Self Assessment Competency Tool

Registered Nurse – Emergency Department

Professional Practice
FRASER HEALTH

Purpose

The purpose of this tool is to assist with self assessment of your current practice in relation to the competencies set out for the Registered Nurse in the Emergency Department. It may also be used to identify your learning needs. You may then use the tool to develop professional development goals based on your learning needs and in consultation with your mentor and/or Clinical Nurse Educator.

Instructions

Seek Feedback	Look for opportunities where your mentors, peers and Clinical Nurse Educators have observed your practice and can comment on your competencies. Use this feedback along with self-reflection to inform your self-assessment.
Rate your competency	Consider the three foundational competencies: **Assessment and Clinical Reasoning**, **Communication and Documentation, Professional, Legal and Ethical**. Determine your level of practice in demonstrating these foundational competencies by assigning a score (1-4) beside each indicator. Add comments, examples or reminders in the "comments". Use the system-specific competencies and indicators to determine your level of practice in one or more of these systems as needed.
Identify Learning Needs	Review the completed tool to identify areas of practice in which you have a learning need.
Set Learning Goals	Collaborate with mentors/CNE to development SMART learning goals including a date to reassess.

Definitions

A competency is a broad statement about the knowledge, skills, abilities and judgements required to perform safely and ethically in an individual's nursing practice, designated role or setting (BCCNM, n.d)

An **indicator** is a specific observable behavior that illustrates how a competency is being met (CRNBC, 2015 and Mills et al., 2020)

Developmental Competency statements are levelled as follows:

LEVEL 1	Transition Registered Nurse Competencies	Listed on a WHITE background
LEVEL 2	Emergency Qualified RN (EQ) includes level 1 competencies and excludes Triage and Trauma/Resuscitation	Listed on a LIGHT GREY background
LEVEL 3	Experienced Emergency Qualified RN (EEQ) includes levels 1, 2 competencies, Triage and Trauma/Resuscitation	Listed on a DARK GREY background

Key[2, 3]:

1	**Beginning/Require Significant support**	I have only textbook or limited knowledge of this skill or practice, or I have not had an opportunity to experience. I need instruction and guidance to complete it.
2	**Developing/Require Minimal support**	I have a working knowledge of most aspects of this skill or practice. I can complete most of it using my own judgement, but still need guidance with unexpected situations.
3	**Accomplishing/Perform Independently**	I have a good working knowledge of this skill or practice. I can complete it consistently using my own judgement.
4	**Exemplary/Act as a Mentor or Resource to others**	I have a deep understanding of this skill or practice. I can predict and adapt my practice across multiple complex situations. I am considered a role model for others.

COMPETENCY STATEMENTS AND INDICATORS	Date: 11/SEP/23		Date:	
	Key	Comments	Key	Comments
Assessment and Clinical Reasoning				
1.0 Competency: Use critical inquiry and systematic processes to support professional judgment and reasoned decision-making.				
1.1 Complete the Secondary assessment which includes: • Thorough patient history (eg. SAMPLE, CIAMPEDS) • Focused assessment based on the presenting complaint • A comprehensive head to toe assessment (including observation, auscultation, and palpation of the Neurological, Respiratory, Cardiac, GI, GU, OB/Gyn systems)	4	Able to complete secondary assessments based on complaints and head to toe on new and admitted pts		
1.2 Implements interventions to manage actual and potential alterations noted from the secondary assessment and escalates care as needed.	4	Giving pain medication and reassessing the patient accordingly		
1.3 Complete all ED assessments/ re-assessment and VS as per the ED care standards.	4	Vitals all patients every 4 hours or more frequent as required by pt condition		
1.4 Uses the principles of trauma-informed practice and cultural safety/humility to perform all care	3	connects patients to social work or indigenous liasons when needed		
1.5 Evaluate patient responses to nursing care and interventions by comparing actual outcomes to anticipated outcomes	4	I am aware to reassess patient's responses to pain medications and titrate dosing appropriately		
1.6 Establish priorities of care based on acuity and immediate needs of patients, including re-prioritizing based on any clinically significant changes	3	I am able to prioritize patients under my care based on clinical status and reprioritize as needed		
1.7 Interpret lab values in view of patient's clinical status and escalate care as needed (e.g. ABG results, circulatory lab values)	4	I am able to identify and understand the significance of most lab values and escalates critical values or changes as required		
1.8 Order appropriate investigations as per Emergency RN Initiated Orders - FH protocol	3	I am proactive by ordering labs and tests in anticipation of a patient's nee		
1.9 Complete the Emergency assessment framework and implement emergency nursing interventions to manage actual and potential alterations in an organized, timely, and proactive manner.	3	I use the framework to guide my interactions with each new patient, and implement interventions throughout the framework as required		
1.10 Differentiate a variety of health concerns based on the presenting complaint and primary survey	3	I can identify ABC concerns based on primary surveys and react accordingly		
1.11 Uses PAT in addition to the emergency assessment framework to assess and implement emergency nursing interventions to manage actual and	2	I have worked with multiple cases of pediatric anaphylaixs, but I would like to have more exposure and practice to be more comfortable with the PAT		

