Can demonstrate ability to identify the correct choice of analgesia taking into consideration non-pharmacological measures.						
Knowledge							
PA4	Demonstrates knowledge of what pain is and its multiple impacts (e.g. physiological, psychosocial).						
PA5	Identifies different physiological responses to pain for different age groups.						
PA6	Demonstrates knowledge of different pain scores and how to select the correct score that fits the patients age, development and level of consciousness						
Knowledge application							
PA7	Acts appropriately to treat a child in pain, knowing when to escalate to the appropriate professionals.						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
E1	Can accurately read and document details from an Epidural pump.						
E2	Is able to assess epidural catheter length at the skin and document						
E3	Demonstrates the ability to accurately assess motor and sensory block.						
Knowledge							
E4	Knows where to locate guidance on use of Epidurals						
E5	Demonstrates understanding of what an Epidural is and where it is situated						
E6	Demonstrates an understanding of the medication delivered in an Epidural and its purpose						
E7	Demonstrates understanding of the risks and side-effects of Epidurals						
E8	Can identify the signs of local anaesthetic toxicity and knows whom to contact						
E9	Can identify what observations are required in a one, two and four hourly time frame and which continuous monitoring is required						
Knowledge application							
E10	Identifies abnormalities, applies correct intervention and escalates to the appropriate professionals in a timely fashion.						
E11	Ensure the patient has correct adjunctive medication.						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
P 1	Demonstrates ability to operate the locally used PCA/NCA pumps within limits of a user (Not programmer) following local training on device. Document device type here:						
P 3	Demonstrates the ability to check programme, perform hourly reading and document accurately						
P 4	Is able to safely change the syringe according to local policy						
Knowledge							
P 5	Can demonstrate knowledge of how to access NCA/PCA prescriptions, guidelines and any related policies						
P 6	Is able to identify the indications and contra-indications to the use of a PCA/NCA						
P 8	Can identify the side effects of Opiates and name their antidote						
P 9	Demonstrates knowledge of which professional to escalate to in and out of office hours						
P 10	Understands why the following equipment is required (Trust variation may exist): <ul style="list-style-type: none">Saturation monitoringApnoea mattress (under 1 year)Oxygen and suctionAnti-siphon line						
Knowledge application							
P 11	Responds appropriately to any side-effects, escalating to the Nurse in charge/Pain CNS/Anaesthetist in a timely fashion						
P 12	Recognises when an increased analgesia requirement could indicate a deterioration in the child’s condition and informs the appropriate specialties						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
Sed1	Can safely prepare and administer IV sedation and NMBA infusions and boluses ensuring all are prescribed and documented						
Sed2	Can safely prepare and administer enteral sedation						
Sed3	Demonstrates where to find information on sedation and NMBA doses, infusion rates and boluses						
Sed4	Can demonstrate a sedation assessment and use of appropriate scoring tools and document appropriately						
Sed5	Can demonstrate assessment of level of Muscle relaxation and sedation on a patient receiving both						
Sed6	Can safely follow the local policy and guideline for converting IV to enteral sedation						
Sed7	Explores non-pharmacological methods to keep a critically ill child safe and calm						
Sed8	Can demonstrate an assessment for signs of sedation withdrawal						
Sed9	Can demonstrate an assessment for signs of delirium						
Knowledge							
Sed10	Understands the goals for the use of sedation and NMBA						
Sed11	Understands duration of action, side effects and contra indications of Sedation & NMBA's in frequent use						
Sed12	Understands the importance of establishing a day/night cycle and of using non-pharmacological methods to keep patients calm and safe						
Sed13	Can describe which patients are at risk of sedation withdrawal, work in partnership with the medical team to prevent this and assess at appropriate intervals						
Sed14	Can describe which patients are at risk of delirium and ensure appropriate steps are taken to identify and manage this						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Knowledge application							
Sed15	Can recognise when sedation is appropriate						
Sed16	Can recognise when NMBA use is appropriate						
Sed17	Is aware of sedation score targets and responds appropriately to over or under sedated patients						
Sed18	Monitors effectiveness of NMBA and acts appropriately						
Sed19	Can recognise side effects of sedation and NMBA and act appropriately						
Sed20	Can recognise additional support/cares needed for a patient receiving NMBA's						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
PR1	Ensures a patient receiving procedural sedation is appropriately prepared (including consent, fasting, IV access, medical review)						
PR2	Can complete the appropriate risk assessment/checklist						
PR3	Can safely administer enteral procedural sedation						
	Can safely administer IV procedural sedation						
PR4	Can safely monitor HR, BP, RR and O2 saturations during and post receiving procedural sedation						
PR5	Ensures correct emergency equipment is present						
Knowledge							
PR6	Understands when procedural sedation is required/appropriate						
PR7	Understands the risks and contraindications of procedural sedation						
Knowledge application							
PR8	Can recognise and respond appropriately to under and over sedation						
PR9	Can respond appropriately to an emergency situation						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
SI 1	Can demonstrate effective mouth care						
SI 2	Can demonstrate effective mouth care and oral suctioning in a ventilated patient						
SI 3	Can demonstrate effective eye care						
SI 4	Can demonstrate effective eye care in a sedated/unconscious patient						
SI 5	Can demonstrate a full patient wash using appropriate skin Care and hygiene regimes.						
SI 6	Can complete a skin integrity risk assessment using locally approved tools and implement preventative steps such as use of pressure relieving devices and frequent pressure area checks						
SI 7	Can perform basic wound dressing change using the appropriate Aseptic Non-touch technique (ANTT).						
SI 8	With support from Tissue viability service can manage a Vacuum Assisted Closure device						
SI 9	Can assist in insertion of short and long term IV lines						
SI 10	Can assist in insertion and independently remove wound drains						
Knowledge							
SI 11	Understands the physiology of skin and its role as an organ						
SI 12	Understands the impact of skin damage both physiologically and psychologically						
SI 13	Understands the Trust documentation for: Skin integrity, wound management, extravasations and manual handling						
SI 14	Understands the different stages of pressure sores						
SI 15	Understands the signs of extravasation and the immediate actions required						
SI 16	Understands the immediate action s for managing burns and the physiological effects of burns						
SI 17	Understands the physiology of wound healing						
SI 18	Can identify the different types of dressings and their uses						
