In-Service Training Log – Oakdale & Linden

Date:

Type of Meeting: Med documents

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.20	Toni A.		2-23-2021	Employee training for health/medical procedure
.25 .25	Toni A.		10/28/2020 ↓	Nebulizer admin observation Pulse Oximeter usage
.25 .25	Toni A.		10/28/2020 ↓	Epipen admin observation Employee training for metered dose inhaler
.25 .25	Toni A.		10/28/2020 10/28/2020	VNS Observation checklist Seizure first aid
.50	Toni A.		10/28/2020	60 day training for Linden/Oakdale

Make up Date	Initial	EE ID	Last Name

Make up Date	Initial	EE ID	*Last Name*
			Elsenpeter, Emily

Make Up Date	Initial	EE ID	Managers/Admin

Make up Date	Initial	EE ID	Other Attendees

EMPLOYEE TRAINING FOR HEALTH / MEDICAL PROCEDURE

EMPLOYEE Emily Wiempeter DATE 2.23.2021

LENGTH OF TRAINING 20 min

TYPE OF PROCEDURE Catheter

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☒	☐	☐	1. Purpose and effects of procedure.
☒	☐	☐	2. Equipment necessary for procedure.
☒	☐	☐	3. Specific protocol.
☒	☐	☐	4. Consequences if the procedure is not performed correctly.
☒	☐	☐	5. Symptoms and signs requiring prescriber notification.
☒	☐	☐	6. Information about contacting nurse or health care provider.
☒	☐	☐	7. Procedure for cleaning/replacing equipment.
☒	☐	☐	8. Location of written procedure and protocol.
☒	☐	☐	9. Other _____.
☒	☐	☐	**The staff member has successfully ~~demonstrated~~ Verbalized their skill in performing this procedure.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or health care provider of problems or questions.

Emily Wiempeter
Staff Signature

J Thomson RN
Nurse Signature

NEBULIZER ADMINISTRATION OBSERVATION CHECKLIST

SITE ORIENTATION

X = successfully completed demonstrated or verbalized	O = unsuccessfully completed not observed or verbalized

Upon completion of the TMP program, the facility nurse is to determine staff readiness to administer medications. At a minimum, the following should be covered with the TMP:

✓ Review location and content of Physician Orders and Standing Order lists
✓ Explanation of pharmacy system
✓ Location of f facility drug reference
✓ Medication storage issues
✓ Medications administration records used in the facility
✓ Documentation including prescribed and PRN
✓ Medication error forms and procedure

The following steps have been evaluated:

✓ 1. Medication knowledgeable (indications, side effects, allergies, expiration date)
✓ 2. Check med sheet for amount of prescribed medication
✓ 3. Check the medication order to the medication label (triple check)
✓ 4. Assemble clean equipment
✓ 5. Wash hands, put on gloves.
✓ 6. Identify individual
✓ 7. Explain procedure and provide privacy.
✓ 8. Measure amount of medication into chamber
✓ 9. Position client for comfort and elevate at 45 degrees as a minimum.
✓ 10. Nebulize for required time, evaluating clients response using mask, mouth tube or holding in front of client depending on their tolerance.
✓ 11. Discontinue treatment if client displays discomfort
✓ 12. Clean equipment
✓ 13. Wash hands, dispose of gloves.
✓ 14. Document procedure on medication sheet, if PRN document results
✓ 15. If medication could alter pulse rate, check pulse before and after procedure.

COMMENTS: _____

Med trainee-print Emily Elsenpeter Date: 10/28/2020
Med trainee-sign Emily EC Date: 10/28/2020
PASS: X Needs retraining: ____ Nurses Signature/Date: J Anderson RD 10/28/20

PULSE OXIMETER USAGE

STAFF TRAINING CHECKLIST

X = Successfully completed step (Demonstrated skill/Verbalized correct information)

O = Unsuccessfully completed step (Did not demonstrate skill/Verbalized incorrect information)

PAI Nurse will provide staff with an overview of the individual's oximeter device and the specific information about the signs and symptoms of their need to do so. To demonstrate competency, the staff will complete all steps or verbally indicate what they would do.