COMPETENCY STATEMENTS AND INDICATORS	Date: 11/SEP/23		Date:	
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potential alterations in an organized, timely, and proactive manner for the pediatric patient using PEWS guidelines and escalate care as needed.	2	I am comfortable using PEWS guidelines only when others are available for consultation	3	
2.0 Competency: Directs patient to the appropriate treatment space based on the triage assessment and factors.				
2.1 Interprets triage assessment findings (chief complaint, history, vital signs and other relevant patient data) and determines acuity of patients using current CAEP/CTAS guidelines			4	
2.2 Documents assessment on the electronic triage form in EDM as per FH EDM guidelines in a clear, concise, and timely manner				
2.3 Initiates risk screening to initiate access to appropriate resources/treatment and isolation/decontamination precautions based on triage assessment				
2.4 Directs the patient to the appropriate care space based on the triage assessment/factors and acuity				
2.5 Initiate relevant Emergency RN Initiated Orders (Labs/Diagnostics) as per FH protocol				
2.6 Maintain competency in First Aid Q three years (if designated Frist Aid attendant)				
2.7 Initiate pertinent First Aid treatments as required to ensure patient safety and comfort				
2.8 Utilize site Triage Surge plan as necessary to ensure all patients are assessed in a timely manner				
Communication and Documentation				
3.0 Competency: Communicate effectively with patients and other caregivers facilitating referral, consultation, collaboration, escalation and transfer of care as appropriate				
3.1 Provide accurate and concise patient information at transitions of care based on the ED care standards.	3	I provide concise and accurate reports at shift change, and provide organized reports to ICU/HAU and cath lab		
3.2 Report plan of care to PCC and/or physician	4	I report plan of care to PCC for all patients each shift as as needed		

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3.3 Identify and report to PCC and/or physician complications or clinically significant changes in patient condition including: abnormal lab results; diagnostic results; vital sign changes; and consult reports	3	I identify complications or detrioration and bring cases to PCC attention without prompt		
3.4 Identify own need for additional support &/or factors hindering ability to provide safe patient care including: Workload, patient acuity, equipment, and team issues, and report to PCC	3	I am self-aware during each shift for my workload and acuity. I recognize my own knowledge gaps and actively try to fill them		
3.5 Engage patients, their parent or guardian, and/or their significant others as active partners in their care by utilizing effective, timely, and appropriate communication strategies	3	I engage patient's caregivers and families frequently to better understanding a pt's baseline		
3.6 Develop a safe and trusting relationship with the patient prior to asking any questions, and approach with genuine curiosity, providing context to questions	3	I explain to patients the reasoning and context behind sensitive questions		
4.0 Competency: Document all elements required for legal, safe and appropriate nursing care in a timely and professional manner				
4.1 Document all assessments, interventions and patient responses in a clear, concise, and timely manner using Emergency records (e.g. focused assessment record, BPMH on Med Red form, fluid balance sheets, and other nursing flow worksheets)	4	I am confident in accurate documentation on focused ENARs 12-hour sheets, and in/out balance sheets. I sometimes give advice on how to fill out forms to new staff		
4.2 Document assessments, interventions and patient responses using the Emergency Nursing Assessment Sheet (Adult and Pediatric) in a clear, concise, and timely manner.	4	Filled out ENAR every time I check in a new patient, filled ENAR concisely and accurately while charting for myself or colleagues		
4.3 Document using the BC Trauma Resuscitation Record as applicable				
Professional, Legal and Ethical				
5.0 Competency: Act according to professional, organizational, legal and ethical standards				
5.1 Adheres to the BCCNP Standards of practice	3	I adhere to BCCNP standards of practice to my best abnilities		
5.2 Uses PDTM (Adults, Pediatrics, and Neonates) and/or BCCH drug formulary for medication preparation	4	I use PDTM for common and uncommon medications to confirm dosage, dilution, and route etc		
5.3 Maintains confidentiality	3	I take great care in maintaining confidentiality apart from teaching purposes		