SI 19	Demonstrates the ability to refer to the tissue viability team						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Knowledge application							
SI 20	Can evaluate a wound, identify signs of infection, take prompt action, refer appropriately and document clearly						
SI 21	Implements and evaluates a wound care plan escalating or referring if appropriate						
SI 22	Adheres to a wound management plan including choice of correct dressing, frequency, effective documentation and handover						
SI 23	Identifies the different types of pressure redistributing equipment and implements effectively. Knows how to order,use and troubleshoot problems						
SI 24	Responds promptly to signs of extravasation injury, takes appropriate action and escalates if required. Completes appropriate documentation						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
IC1	Demonstrates safe and effective Aseptic Non Touch Technique						
IC2	Demonstrates effective hand washing at appropriate intervals						
IC3	Makes correct choice for PPE and applies and removes correctly						
IC4	Demonstrates appropriate & safe techniques in obtaining specimens e.g. swabs, sputum, blood culture, urine specimen, stool specimen						
IC5	Demonstrates safe techniques assisting with Lumbar Puncture sampling						
Knowledge							
IC6	Understands the principles of effective infection control including 5 moments of hand hygiene and the importance						
IC7	Understands the importance of recognising the signs and symptoms of infection, escalating appropriately and taking action						
IC8	Understands Trust policy for key alert organisms e.g. MRSA, CRE, CDIIF, VRE, H1N1, Respiratory viruses, Bacteraemia etc.						
IC9	Understands the different types of isolation and adheres to trust guidance on isolation where possible						
IC10	Understands the principles of ANTT and effective line management and the significance to the patient						
Knowledge application							
IC11	Reports sign of infection promptly and appropriately with the correct documentation						
IC12	Implements effective infection control precautions for specific patient e.g. isolation, signage, specimens, PPE, Trust care plan if appropriate						
IC13	Adheres to all infection control procedures and promotes this with visitors to the department						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
MH1	Can complete a manual handling risk assessment and implement prevention and treatment interventions						
MH2	Can complete a bed rail risk assessment						
MH3	Can complete a Falls risk assessment						
MH4	Demonstrates safe patient movement utilising appropriate hoists and slings						
MH5	Demonstrates safe and appropriate use of slide sheets						
MH6	Can identify patients in need of TED stockings or Intermittent Pneumatic Compression Devices and demonstrate appropriate use						
MH7	Demonstrates passive limb exercises (assessed by physiotherapist)						
MH8	Demonstrates application of splints and Prafo’s as prescribed by a physiotherapist						
Knowledge							
MH9	Shows understanding of the importance of following trust manual handling procedures for both patients and staff						
MH10	Demonstrates an understanding of the available equipment for moving and handling and who to contact should further equipment be required						
MH11	Understands the physiological and psychological risks associated with immobility						
MH12	Understands the importance of identifying patients at risk of VTE and the action of preventative methods						
MH13	Understand significance of passive limb exercises and measures taken to prevent limb stiffness, contractions and foot drop. (Must be assessed by a physiotherapist)						
MH14	Follows local policy and works in partnership with physiotherapists to promote the use of early mobility in Critical illness						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Knowledge application							
MH15	Responds appropriately to any patient deemed as high risk for Manual handling, bed rail, falls, VTE. Escalates and documents concerns and ensures appropriate intervention is performed.						
MH16	Utilises the manual handling equipment appropriately ensuring risk assessments are completed						
MH17	Refers to appropriate MDT members appropriately e.g. physiotherapy, Occupational Therapy for splints and other patient needs						
MH18	Creates and evaluates care plans that take into considering the assessment of Manual handling, falls and VTE risk						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
C1	Can clearly and effectively communicate to colleagues in a respectful tone and manner						
C2	Can demonstrate the importance of active listening when communicating with patients, visitors and colleagues and asks questions appropriately to understand other people’s viewpoint						
C3	Completes admission documentation correctly according to units policy						
C4	Completes discharge documentation correctly according to units policy						
C5	Completes daily care plans, assessments and evaluations with accuracy, professionalism and clarity						
C6	Offers health advocacy services where appropriate and can follow local trust policy for obtaining this support						
Knowledge							
C7	Understands the importance of listening and communicating effectively within the healthcare environment the use of ‘closed loop communication’						
C8	Is aware of the SBAR tool to support clear communication and other tools associated with clinical escalation such as early warning systems						
C9	Is aware of different communication styles and the impact on others.						
C10	Promotes accessibility of information for all in the clinical environment						
C11	Understands and recognise cultural differences in communication styles.						
C12	Acknowledges diverse opinions and accepts differences						
C13	Understands the importance of clear documentation for the benefit of the patient, efficiency of the service and to maintain professional integrity that complies with NMC standards						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Knowledge application							
C14	Appropriately recognises, responds to and escalates a challenging or potentially aggressive situation to the correct personnel whilst maintaining the safety of themselves and those around them according to local policy						
C15	Uses documented care plans, instruction from specialties, evaluations, MDT meeting minutes and other documentation to inform care delivery						
C16	Follows NMC standards and local policy for clear and professional documentation						
C17	Uses communication skills to demonstrate good followership in an emergency/crisis situation showing: Effective and clear communication Closed loop communication Sharing the mental model						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Knowledge application							
SC1	Fully understands and completes all bedside safety checks at start of shift and document them						
SC2	Aware of all safety checks that must be completed on an hourly basis, understands rationale and performs them accurately with correct documentation. Eg- line sites, chest drains, EVD's,						
SC3	Responds appropriately to all alarms						
SC4	Ensures their patient is receiving adequate supervision if they need to leave the bed space, ensures alarms are active and that key information regarding patient is given.						
SC5	Understands the importance of communicating any changes in patient status to the nurse in charge and medical team						
SC6	Familiar with the layout of the crash trolley and performs crash trolley and defib checks correctly.						
SC7	Familiar with the whereabouts and purpose of other emergency equipment such as the anaphylaxis box, difficult airway trolley, spill kit						