- ✓ Turn on the oximeter.
- ✓ Place the sensor clip on any finger or toe.
- ✓ If you do not get a reading, warm the finger or toe by rubbing it as the oximeter will not produce a reading if the finger or toe is cold.
- ✓ The oximeter will indicate the individual's oxygen level in their blood (displayed as a percentage of oxygen saturation) and their pulse rate. The normal range for oxygen saturation is 95% - 100%.

Passed: X Needs Re-Training: _____ Date for Re-Training: _____

COMMENTS: _____

Staff Name (Print) Emily Elsenpeter Date: 10/28/2020

Staff Signature Emily E Date: 10/28/2020

Nurse Signature L Anderson RN Date: 10/28/20

EPIPEN ADMINISTRATION OBSERVATION CHECKLIST

STAFF: Emily Elsenpeter PAI NURSING STAFF: Tori Anderson

X = Correctly completed step (Demonstrated or completely described required actions)
O = Incorrectly completed (Committed errors in the demonstration or incorrectly described required actions)

When any treatment is prescribed by a physician, the following general protocol will be reviewed with the staff as a part of the administration training:

✓ Review the location of physician's orders and/or standing orders list.
✓ Provide an explanation of why the treatment being trained on would be needed.
✓ Give information about the location of the PAI site's drug reference book and/or web-based resources.
✓ Provide a review of the storage of the medication, supplies, etc. needed for the treatment being trained.
✓ Review the location of the Medications Administration Record (MAR) forms.
✓ Review the documentation practices for both routinely administered and PRN medications.
✓ Review the steps to take to identify and report a medication error.

The following training steps have been demonstrated and/or reviewed and competency achieved:

✓ * CALL 911 – THE USE OF AN EPIPEN WILL REQUIRE EMERGENCY MEDICAL SERVICES (EMS) EVALUATION.
✓ 1. Assess the individual for signs and symptoms of a severe allergic reaction.
✓ 2. If the cause of the allergic reaction is an insect bite, remove the stinger if possible.
✓ 3. Remove the blue protective cap on the Epipen.
✓ 4. Firmly hold the individual's thigh.
✓ 5. Place the orange tip of the Epipen on the lateral thigh.
✓ 6. Press the Epipen into the thigh until auto-injector discharges (you will feel the click as the needle ejects).
✓ 7. Hold the Epipen in place for **10-15 seconds.**
✓ 8. Remove the injector and give to the EMS for disposal.
✓ 9. Massage the injection site for **10 seconds** with gloved hands.
✓ 10. Stay with the individual, assessing respiration rates and pulse. Initiate CPR if needed.

PASSED: X FAILED: _____ RETRAINING DATE: _____

COMMENTS: _____

Staff Signature Emily E Date: 10/28/2020

PAI Nursing Staff Signature: T Anderson RN Date: 10/28/20

EMPLOYEE TRAINING FOR METERED DOSE INHALER

EMPLOYEE Emily Elsenpeter DATE 10/28/2020

LENGTH OF TRANING .25

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☑	☐	☐	1. Purpose and effects of procedure.
☑	☐	☐	2. Equipment necessary for procedure.
☑	☐	☐	3. Specific protocol.
☑	☐	☐	4. Consequences if procedure not performed correctly.
☑	☐	☐	5. Symptoms and signs requiring physician notification.
☑	☐	☐	6. Information about contacting nurse or doctor.
☑	☐	☐	7. Procedure for cleaning/replacing equipment.
☑	☐	☐	8. Location of written procedure and protocol.
☐	☐	☐	9. Other _____

☑	☐	☐	THE STAFF MEMBER HAS SUCCESSFULLY DEMONSTRATED THEIR SKILL IN PERFORMING THIS PROCEDURE.