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5.4 Obtain informed consent	3	I explain procedures at an appropriate reading level to patients prior to asking for consent		
5.5 Comply with advanced directives	3	I understand the implications of advanced directives		
5.6 Follow law enforcement procedures and communication	3	I have worked with several patients from pre-trial or came in with police		
5.7 Complies with mandatory reporting (Ex. violence and maltreatment, gunshot wounds, notifiable diseases)	2	I am aware we have a duty to report suspected abuse, but I have not been given the opportunity to other situations listed		
5.8 Follows organ/tissue donation protocols	3	I have followed organ donation protocols and have had discussions with families reqgarding organ donation		
5.9 Self-identifies any ethical and moral biases	3	I remain self-aware of my own ethics and morals to avoid biase		
Airway and Breathing –All ages				
6.0 Competency: Implement therapeutic nursing interventions that contribute to the care and needs of the patient with airway and respiratory emergencies.				
6.1 Assess airway patency and apply nursing care and interventions for an obstructed airway, escalating care as needed	3	I observe then assess airway patency on all patients, I have inserted Oral airways		
6.2 Differentiate between effective versus ineffective ventilations and initiate nursing interventions, and escalates care as needed.	3	I am able to identify signs of respiratory distress and escalate as needed		
6.3 Implement emergency nursing interventions for airway emergencies and escalates care as needed (e.g. Stridor, croup, anaphylaxis, angioedema, foreign bodies, or functional obstructions)	3	I have managed several cases of anaphylaxis but have not had enough exposure to foreign bodies		
6.4 Implement emergency nursing interventions for respiratory emergencies and escalates care as needed (e.g. Asthma, COPD, pulmonary edema, pulmonary embolus, or tension pneumothorax)	3	I am able to apply oxygen and give inhalers as required, and reposition patients to upright		
6.5 Implement emergency nursing interventions Asthma protocol and PRAM Tool for pediatric patients	1	I have not been given exposure to such cases due to training limitations		
6.6 Maintain and monitor patients with an advanced airway				
6.7 Implement and provide emergency nursing interventions for Rapid Sequence Intubation including post care maintenance and monitoring of patients				