SC8	With support from senior staff can admit a level 3 patient to the unit. Ensuring all necessary procedures are completed, information given to parents/carers and documentation completed						
SC9	With support from senior staff can discharge a patient. Ensuring all necessary procedures are completed, information given to receiving team and documentation complete.						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
VA1	Can perform observations appropriate to the mode of ventilation						
Knowledge							
VA2	Understands the physiology of normal breathing						
VA3	Understands the meaning of functional residual capacity						
VA4	Can explain positive pressure ventilation and how it differs from normal physiology						
VA5	Can discuss the various ways of delivering positive pressure						
VA6	Can explain what PEEP is.						
VA7	Can explain what PIP is.						
VA8	Can explain what Assisted spontaneous breath/pressure support is						
VA9	Understands the concept of CPAP as a mode of ventilation						
VA10	Understands the concept of Pressure Controlled ventilation						
VA11	Understands the concept of Volume Controlled ventilation						
VA12	Can explain what inspiratory time and I:E ratio mean.						
VA13	Demonstrates sound understanding of tidal volumes and minute volumes and how to calculate expected values						
VA14	Can set appropriate alarm limits on the ventilators most frequently used in your department						
VA15	Can identify a normal capnograph and alert the medical team to any changes.						
Knowledge application							
VA16	Can apply the above knowledge to the mode of delivery most relevant to the patient group in your area						
VA17	Understands common alarms, responds appropriately and escalates concerns						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
VB1	Can set up a ventilator for a neonatal patient (if relevant)						
	Can set up a ventilator for a paediatric patient						
	Can set up a ventilator for an adult patient						
	Can perform ventilator checks						
	Can set up a bed space for a ventilated patient						
VB2	Can prepare appropriate equipment and medication for intubation						
VB3	Can highlight when an ET may need re-taping						
	Can assist a Doctor or Senior nurse with taping an Oral ET tube						
	Can assist a Doctor or Senior nurse with taping a Nasal ET tube						
	Can document tube position						
VB4	Uses observation, auscultation and ETCO2 to assess the position of an ETT						
VB5	Can correctly check and document ETT cuff pressure						
VB6	Can select the correct size anaesthetic circuit, and set up with manometer						
VB7	Can safely use an anaesthetic circuit and bag at the correct Pressures with supervision						
VB8	Can select appropriate equipment for suctioning an ET tube and appropriate PPE						
VB9	Can set appropriate suction pressures and safely suction an ETT with supervision						
VB10	Can safely demonstrate inline suction						
VB11	Can safely demonstrate open-suction						
VB12	Can assess patency of an ET tube and respond appropriately to a partial or full obstruction						
VB13	Can recognise ET tube dislodgement and respond appropriately						
VB14	Can prepare equipment for extubation						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Knowledge							
VB15	Describes indications and risks of intubation						
VB16	Describes grades of intubation						
VB17	Understands the risks and associated with ventilation						
VB18	Understands interventions to minimise risks associated with positive pressure ventilation						
VB19	Demonstrates knowledge of intubation drugs						
VB20	Can explain correct positioning of an ETT on Chest x-ray						
VB21	Understands the importance of maintaining cuff pressure within safe parameters						
VB22	Describes indications for ETT suction and how to maintain patient safety during the procedure						
VB23	Understands the benefits of inline vs open suctioning						
VB24	Understands what Ventilator Acquired Pneumonia is, why VAP prevention is important and how to minimise risks						
VB25	Understands what is required in order for a patient to be deemed ready for extubation						
VB26	Understands alarms and can troubleshoot appropriately						
Knowledge application							
VB27	Can appropriately monitor and highlight any patient instability during intubation						
VB28	Can highlight when volumes/pressures are outside of desired ranges and escalate appropriately						
VB29	Has a basic understanding how ventilation is manipulated in relation to blood gases						
VB30	Can communicate with the clinical team regarding readiness for extubation assessment and be involved in decision making						
VB31	Maintains patient safety when bagging and suctioning with regards to seeking assistance and supervision appropriately						
VB32	Recognises situations where additional Senior Nursing and/or medical help is required						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
BG1	Demonstrates ability to take a capillary blood gas sample using appropriate techniques for patient preparation, patient comfort, choice of site and techniques for samples that are difficult to yield						
BG2	Demonstrates safe technique for sampling from an arterial line for blood gas analysis						
BG3	Can follow local guidance and patient specific guidance to ensure frequency of Blood gas analysis is appropriate for patient management						
Knowledge							
BG4	Is aware of normal values for arterial, capillary and venous samples and how the source can alter results						
BG5	Understands the indications for blood gas sampling and principles of blood gas analysis						
BG6	Able to identify and demonstrate basic understanding of the causes of Respiratory Acidosis						
BG7	Able to identify and demonstrate basic understanding of the causes of Respiratory Alkalosis						
BG8	Able to identify and demonstrate basic understanding of the causes of Metabolic Acidosis						
BG9	Able to identify and demonstrate basic understanding of the causes of Metabolic Alkalosis						
BG10	Able to identify and demonstrate basic understanding of the causes of Mixed Acidosis and Alkalosis						
Knowledge application							
BG11	Able to apply knowledge of blood gas interpretation to specific patients with various clinical conditions						
BG12	Able to make sound choices for intervals between blood gas sampling, consulting the nurse in charge and medical team where appropriate						
BG13	Able to apply knowledge of blood gas interpretation to patient treatment plans						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
B1	Positions a child or infant with bronchiolitis in a way that maximises comfort and eases respiratory effort						
B2	Demonstrates ability to advocate for minimalised patient handling when appropriate						
Knowledge							
B3	Can demonstrate knowledge of the pathophysiology of bronchiolitis						
B4	Has an understanding of the impact that bronchiolitis has on gas exchange						
B5	Can identify suitable methods for oxygen administration and understands the importance of humidification.						
B6	Is aware of the latest evidence for suctioning children and infants with bronchiolitis and can describe the safe approach to suctioning when it is indicated						
B7	Can identify reasons for referral to physiotherapy						
B8	Has an understanding of the importance of assessing hydration status and following appropriate fluid management						
B9	Has knowledge of the current NICE guidance for bronchiolitis and other relevant local or national guidance						
Knowledge application							