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Emily Elsenpeter
Staff Signature

Nurse Signature

VNS OBSERVATION CHECKLIST

SITE ORIENTATION

X = successfully completed demonstrated or verbalized	O = unsuccessfully completed not observed or verbalized

When a treatment is prescribed by a physician the following will be covered:

- ✓ Review location and content of Physician Orders and Standing Order lists.
- ✓ Explanation of treatment needed
- ✓ Location of f facility drug reference
- ✓ Treatment storage issues
- ✓ Medications administration records used in the facility
- ✓ Documentation including prescribed and PRN
- ✓ Medication error forms and procedure

The following steps have been evaluated:

1. ✓ Knowledgeable of Seizure protocol, use VNS.
2. ✓ Locates implanted VNS & magnet
3. ✓ Swipes VNS with magnet to count of three
4. ✓ Repeat per protocol
5. ✓ Documents on MAR, including results.

COMMENTS: _____

Med trainee-print Emily Elsenpeter Date 10/28/2020

Med trainee-sign Emily Elsenpeter Date: 10/28/2020

PASS: X Needs retraining: ____ Nurses Signature/Date: J Anderson RN

SEIZURE FIRST AID

STAFF TRAINING CHECKLIST

X = Successfully completed step (Demonstrated skill/Verbalized correct information)	O = Unsuccessfully completed step (Did not demonstrate skill/Verbalized incorrect information)

PAI Nurse will provide the staff member with handout (Seizure – General Information and Response Steps) and PAI staff will review the PAI First Aid for Seizure Policy prior to meeting.

PAI Nurse will assess the staff's understanding of the steps included in the PAI First Aid for Seizure Policy:

✓ When a seizure occurs, staff will stay with the person at all times and monitor their status;

✓ If the seizure is deemed to be mild in severity and duration and there is no respiratory compromise, staff will continue to monitor and document the seizure and provide assistance and support as needed.

✓ The attending staff or PAI nurse (if in attendance) will determine if 911 needs to be called for emergency medical care.

- If the seizure is severe to the extent that it causes the person's Airway-Breathing-Circulation (A-B-C's) to be compromised, 911 will be called.
- Staff need no prior authorization and are responsible for calling 911 if they have any concern for the person's well-being before, during or after the seizure.

✓ If a seizure occurs when a person has no history of seizures, 911 will be called.

✓ PAI Nurse will be called for any abnormal seizure, when a PRN medication is given or when 911 is called for a seizure.

✓ The person's residential provider, guardian and case manager will be notified of the 911 call as soon as possible.

✓ After the seizure activity ends, if the person is extremely lethargic, unable to swallow or maintain their normal level of eye contact:

- The residential nurse (if available) will be contacted for further instructions.
- If a residential nurse is unavailable, PAI's nurse will be called for further instructions.

✓ When a person has a seizure and recovers, they may return to their activities as tolerated. If the person needs additional rest/recovery time:

- The person will be made comfortable and allowed to rest.
- Staff will monitor the person for additional seizure activity or symptoms of distress, and provide assistance as necessary

✓ Staff will complete the PAI seizure report form and route it as designated on the form.

Passed: X Needs Re-Training:_____ Date for Re-Training: _____

COMMENTS: _____

Staff Name (Print) Emily Elsenpeter Date: 10/28/2020

Staff Signature Emily E Date: 10/28/2020

Nurse Signature J Anderson RN Date: 10/28/20

60 Day Training – Linden

Toni Anderson RN

Topics presented:

Epilepsy/Seizures-

Seizure first aide. VNS. Seizure protocol and report forms

Nebulizer and Vest Treaments

Cathing – Mitrofanoff

Colostomy/Ileostomy bags. Purpose and emptying.

Epipen- Purpose and use

DNR/DNI – POLST

Emily Elsenpeter

PRINT NAME

Emily EE

SIGNATURE

10/28/2020

DATE

T Anderson RN

NURSE

10/28/20

DATE

60 Day Training – Oakdale

Toni Anderson RN

Topics presented:

Epilepsy/Seizures-

Seizure first aide. VNS. Seizure protocol and report forms

Epipen- Purpose and use

DNR/DNI – POLST

Emily Elsenpeter

PRINT NAME

Emily D

SIGNATURE

10/28/2020

DATE

T Anderson RN

NURSE

10/28/20

DATE