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requiring mechanical ventilation (e.g. appropriate sedation and medications are applied, Troubleshoot ventilator alarms, MonitorEtCO2 and Provides suctioning - oral, ETT & trach when needed, MDI through vent)				
6.8 Assist physician with emergency surgical airway				
6.9 Assist physician with needle thoracotomy				
Circulation –All ages				
7.0 Competency: Implement therapeutic emergency nursing interventions that contribute to the care and needs of the patient with circulatory emergencies.				
7.1 Complete a cardiac assessment and interprets oxygen supply and demand in relation to cardiac output	3	Observe colour, palpate pulses, ausculate heart sounds, etc		
7.2 Implement nursing interventions for the deteriorating patient presenting with circulatory emergencies and escalates care as needed	3	Controlling bleed, provide fluid resuscitation while escalating care		
7.3 Screen for early sepsis and implement interventions according to PPO	4	I recognize when my patients reach SIRS criteria and im famiiliar with lab values in screening for sepsis		
7.4 Maintain and monitor all types of fluid replacement and balancing as ordered (Ex. Crystalloid, colloids, blood and blood products and central line as per FH CDST	3	I am able to monitor all types of fluids and i understand their uses and implications		
7.5 Implement nursing interventions for patients requiring a syringe pump	3	I am comfortable using a syringe pump having had experience giving meds to peds patients in acute beds		
7.6 Provide care and interventions and monitoring for blood administration as per FH policy	4	I check blood products (single/ double) and monitor patients as per protocol		
7.7 Implement emergency nursing care and interventions to patients presenting in shock states such as:	3	I am able to recognize and provide interventions as discussed below		
• Hypovolemia- Eg. Haemorrhage, burns	3	Controlling bleed, provide fluid resuscitation, insert IVs		
• Cardiogenic - Eg. MI, blunt cardiac injury	3	Provide supp. O2, provide pain control to decrease O2 demand		
• Obstructive Eg. Tamponade, tension hemo/pneumothorax	2	I have had minimal exposure to such cases		
• Distributive Eg. Septic, neurogenic, anaphylactic	3	Provide antibioitics or epi in conjunction to fluid resuscitation		

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7.8 Identify dysrhythmias and lethal rhythms including (e.g. Atria/SVT rhythms, ventricular rhythms –V tach, V fib, bradycardia and heart blocks 1st, 2nd, 3rd degree, PEA/asystole)	3	I have a good understanding of dysrythmias and can identify pertinent rhythm changes and escalate care		
7.9 Recognize and implement emergency nursing interventions for dysrhythmias according to ACLS protocol and escalates care as needed (e.g. defibrillation, cardioversion, transcutaneous pacing)	3	I can identify situations that require crash cart at bedside (high/low HR, deteriorating pt, cardioversion		
7.10 Recognize and implement emergency nursing interventions for dysrhythmias according to PALS protocol and escalates care as needed	1	I have not been given the chance to work in such situations due to scope constraints		
7.11 Implement emergency nursing interventions for patients requiring intraosseous infusion	1	I have not been exposed to situations where an IO has been used		
7.12 Implement emergency nursing interventions for ROSC management based off of ACLS and PALS protocols	3	I can provide nursing interventions after ROSC for ACLS protocols but n PALS as I have not a lot of experienc with peds		
7.13 Implement emergency nursing interventions for patients requiring Massive transfusion (e.g. Massive transfusion protocol, Rapid infuser, etc				
7.14 Implement emergency nursing interventions for patients receiving Vasopressors and Inotropes treatments as ordered by physician.				
7.15 Implement emergency nursing interventions for patients requiring arterial catheter monitoring including: calibration and blood samples using VAMP and a needless system				
7.16 Implement emergency nursing interventions to hyper/hypothermic patients				
7.17 Implement emergency nursing interventions for patient/s requiring esophageal tamponade (i.e. Minnesota/Blakemore)				
Neurology				
8.0 Competency: Implement therapeutic emergency nursing interventions that contribute to the care and needs of the patient with neurological emergencies.				
8.1 Assess level of consciousness (LOC) using AVPU/Glasgow Coma Scale	4	I assess LOC using APVU upon first interaction with all patients then GCS for further assessment		
8.2 Differentiate causes of altered LOC (AEIOUTIPS)	4	I am able to test and rule out the different causes of altered LOC		