B10	Can rapidly recognise when respiratory deterioration occurs either with increasing respiratory distress, exhaustion (with decreasing effort or apnoea and act accordingly regarding escalation of treatment and communication with the MDT						
B11	Applies knowledge of NICE guidance and other relevant guidance appropriately						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
NHF1	Correct selection of nasal cannula and tubing.						
NHF2	Can correctly set up infant Nasal High Flow and troubleshoot						
NHF3	Can correctly set up Nasal High Flow for a child and adolescent and troubleshoot						
NHF4	Can correctly adjust settings as prescribed by medical team						
NHF5	Can perform appropriate observations and documentation of NHFC						
Knowledge							
NHF6	Understands the Indications and contra-indications for Nasal High Flow						
NHF7	Can describe the physiological benefit of Nasal High Flow						
NHF8	Has sound understanding of weaning and discontinuing treatment and has understands the importance of considering a minimum flow to meet patient inspiratory demand						
Knowledge application							
NHF9	Taken opportunities to apply all of the above when required in the clinical environment						
NHF10	Uses knowledge and skill to optimise the effective use of NHFC where appropriate						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
NIV1	Can check correct position of interface and check for leak						
NIV2	Demonstrates a 2 person technique for application of NIV for acute care and ensures that oxygen delivery and ventilator support are not delayed once mask is applied						
NIV3	Demonstrates ability to apply NIV interface to a stable patient with long term NIV requirements and adapts the process to suit individual patient needs e.g. Ramp vs No Ramp, Interface only vs interface with ventilation						
NIV4	Check parts of the mask are working correctly Asphyxia valve Exhalation port Air cushion able to expand for soft silicon masks (on patient)						
NIV5	Can demonstrate how to assemble a ventilator circuit (circuit + mask + connectors required)						
NIV6	Is aware of the frequency of ventilation circuit changes and where to document changes						
NIV7	Can demonstrate how to attach oxygen to a Non invasive circuit according to locally used equipment						
NIV8	Can attach humidifier device correctly to ventilator circuit						
NIV9	Can correctly set up nebuliser within ventilator circuit						
NIV10	Can demonstrate how to check the alarm limits of local devices						
NIV11	Can perform pressure area care at appropriate intervals						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Knowledge							
NIV12	Can identify the indications for Non- invasive ventilation						
NIV13	Can identify indications for the use of acute NIV Understands the contraindications and precautions for use						
NIV14	Understand patient safety when using NIV: -Risk of child vomiting/aspiration -Risk of abdominal distension						
NIV15	Can explain why and when humidification is required						
NIV16	Can describe meaning of alarms Aware of likely causes of alarms and how to respond Aware of action to take if unable to find cause of alarm Able to check alarms are working and how to silence alarms						
NIV17	Can identify and explain the purpose of the exhalation leak						
NIV18	Can identify and explain the purpose of an asphyxia valve						
NIV19	Can understand what is meant by a vented and non-vented mask and the appropriate uses of each						
NIV20	Can describe the preventative steps that may stop pressure sores and how to respond if areas of pressure become apparent						
Knowledge application							
NIV21	Can use knowledge, experience and local resources to support selection of the correct interface and seeks senior support when required						
NIV22	Demonstrates an ability to troubleshoot problems with NIV delivery and is aware of own limitations and when to seek support						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
T1	Can select appropriate bedside equipment and portable equipment for a child with a tracheostomy						
T2	Can select appropriate equipment and safely suction a tracheostomy and assess secretions						
T3	Can select appropriate form of humidification and assess effectiveness						
T4	Can safely administer a nebuliser via a tracheostomy (Non Ventilated)						
	Can safely administer a nebuliser via a tracheostomy (ventilated)						
T5	Can safely deflate and inflate a cuffed tracheostomy as clinically required						
T6	Can demonstrate correct technique and frequency of inner tube changes and cleaning.						
T7	Can demonstrate ability to aspirate subglottic suction port at appropriate intervals						
T8	Can prepare appropriate equipment for a tracheostomy tape change and perform tape change safely using a 2 person technique including stoma care and cleansing						
T9	Can prepare appropriate equipment for a tracheostomy tube change						
	Can safely change tracheostomy tube with senior support						
	Demonstrates effective communication during tracheostomy tube change						
T10	Recognises and responds appropriately to a blocked newly formed tracheostomy						
	Recognises and responds appropriately to a blocked established tracheostomy						
T11	Recognises and responds appropriately to a dislodged newly formed tracheostomy						
	Recognises and responds appropriately to a dislodged established tracheostomy						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Knowledge Reference to NTSP is recommended tracheostomy.org.uk/							
T12	Understands the rationale for insertion of a tracheostomy. Understands the importance of whether a patient has a patent upper airway and how this relates to their care.						
T13	Understands the potential barriers to communication associated with a Tracheostomy						
T14	Understands the role of speech and language therapy (SALT) and the need for swallow reflex assessment						
T15	Understands the importance of the emergency tracheostomy box and the use of all of its contents						
T16	Shows understanding of the different types of tracheostomy currently used and rationale for choice including single and double lumen.						
T17	Understands rationale for suction via a tracheostomy, the importance of choosing the correct size catheter and length to suction						
T18	Describes the aims and need for humidification when a tracheostomy is in situ and describes the types of humidification						
T19	Understands the indications for use of a tracheostomy with a sub-glottic suction port. Understands importance of aspirating subglottic suction port and follows plan of care for frequency						
T20	Understands the potential complications that can occur when caring for a child with a newly formed tracheostomy.						
T21	Understands why a cuffed tracheostomy might be used Understands importance of suctioning prior to deflation of cuff						
T22	Understands the rationale behind the use of tracheostomies with inner tubes and understands why regular inner tube changes are needed.						
T23	Understands the rationale for use of fenestrated tubes and implications for care including suctioning and ventilation and when to use a non-fenestrated inner tube.						
T24	Understand how often and why tapes need to be changed Understand the importance of securing tapes safely and the steps to take to ensure patient safety is maintained						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Knowledge							
T25	Understands the importance of cleaning the stoma and can discuss signs of infection/site breakdown. Also demonstrates knowledge of granulomas						
T26	Understands why it is necessary to change a tracheostomy. Understands the correct positioning. Understands the procedure to follow if the same size tracheostomy cannot be inserted						
