

PROCEDURAL COMPETENCY EVALUATION

Name _____

Date _____

Capillary Stick

Setting: Lab Clinical

Evaluator: Peer Instructor

Conditions (describe): _____

Equipment Used

S	U	N	N
A	N	O	O
T	S	T	T
I	A		
S	T	O	A
F	I	B	P
A	S	S	P
C	F	E	L
T	A	R	I
O	C	V	C
R	T	E	A
Y	O	D	B
	R		L
	Y		E

Equipment and Patient Preparation

NOTE: *Never recap needle.* Any needle stick *must* be reported.

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Verifies, interprets, and evaluates physician’s order or protocol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Scans chart for diagnosis , anticoagulant therapy, oxygen concentration, ventilator settings, and allergies if using local anesthetic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Selects, gathers, and assembles the necessary equipment. Obtains the following supplies: heel warmer or cloth diaper or towel, sterile lancet, heparinized capillary tube with mixing “flea”, alcohol swabs, sterile gauze, disposable diaper, sealing clay or capillary tube caps, tape | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Washes hands and applies standard precautions and transmission-based isolation procedures as appropriate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Identifies patient, introduces self and department to the family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Explains purpose of the procedure and confirms understanding, if appropriate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Assessment and Implementation

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. Warms heel | | | | |
| a. Saturates cloth diaper or towel with hot tap water, wringing out excess water, or activates heel warmer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wraps infant’s heel with the heel warmer or the moist diaper or towel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Secures a disposable diaper around the wrapped heel to prevent heat loss for 3 to 5 minutes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Cleans puncture area with alcohol swab (the most medial or most lateral portion of the plantar surface of the heel) to a depth of approximately 1 to 2 mm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Punctures cleansed area with the lancet to a depth of approximately 1 to 2 mm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Obtains sample: | | | | |
| a. Wipes away the first drop of blood with a sterile gauze | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Allows a drop of blood to form, then places the end of the capillary tube into the drop to draw blood into tube | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Caps both ends of the capillary tube with rubber tube caps and rotates tube to mix the sample | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Applies pressure to puncture site with sterile gauze until bleeding stops; tapes a sterile gauze over the puncture site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Follow-up

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. Assures patient comfort/safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Maintains equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Analyzes sample immediately. If sample cannot be analyzed immediately, places sample into ice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Maintains asepsis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Charts information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Informs others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Evaluator

Signature of Student

PERFORMANCE RATING SCALE

- 5** EXCELLENT – FAR EXCEEDS EXPECTED LEVEL, FLAWLESS PERFORMANCE
4 ABOVE AVERAGE – NO PROMPTING REQUIRED, ABLE TO SELF-CORRECT
3 AVERAGE – THE MINIMUM COMPETENCY LEVEL, NO CRITICAL ERRORS
2 IMPROVEMENT NEEDED – PROBLEM AREAS EXIST; CRITICAL ERRORS, CORRECTIONS NEEDED
1 POOR AND UNACCEPTABLE PERFORMANCE – GROSS INACCURACIES, POTENTIALLY HARMFUL

PERFORMANCE CRITERIA

SCALE

1. DISPLAYS KNOWLEDGE OF ESSENTIAL CONCEPTS	5	4	3	2	1
2. DEMONSTRATES THE RELATIONSHIP BETWEEN THEORY AND CLINICAL PRACTICE	5	4	3	2	1
3. FOLLOWS DIRECTIONS, EXHIBITS SOUND JUDGEMENT, AND DEMONSTRATES ATTENTION TO SAFETY AND DETAIL	5	4	3	2	1
4. EXHIBITS THE REQUIRED MANUAL DEXTERITY	5	4	3	2	1
5. PERFORMS PROCEDURE IN A REASONABLE TIME FRAME	5	4	3	2	1
6. MAINTAINS STERILE OR ASEPTIC TECHNIQUE	5	4	3	2	1
7. INITIATES UNAMBIGUOUS GOAL-DIRECTED COMMUNICATION	5	4	3	2	1
8. PROVIDES FOR ADEQUATE CARE AND MAINTENANCE OF EQUIPMENT AND SUPPLIES	5	4	3	2	1
9. EXHIBITS COURTEOUS AND PLEASANT DEMEANOR	5	4	3	2	1
10. MAINTAINS CONCISE AND ACCURATE RECORDS	5	4	3	2	1

ADDITIONAL COMMENTS: INCLUDE ERRORS OF OMISSION OR COMMISSION, COMMUNICATIVE SKILLS, AND EFFECTIVENESS OF PATIENT INTERACTION:

SUMMARY PERFORMANCE EVALUATION AND RECOMMENDATIONS

SATISFACTORY PERFORMANCE – Performed without error or prompting, or able to self-correct, no critical errors.

_____ LABORATORY EVALUATION. SKILLS MAY BE APPLIED/OBSERVED IN THE CLINICAL SETTING.

_____ CLINICAL EVALUATION. STUDENT READY FOR MINIMALLY SUPERVISED APPLICATION AND REFINEMENT.

UNSATISFACTORY PERFORMANCE – Prompting required; performed with critical errors, potentially harmful.

_____ STUDENT REQUIRES ADDITIONAL LABORATORY PRACTICE.

_____ STUDENT REQUIRES ADDITIONAL SUPERVISED CLINICAL PRACTICE.

SIGNATURES

STUDENT: _____

EVALUATOR: _____

DATE: _____

DATE: _____