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8.3 Implement nursing interventions for patients experiencing neurological emergencies (eg. seizures, minor head injuries, TIA, CVA, AVM)	4	I keep IV ativan available for seizure pts, I have done NVS for TPA/EVT pts during the 1st 24hrs		
8.4 Implement emergency nursing interventions to patients experiencing neurological emergency (e.g. Increased intracranial pressure, use of osmotic diuretics and severe head injuries)	3	I effectively manage increased ICP through meds and positioning, but have not had to use osmotic diuretics		
Endocrinology – All ages				
9.0 Competency: Implement therapeutic emergency nursing interventions that contribute to the care and needs of the patient with endocrinological emergencies				
9.1 Differentiate causes of changes in patients condition by considering changes in serum glucose alterations	4	I remember to consider serum glucose changes as a possible factor in all cases of altered LOC		
9.2 Distinguish emergencies in thyroid, adrenal gland, blood dyscrasias, oncological, immunocompromised patients and infectious diseases, and apply appropriate isolation precautions and nursing interventions as needed	3	I have worked with DKA, Addison's crisis, and febrile neutropenia pts on a regular basis		
9.3 Implement emergency nursing interventions for pediatric patients experiencing DKA using PPO	1	I have not been given opportunities to work with pediatric DKA patients due to training limitations		
Gastrointestinal – All ages				
10.0 Competency: Implement therapeutic emergency nursing interventions that contribute to the care and needs of the patient with gastrointestinal emergencies.				
10.1 Complete abdominal assessment including observation, auscultation, palpation, and assessing for pain	4	I complete abdominal assessments on my patients as part of the focused assessment		
10.2 Implement nursing interventions to patients presenting with GI concerns and escalate care as needed.	3	I can identify signs of upper/lower GI bleed (coffee ground emesis, melena stool, fresh bloody stools)		
10.3 Implement emergency nursing interventions for patients experiencing abdominal emergencies (e.g. Obstructed bowel, GI bleed, pancreatitis, necrotic bowel)	4	I am able to intervene with ordered fluids, blood, panto infusions for upper GI bleeds		
Genitourinary – All ages				
11.0 Competency: Implement therapeutic emergency nursing interventions that contribute to the care and needs of the patient with genitourinary emergencies (Male and Female).				

COMPETENCY STATEMENTS AND INDICATORS	Date: 11/SEP/23		Date:	
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11.1 Assess and obtains the subjective and objective data related to the genitourinary system	4	I ask patients regarding their voiding concerns and habits and bladder scan to assess for retention		
11.2 Implement nursing interventions for patients presenting with genitourinary concerns (e.g. insertion of foley catheter for retention)	4	I am familiar with inserting male and female foley catheters via sterile technique		
11.3 Implement nursing interventions for patients receiving CAPD (where applicable)	4	I am familiar in providing scheduled CAPD as an aseptic procedure		
11.4 Implement nursing interventions for patients experiencing genitourinary emergencies (e.g. Renal Colic, Pyelonephritis, Urinary Retention, Acute or Chronic renal failure, UTIs)	4	I perform in/out catheters for urinary retention and provide pain medication for renal colics in zone 2		
11.5 Implement nursing interventions for patients experiencing male genitourinary emergencies (e.g. Testicular torsion, Foreign bodies, Priapism)	2	I have provided pain medication and antiinflammatories for these patients but not frequently		
11.6 Implement nursing interventions for patients experiencing female genitourinary emergencies (e.g. Bartholin cyst, pelvic inflammatory disease, ovarian torsion)	3	I frequently provide pain medications and monitoring for these patients		
11.7 Assist physician to conduct genitourinary/pelvic exam	4	I frequently assist and chaperone in zone 2 with pelvic exams		
Obstetrical Emergencies				
12.0 Competency: Implement therapeutic emergency nursing interventions that contribute to the care and needs of the patient with obstetrical emergencies.				
12.1 Assess and obtains the subjective and objective data related to gynecological system/obstetrics	4	I obtain objective GPA data for obtetric patients		
12.2 Implement nursing interventions for patient experiencing obstetrical emergencies (e.g. Abruption placenta, placenta previa, ruptured uterus, ectopic pregnancy, imminent delivery)	2	I have not had exposure to such cases apart from stable ectopic pregnancies but am familiar with the concepts on paper		
Musculoskeletal/Integumentary – All ages				
13.0 Competency: Implement therapeutic emergency nursing interventions that contribute to the care and needs of the patient with musculoskeletal and integumentary emergencies.				
13.1 Assess and obtains the subjective and objective data related to musculockeletal/integumentary system	4	I palpate and monitor pulses in affected areas, and ask for subjective indicators such as numbness		