T27	Understands the appropriate cleaning of tracheostomy						
T28	Understands the “RED FLAG” indicators for tracheostomy problems tracheostomy.org.uk/healthcare-staff/emergency-care-child/emergency-care-peadiatric-red-flags						
T29	Understands the emergency algorithm for tracheostomy patients Able to discuss the algorithm and demonstrate an understanding of each step. Understands the need to get help immediately tracheostomy.org.uk/healthcare-staff/emergency-care-child						
T30	Understands the reasons an emergency tracheostomy tube change might be required						
T31	Understands the additional considerations for emergency situations with a double lumen tracheostomy including changing inner tube as a first step, understanding connection of bagging circuit to inner tube, use of introducer/obturator for insertion						
Knowledge application							
T32	Appropriately monitors the child or infant with a tracheostomy and responds to changes in clinical status.						
T33	Escalates concerns in a timely fashion to the appropriate personnel						
T34	Liaises with members of the MDT regarding care planning and delivery and makes referrals where appropriate						
T35	Accurately displays Tracheostomy bed head signage, “NEW TRACHEOSTOMY” & “TRACHEOSTOMY” tracheostomy.org.uk/						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
LTV1	Can perform a learned circuit test when appropriate Be aware of frequency of ventilation circuit changes and where to document Can describe the bacterial filter, know where it should be placed and how often to change it						
LTV2	Demonstrates understanding of frequency of ventilation circuit changes (NIV & Trachy) and responds appropriately when change is required						
LTV3	Can identify the inlet filter and demonstrate how and when to change it						
LTV4	Demonstrate how to check remaining internal and external battery time on locally used ventilators Name devices:						
LTV5	Can connect humidification and use correct fluid as per local guideline. Tracheostomy –sterile water for humidification NIV- Sterile water for humidification or distilled or cooled boiled water if advised by LTV team (daily change)						
LTV6	Can set up a dry circuit, safely change from wet to dry circuit and follow dry circuit plan						
LTV7	Can prepare appropriate equipment for to leave the clinical environment						
LTV8	Can follow a documented weaning plan for a patient on LTV						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Knowledge							
LTV9	Can discuss common indications long term ventilatory support						
LTV10	Explains purpose of inlets and fans and aware of how to position ventilator safely						
LTV11	Can explain when to change ventilator filter and is aware of which are single use and which can be cleaned/dried and re-used						
LTV12	Can describe average internal battery running time						
LTV13	Can discuss the risks of commencing dry circuit time and the importance of establishing it gradually						
LTV14	Can explain how and when to clean a Non invasive mask and how to check parts are working						
LTV15	Aware of risks of being away from the unit for a LTV patient Ensures appropriately skilled staff accompany patient						
LTV16	Demonstrates assessment of an LTV patient on a weaning plan and describes what to look out for						
Knowledge application							
LTV17	Escalate any concerns or changes to the appropriate members of the team						
LTV18	Liaise with and refer to MDT members where appropriate						
LTV19	Works in partnership with the parents/carers to delivery all aspects of care safely						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical Skills							
EOL1	Demonstrates ability to follow Palliative care plans in partnership with Child/Adolescent, Parents/Carers and MDT						
EOL2	Demonstrates ability to follow End of life care plans in partnership with Child/Adolescent, Parents/Carers and MDT						
EOL3	Demonstrate ability to support families with End of life options with the support of the team around the child including Senior Nursing staff, Medical, Palliative care, Organ donation teams, Hospice representatives and Therapies						
EOL4	Actively supports and encourages memory making where appropriate with the support of the MDT						
EOL5	Can support senior colleagues with performing last offices						
EOL6	Is able to follow local policy on taking patient prints						
EOL7	With Senior support can prepare a body to be taken home						
EOL8	Can discuss when a body bag is required and how to access						
EOL9	In the event of patient death can ensure all relevant documentation is completed with support from senior colleagues and medical team						
EOL10	Can provide appropriate literature for parents on; organ donation, brain stem testing, sibling support, bereavement support booklet, together for shorter lives, dying matters and other relevant parties						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Knowledge							
EOL11	Demonstrates knowledge of the roles of visiting professionals in relation to Palliation and End of life care and when referrals may be appropriate						
EOL12	Demonstrates understanding of own role within the palliative care or End of life Care planning process and own limitations including appropriately seeking support						
EOL13	Understands and clearly explains the process of transferring a body to the mortuary and the impact of a coroners case						
EOL14	Understands the principles of ‘Best interest Standard’, Parent/carer autonomy, Patient autonomy, Limitation of treatment agreements, DNAR						
Knowledge application							
EOL15	Demonstrates effective and sensitive communication with the patient and family in relation to End of life care planning within own limitations and seeks support as required						
EOL16	With senior support is able to discuss how to support a family during and immediately following death. Is able to discuss resources available for post bereavement care.						
EOL17	Is able to prompt organ donation referral at the earliest opportunity and discuss with the MDT including contacting the SNOD for support						
EOL18	Is able to recognise when support is need for themselves, how to access it and use the resources available						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical skills							
NE1	Demonstrates correct set up of the incubator using the appropriate temperature and humidity settings appropriate for the patient’s age/gestation						
NE2	Demonstrates correct positioning of the neonate to promote optimum neuro and physical development and comfort						
NE3	Demonstrates the correct use of the NICE guidelines for the management of hyperbilirubinemia. Able to accurately document and plot trends and discuss the nursing care of the neonate during phototherapy.						
NE4	Can demonstrate the correct technique and process for new-born screening according to local policy.						
Knowledge							
NE5	Can discuss appropriate developmental care of the Neonate including; Minimal Handling, Noise and Light, Positioning, Nesting and clustering cares.						
NE6	Can discuss the importance of thermoregulation and the implications for care and management of the sick neonate.						
NE7	Can discuss the implications of Cold stress and Hypoglycaemia and the appropriate preventative nursing management.						
NE8	Can discuss the importance of skin care of the neonate and is aware of potential high-risk areas for skin breakdown and preventative strategies.						
NE9	Understands the appropriate Oxygen requirements for a neonate and associated risks.						
NE10	Understands cause and prevention strategies related to Intraventricular Haemorrhage (IVH) and Retinopathy of prematurity (ROP)						
NE11	Can discuss the most common surgical neonatal conditions and their nursing management.						
Knowledge Application							
NE12	Able to follow an appropriate feeding regime for the neonatal patient according to age and gestation						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical skills							
A1	Performs assessment of SpO2 , HR, RR and ability to speak/feed						
A2	Can Auscultate chest sounds with an understanding of Silent chest and wheeze and understands their significance including						
A3	Demonstrates correct application of spacer						
A4	Demonstrates Correct application of nebulisers						
Knowledge							
A5	Applies assessment findings to determine the severity of Asthma 'Attack'						
A6	Describes the uses and actions of the most frequently used medications for Acute Severe Asthma						
A7	Describes the common side-effects of the above						
A8	Understands importance of monitoring response to treatment						
A9	Describes where to find the most recent national and local guidance for the management of Childhood Asthma and the management of Acute Severe Asthma						
Knowledge Application							
A9	Using described skills and knowledge can recognise improvement or deterioration and communicate this effectively with the Nursing and medical team in order to make an appropriate plan of treatment						
	Uses Knowledge of Asthma and professional relationship with parents/Carers and children to promote healthy lifestyle changes that can improve Asthma Management						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical skills							
CP1	Demonstrate the nursing care of a patient with pacing wires. Maintain the safety and security of pacing wires.						
CP2	Demonstrates safe removal of pacing wires with assistance following local guidelines. Accurately documents nursing observations (observe for High HR raised CVP low BP) following pacing wire removal.						
CP3	Can state the patients underlying rhythm and can discuss the specific implications of the rhythm.						
Knowledge							
CP4	Can discuss that cardiac tamponade is a risk following pacing wire removal and can identify the clinical signs of cardiac tamponade.						
CP5	Can discuss common modes of pacing post op: DDD, VVI & AAI.						
CP6	Can Discuss common pacing problems: <ul style="list-style-type: none">• Over sensing• Failure to pace• Failure to capture						
CP7	Can identify clinical assessment specific to a patient being paced.						
CP8	Demonstrate the understanding of the basic nursing care of a child requiring pacing.						
Knowledge Application							
CP9	Can demonstrate the appropriate actions to take in the event of loss of pacing						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical skills							
CV1	Demonstrates a structured assessment of the child post cardiac surgery. Links findings to the patient’s condition and plan of care.						
CV2	Can identify low, moderate and high drain loss volumes in relation to patient weight.						
CV3	Can accurately manage a patient’s fluid balance post cardiac surgery.						
CV4	Can correctly perform pre and post ductal oxygen saturations						
Knowledge							
CV5	Can accurately draw the normal heart identifying the chambers, vessels and valves						
CV6	Accurately describes the normal blood flow through the heart						
CV7	Can identify and discuss the expected target oxygen saturations for individual patients/cardiac defects both pre and post-operative.						
CV8	Understand the indications and risks of O2 administration in relation to the patient with a duct dependent lesion.						
CV19	Can identify patients that require pre and post ductal oxygen saturations and interpret results						
CV10	Understands the risks of hypoxia as a cause of cardiac arrest						
CV11	Can explain the process for safe initiation of enteral feeding post-surgery according to local policy/protocol. Can discuss contraindications and risks.						
Knowledge Application							
CV12	Responds in a timely manner to changes in cardiovascular status and communicates concerns appropriately with the MDT						
CV13	Recognises and responds appropriately to changes in drain losses and communicates finding effectively						
CV14	Recognises an emergency situation in relation to post-operative care and responds appropriately						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical skills							
ECG1	Can effectively communicate to the parents and child the need for a 12 Lead ECG to be performed						
ECG2	Can demonstrate that privacy and dignity is maintained before, during and after the 12 Lead ECG						
ECG3	Shows understanding with regard to the equipment required to undertake a 12 Lead ECG						
ECG4	Can safely demonstrate that infection control procedures have been adhered to						
ECG5	Can safely demonstrate the correct identification of the patient and ensure that this is inputted into the machine accurately						
ECG6	Can demonstrate correct position of the patient						
ECG7	Can demonstrate the correct positioning for both chest and limb electrode placement						
ECG8	Demonstrates that a good quality recording can be attained and printed						
Knowledge							
ECG9	Understands the main indications for a 12 Lead ECG to be performed						
ECG10	Understands the significance of correct positioning of the patient and the effect that this may have on the ECG results						
Knowledge Application							
ECG11	Appropriately undertakes a 12 Lead ECG that produces a trace that can aid with diagnosis, intervention or treatment plans for a child						
ECG12	Completes the above in a timely manner, reports trace back to the individual that requested the intervention and documents in patient notes						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical skills							
NH1	Demonstrate competence in measuring & plotting head circumference on centile charts & escalating variances						
NH2	Demonstrate safe & effective pre & post-operative care, (including wound care) following:- 1. Shunt insertion/revision						
NH3	2. Extra-Ventricular Drain Insertion						
NH4	3. Endoscopic Third Ventriculostomy						
NH5	4. ICP monitoring						
NH7	Demonstrates safe & effective nursing care of a patient with high ICP						
NH9	Demonstrate safe assistance for intrathecal medication administration						
Knowledge							
NH10	Accurately describes what Hydrocephalus is						
NH11	Can describe the possible causes and treatment options for hydrocephalus						
NH12	Can explain what a ventricular shunt is and how it works						
NH13	Describe the risk & complications of shunt insertion						
NH16	Describe what an Endoscopic Third Ventriculostomy (ETV) is, and its use as a treatment option, risks and post op care						
NH17	Describe what an External Ventricular Drain (EVD) is and rationale for use as a treatment option, risks, post op care						
	Can describe what a raised ICP is, causes and strategies for reducing ICP						
Knowledge Application							
NH25	Uses above knowledge and skill to deliver safe care and recognise any changes in patient status, alerting the correct individuals						
NH26	Uses knowledge to support families in their understanding of Hydrocephalus where appropriate						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical skills							
NT1	Demonstrates safe care of the patient post resection of;						
	- Infratentorial Tumour						
NT2	- Supratentorial Tumour						
NT3	- Pituitary Tumour						
NT4	- Spinal Tumour						
Knowledge							
NT5	Describe the possible etiology of CNS Tumours.						