13.2 Conduct skin assessment using Braden Scale assessment for immobile patients and implement best practice interventions to prevent pressure ulcers/skin breakdown	3	I print and complete Braden Scales for patients who are not moving at their baseline to determine risk		
13.3 Implement nursing interventions for patients experiencing musculoskeletal injuries (e.g. x-rays, splinting)	3	I am able to order nurse initiated Xrays but have not been giving the opportunity to learn splinting		
13.4 Implement nursing interventions for patients with non surgical wounds	4	Applies appropriate dressings and wound care frequently in zone 2		
13.5 Implement nursing interventions for patients with surgical wounds	4	Cleans and dresses surgical wounds for pts in zone 1		
13.6 Implement emergency nursing interventions for patients experiencing musculoskeletal and integumentary emergencies (e.g. Fractures, Dislocations, De-gloving, Rashes, Amputations)	2	I have not had many opportunities to work with fresh fracture/amputation cases other than hip fractures		
13.7 Implement emergency nursing interventions for patient with compartment syndrome	2	I monitor for compartment syndrome frequently for casted patients but have not had to intervene		
13.8 Implement emergency nursing interventions for burns using practice guidelines/Rule of nines/Rule of Palms	3	Familiar with rule of nines and fluid resuscitation algorithm, proficient at applying burn dressings in zone 2		
13.9 Assist physician with wound care	3	Frequently assists MDs with wound care in zone 2		
13.10 Implement emergency nursing interventions for patients receiving Procedural Sedation/Analgesia (PSA) including post care	4	Frequently participate in procedural sedations for cardioversions and reductions		
13.11 Preserve traumatically amputated parts by following procedures				
Maxillofacial – Eyes, Ears, Nose and Throat – All ages				
14.0 Competency: Implement therapeutic emergency nursing interventions that contribute to the care and needs of the patient with maxillofacial (eye, ear, nose and throat) emergencies.				
14.1 Assess and obtains the subjective and objective data related to maxillofacial systems	4	performs visual acuity exams for pts based on chief complaint in zone 2		
14.2 Implement nursing interventions for maxillofacial eye, ear, nose and throat emergencies	2	I have not been exposed to many cases requiring interventions		
14.3 Implement nursing interventions for patients with dental emergencies (e.g. tooth avulsion, preservation of tooth and pain management)	2	I have not had experience with a patient suffering tooth loss		
14.4 Assist physician with removal of foreign bodies in pediatric patients	1	I have not been given the opportunity to work in pediatrics		

Pain and Sedation Management – All ages				
15.0 Competency: Implement therapeutic emergency nursing interventions that contribute to the care and needs of the patient requiring pain and sedation management				
15.1 Assess patient's pain by using the appropriate Pain Assessment Scale Tool that is based on developmental stage, language, and culture	3	Able to assess pain as verbal response and non-verbal signs		
15.2 Complete the Nurse Initiated Activity for pain management	3	Provides nurse initiated analgesics as needed		
15.3 Implement nursing interventions for patients experiencing pain with both pharmacological and non-pharmacological pain management options	4	Provides analgesics PRN, uses methods such as warm/cold compresses		
15.4 Assess patient's level of sedation using the Sedation Assessment Scale	3	Assesses sedation level with each vital signs taken		
Environmental and Protective – All ages				
16.0 Competency: Implements evidence-informed practices for infection prevention control, toxicology and disaster management				
16.1 Assess and implement isolation precautions as needed	4	Implement and follows droplet precautions for covid pending/positive patients		
16.2 Initiate FH Emergency Codes and responses: Code Red, Blue, Blue Pediatrics, Pink, White, Code Yellow- Elopement from ED	3	Initiated code whites by 7111 multiple times		
16.3 Manage cytotoxic –hazardous drugs	3	completed the FH learning hub course on hazardous drugs		
16.4 Access poison control and implements emergency nursing interventions when needed	3	Called poison control to discuss interventions required for an ativan overdose patient		
16.5 Implement emergency nursing interventions for patients experiencing common poisonings (e.g. Overdoses with Acetaminophen, Benzodiazapine, Narcotics, Organophosphates)	3	Proficient with initiating NAC infusions and giving narcan		
16.6 Implement site procedures for decontamination as needed	3	Adheres to hand hygiene standards		