NT6	Can describe the principles of safe nursing and risk associated with resection of:						
	Infratentorial Tumour						
NT7	Supratentorial Tumour						
NT8	Pituitary Tumour						
NT9	Spinal Tumour						
Knowledge Application							
NT10	Liaises with the wider team to understands any specific risks associated with the surgery a child receives and cautiously observes for signs of deterioration						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical skills							
D1	Can demonstrate the treatment required to appropriately increase the patients’ blood glucose levels in the conscious patient						
D2	Can demonstrate the correct method required to treat hypoglycaemia in the unconscious patient						
D3	Can demonstrate management of hyperglycaemia with ketones present						
D4	Can demonstrate the correct monitoring required following hyperglycaemia						
Knowledge							
D5	Understands the basic pathophysiology of Diabetes.						
D6	Describes how to safely store insulin						
D7	Describes symptoms associated with hypoglycaemia						
D8	Describes causes of hypoglycaemia						
D9	Describes symptoms associated with hyperglycaemia						
D10	Describes causes of hyperglycaemia						
D11	Understands what ketones are and how they affect the body						
D12	Understands the importance of removing ketones from the body						
D13	Understands the importance of ketone testing when in Diabetic Keto-Acidosis						
D14	Able to explain the pathophysiology of DKA and the risks associated with DKA						
D15	Understands the importance of reducing blood glucose levels gradually and of careful fluid management in accordance with national and local guidance						
Knowledge Application							
D16	Works in partnership with the Medical team to ensure that management plans are sound and followed precisely for a child with DKA						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical skills							
AR1	Can assess the patients fluid balance for a 24 hour period, over period of days to determine fluid balance contribution of clinical status						
AR2	Can prepare and administer medications required to improve urine output and regulate blood pressure						
AR3	Can assess a patient for physical signs of pulmonary and peripheral oedema						
AR4	Can care for a child with a suprapubic catheter						
Knowledge							
AR5	Has knowledge of renal conditions and disease in children						
AR6	Understands the possible mechanisms leading to AKI and the category of injury						
AR7	Demonstrates knowledge of the drugs required to improve urine output						
AR8	Understands the mechanisms of pulmonary and peripheral oedema relating to renal function						
AR9	Is able to relate biomedical findings directly to renal function						
AR10	Has knowledge and understanding of conditions where specialist instruction may need to be followed						
AR12	Can describe the safe care of a child pre-renal transplantation						
AR13	Can describe the safe care of a child post renal transplantation						
Knowledge Application							
AR14	Recognises any deterioration in relation to Renal dysfunction and communicates findings in a timely manner						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical skills							
L1	Can identify signs of liver disease in stool, urine and skin						
L2	With support can interpret liver function blood results						
L3	Can undertake an accurate measurement of abdominal girth and understands significance in liver patients						
L4	Demonstrates the ability to assess neurological status, monitors encephalopathy and takes appropriate action						
L5	Can assess, wound and drain site status post-transplant and appropriately document and communicate findings						
L6	Can care for a post-transplant patient						
Knowledge							
L7	Can demonstrate an understanding of anatomy and physiology of the Liver						
L8	Can demonstrate an understanding of the functions of the liver and relates the signs and symptoms observed back to these						
L9	Understands the main classifications of Liver disease						
L10	Can explain how metabolic liver disease differs from other diseases of the liver.						
L11	Demonstrates an understanding of what autoimmune liver disease is and treatment						
L12	Can identify which malignancies affect the liver.						
L13	Shows understanding of the management of a child and adolescent with ALF including neuro-protective measures						
L14	Demonstrate understanding of assessment and work up of children and their families requiring liver transplantation and the role of donor and recipient transplant co coordinators						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Knowledge							
L15	Demonstrate understanding of types of liver transplant: hepatocyte, single lobe, LLS, right lobe, whole graft, auxiliary						
L16	Demonstrates knowledge of what to assess when a patient has altered coagulopathy and the risks this poses to a patient.						
L17	Understands the physiology behind Jaundice						
L18	Understands the cause of ascites in liver disease and the impact on the Patient including the significance of Albumin						
L19	Understands the pathophysiology and the clinical significance of the child with portal hypertension						
L20	Understands the pathophysiology and significance of hepatic encephalopathy						
L21	Understands the significance of nutritional assessment, monitoring and documentation						
L22	Demonstrates understanding of the impact that Liver disease can have on fluid status						
L23	Understands the effects of immunosuppression medication and the importance of it.						
L24	Understands the use of Octreotide for liver patients and safely administers						
Knowledge Application							
L25	Can relate LFT's and other significant blood results such as clotting and Albumin to the clinical status of the patient						
L26	Can recognise urgent patient changes that require immediate action in a patient with Acute Liver Failure including encephalopathy, bleeding, hypovolaemia						
L27	Can apply all knowledge and skill to safely care for a post-transplant patient in the critical care environment, following guidelines, escalating concerns and liaising with MDT						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
Clinical skills							
O1	Performs neurovascular observations correctly at appropriate intervals						
O2	Regularly assesses pain and gives appropriate pain relief						
O3	Applies moving and handling assessment skills to the orthopaedic patient and ensures patients have correct mobilisation aids						
O7	Demonstrates competence with regards to pin site care						
O8	Is able to measure and fit traction appropriate for the patient and performs regularly checks						
O9	Safely and correctly applies sling						
O10	Can assess fit of cast and refers to appropriate team when there are concerns						
Knowledge							
O13	Demonstrates knowledge of human anatomy, including the musculoskeletal, nervous and cardiovascular systems and how these may be affected by injury						
O14	Demonstrates knowledge of bone growth and healing						
O15	Has an understanding of commonly seen orthopaedic conditions and injuries						
O17	Shows understanding of the different types of fractures						
O18	Can identify the components of neurovascular observation						
O19	Demonstrates understanding of pathophysiology of compartment syndrome and the required treatment						
O23	Understands reasons for skin graft, how the procedure works and the difference between graft and donor site						
Knowledge Application							
O24	Identifies improvement and deterioration in patients condition including signs of infection. Appropriately adjusts frequency of observations and communicates findings with MDT						