16.7 Screens for high threat pathogens as per FH procedures				
Psychosocial – All ages				
17.0 Competency: Implements nursing processes and interventions related to management of psychosocial emergencies				
17.1 Participate in staff debrief of critical incidents as appropriate	2	I have not been involved in critical incidents involving debrief		
17.2 Ensure patient privacy, autonomy, confidentiality, and support	4	I always keep in mind my patient's privacy by making sure the curtains are drawn before procedures		
17.3 Implements ED strategies for patients you suspect or are confirmed to be victims of abuse and/or intimate partner violence, human trafficking, and report accordingly	3	I always reach out to PCC and social worker to ask for advice on such situations		
17.4 Assess patient's need for additional supports – SW, SUSAT, FNS, PLN, MCFD, Indigenous Advocates, etc	4	I connect with social workers for patients to arrange a way home and connect pts to indigenous liaison		
Mental Health and Substance Use – All ages				
18.0 Competency: Implements nursing processes and interventions related to management of mental health and substance use emergencies				
18.1 Assess and obtains the subjective and objective data related to psychological and substance use concerns	4	I feel comfortable assessing patients for substance use and suicidal ideation as needed		
18.2 Implement nursing interventions for patients experiencing substance use withdrawal (e.g CIWA assessment tool for alcohol withdrawal, COWS assessment tool for opioid withdrawal)	4	I am confident in scoring my patients for CIWA and providing interventions as required		
18.3 Implement guidelines of the Least Restraint Protocols (for pediatrics use Child Health BC Least Restraint)	3	I am familiar with least restraints guidelines and use the flowsheet for pts in restraints		
18.4 Implement harm reduction strategies to patients experiencing substance use (e.g Take home Naloxone, Safe injection kit, SUSAT referral)	3	I frequently offer naloxone kits for patients of substance use and for their families to promote harm reduction		
18.5 Implement Mental Health / Substance Use guidelines & protocols including:	3	As below		
• Mental Health Act- Section 22 & Forms 4 & 5	4	I am familiar with the implications of form 4 and form 5 for certified patients		

• Psychiatric- Initial management of MHSU patients in Emergency – PPO (Adults)	2	I have not had many exposures to initial management of MHSU patients		
• Levels of Observation in ED	4	I am aware of the levels of observation for certified patients		
• Seclusion Room Policy and documentation in ED	1	I have not had exposure or opportunities to patients requiring seclusion room		
18.6 Implement emergency nursing interventions to patients experiencing an overdose	4	I often provide airway/breathing interventions for overdose patients in zone 1		
Discharge Planning and Client Education – All ages				
19.0 Competency: Uses relevant teaching/learning strategies and resources to address diverse patients and contexts, including lifespan, family, and cultural considerations.				
19.1 Provide discharge teaching to patients and/or significant others using appropriate printed resources (e.g. Emergency Departure package, Emergency Discharge instructions) and/or demonstration of care activities	4	I provide discharge teaching for crutches usage and provide patients with discharge packets		
19.2 Collaborate with health care team members to ensure appropriate knowledge and education (eg. Social work, geriatric nurse, family physician, pharmacy, MCFD, etc)	4	I collaborate with geriatric RNs to make sure patients are discharged safely with appropriate resources		
19.3 Complete Vulnerable patient Discharge checklist as per FH ED policy	3	I complete the checklist with other team members prior discharging a patient		
19.4 Assist with coordination of patient transport for discharge or transport out of department	4	I always ensure my patients are ready for transfer to other units prior to porter arrival		

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