Code	Competency	Formative			Summative		
		Self-report	Assessor level	Sign & Date	Self-report	Assessor level	Sign & Date
High Frequency Oscillatory Ventilation							
Adv1	Can perform appropriate safety checks and observations on a patient receiving High Frequency Oscillatory Ventilation (HFOV)						
Adv2	With senior support can provide appropriate nursing care to a child on HFOV and is aware of specific nursing considerations						
Adv3	Can demonstrate a basic understanding of the principles of HFOV						
Adv4	Can demonstrate a basic understanding of the indication and Contra-indications of HFOV						
Adv5	Demonstrates awareness of own limitations of practice with HFOV and ability to call for assistance appropriately						
Nitric Oxide							
Adv6	Can perform appropriate safety checks and observations on a patient receiving Nitric Oxide						
Adv7	Can describe the appropriate and safe steps for switching to hand ventilation circuit and back to ventilation circuit in line with local guidance						
Adv8	Can demonstrate a basic understanding of the principles of Nitric Oxide use						
Adv9	Can demonstrate a basic understanding of the indication and Contra-indications of Nitric Oxide use						
Adv10	Demonstrates awareness of own limitations of practice with Nitric Oxide use and ability to call for assistance appropriately						
Continuous Renal Replacement Therapy (CRRT)							
Adv11	Can perform appropriate hourly checks, observations and documentation for a patient receiving CRRT						
Adv12	Has a basic understanding of the common alarms and the appropriate actions and ability to call for senior help appropriately						
Adv13	Can demonstrate a basic understanding of the indication and Contra-indications of CRRT						
Adv14	Demonstrates awareness of own limitations of practice with CRRT use and ability to call for assistance appropriately						

For learner and assessors to provide additional evidence of competence or areas for development

[illegible]

For learner and assessors to provide additional evidence of competence or areas for development

[illegible]

For learner and assessors to provide additional evidence of competence or areas for development

[illegible]

For learner and assessors to provide additional evidence of competence or areas for development

[illegible]

For learner and assessors to provide additional evidence of competence or areas for development

[illegible]

For learner and assessors to provide additional evidence of competence or areas for development

[illegible]

For learner and assessors to provide additional evidence of competence or areas for development

[illegible]

For learner and assessors to provide additional evidence of competence or areas for development

[illegible]

For learner and assessors to provide additional evidence of competence or areas for development

[illegible]

For learner and assessors to provide additional evidence of competence or areas for development

[illegible]

