

PAEDIATRIC CRITICAL CARE

National Competency Framework for Registered Nurses in Paediatric Critical Care

TRAUMA

Specialty Competencies



NATIONAL MAJOR TRAUMA NURSING GROUP (NMTNG)

IN COLOBORATION WITH PAEDIATRIC INTENSIVE CARE SOCIETY EDUCATORS

GROUP

PAEDIATRIC CRITICAL CARE TRAUMA COMPETENCIES

Foreword

The Paediatric Intensive Care Society Nurse Educators group are currently developing a National Paediatric Critical Care Competency framework. The long term aim is that the trauma competencies will be included in this framework; therefore this document is intended to be an interim speciality document whilst the framework documents are developed.

The adult Critical Care Network's specialist trauma competencies have been used as a template to formulate these competencies with permission. They include some of the topics and themes identified by Whiting and Cole (2016) in their work on developing a trauma care syllabus for adult intensive care nurses in the United Kingdom.

These competencies are intended for use by all paediatric critical care facilities that receive trauma patients whether from a Trauma Unit or Major Trauma Centre.

There are areas of Paediatric Trauma Critical Care which have deliberately not been included in these competencies as they are already covered in-depth in existing Paediatric Critical Care competency documents. E.g. Tracheostomies, pressure area care, Safeguarding and Psychological support.

There will be variance between different paediatric critical care facilities managing trauma patients and therefore each individual facility should identify those competencies that are relevant (and thus achievable) with those competencies identified as not relevant being marked 'Not Applicable' or being 'greyed out'. Each unit should also identify the required Taxonomy level that its nurses are expected to achieve for each competency. It is recognised that some of the areas highlighted are rarely seen so may need to be assessed using simulations or discussions.

Reference:

Photo on the front cover is Seb Rundle who was a Paediatric major trauma patient, used with kind permission from Seb and his family.

Whiting. D, Cole E. Developing a trauma care syllabus for intensive care nurses in the United Kingdom: A Delphi study. Intensive and Critical Care Nursing. (2016), <http://dx.doi.org/10.1016/j.iccn.2016.03.006>

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Learning Contract

The following Learning Contract applies to the Individual Learner, Lead Assessor and Unit Manager and should be completed before embarking on this competency development programme. It will provide the foundations for:

- Individual commitment to learning
- Commitment to continuing supervision and support
- Provision of time and opportunities to learn

LEARNERS RESPONSIBILITIES

As a Learner, I intend to:

- Take responsibility for my own development
- Form a productive working relationship with mentors and assessors
- Listen to colleagues, mentors and assessor's advice and utilise coaching opportunities
- Use constructive criticism positively to inform my learning
- Meet with my Lead Assessor at least 3 monthly
- Adopt a number of learning strategies to assist in my development
- Put myself forward for learning opportunities as they arise
- Complete these competencies in the recommended 24 month time frame
- Use this competency development programme to inform my annual appraisal and development needs
- Report lack of supervision or support directly to unit manager at the first opportunity

Signature..... Date.....

ASSESSOR RESPONSIBILITIES

- Meet the standards of regulatory bodies (NMC 2015)
- Demonstrate on-going professional development/competence within critical care
- Promote a positive learning environment
- Support the learner to expand their knowledge and understanding
- Highlight learning opportunities
- Set realistic and achievable action plans
- Complete assessments within the recommended timeframe
- Bring to the attention of the HEI, Education Lead and/or Manager concerns related to individual nurses learning and development
- Provide feedback about the effectiveness of learning and assessment in practice

Signature..... Date.....

CRITICAL CARE LEAD NURSE/MANAGER

- Support and facilitate the learner's development and achievement of the core/essential competency requirements
- Regulate and quality assure systems for mentorship and standardisation of assessment to ensure validity and transferability of the nurses' competence

Paediatric Intensive Care's Taxonomy of Learning Assessment Standard

At all times the practitioner has a responsibility to recognise limitations in their own practice, as stated in the NMC's code of conduct, and seek appropriate support and advice.

Stage 1

This stage applies to the newly qualified practitioner or the practitioner who has no PICU experience post qualification. It may also apply to the practitioner who has not been exposed to specific procedures, technology or equipment. This stage is mainly observational with practice performed under direct supervision.

Stage 2

At this stage the practitioner can demonstrate acceptable skills in practice. Practice is supported and guided under direct or indirect supervision. The practitioner has enough knowledge, experience and exposure to recognise some priorities in patient care.

Stage 3

The practitioner can demonstrate the skills and knowledge necessary to practice without supervision. At this stage the practitioner can demonstrate some knowledge and understanding of the rationale for their practice and should be able to provide some evidence to support their practice.

Stage 4

The practitioner can demonstrate knowledge, skills and understanding to others through multi-professional discussion and nursing evaluation of care interventions. S/he is a proficient performer with experience of a variety of critical care situations. S/he can give a full evidence based rationale for nursing actions. The practitioner has the skills for effective dissemination of information to other professionals and colleagues.

Stage 5

The practitioner has an increased level of experience within the critical care setting. S/he demonstrates all the knowledge, skills and understanding of the previous stage and in addition can manage complex care situations. S/he is able to assess the type and depth of knowledge required to perform practice at determined levels, giving support and feed back to enhance learning and develop the practice of others. At this level the practitioner can reflect on, analyse, and justify their practice and that of others.

T1. Patient Assessment			
You must be able to demonstrate through discussion essential knowledge of (and its application to your practice):	Taxonomy Level Achieved	Achieved Date/Sign	Agreed Action Plan Date/Sign
<ol style="list-style-type: none"> 1. Rationale for a system’s based approach to patient assessment: e.g. <C>ABCDE 2. Identifies the differences between Primary, Secondary and Tertiary Surveys of the Child 3. The relevance of the Mechanism of Injury (Moi) when assessing patients 4. The relevance of patient diversity and demographics for those who have been injured, e.g. the neonate, the infant, the adolescent, obese patient, pregnant patient, the patient with learning disabilities, and those with co morbidities 5. The relevance of family diversity and demographics for those who have been injured, what adult family members were involved 6. The concept of Missed Injuries and identify the most commonly missed injuries 7. Awareness Injury Scoring Tools e.g. Injury Severity Score (ISS) (TARN) (STAG) 			
You must be able to undertake in a safe and professional manner:			
<ol style="list-style-type: none"> 8. Able to perform a full patient assessment using a system’s based approach to patient assessment: e.g. <C>ABCDE 9. Assist with Primary, Secondary and Tertiary surveys demonstrating a systematic and thorough approach and ensuring documentation is contemporaneous and complete 			

T2. Chest Injury (Respiratory System)			
You must be able to demonstrate through discussion essential knowledge of (and its application to your practice):	Taxonomy Level Achieved	Achieved Date/Sign	Agreed Action Plan Date/Sign
<ol style="list-style-type: none"> 1. The anatomy and physiology of the respiratory system as related to chest trauma 2. Potentially life threatening thoracic injuries; how each would present and the principle concepts in their management: <ol style="list-style-type: none"> A) Airway obstruction B) Haemothorax C) Open chest wound D) Flail chest E) Tension pneumothorax 3. Awareness of Blast Lung 4. Facial fractures and the challenges these present when managing respiratory support 5. Airway management, potential for aspiration and increased risk of Ventilator Acquired Pneumonia (VAP) in trauma patients 6. The concepts of Acute Respiratory Distress Syndrome (ARDS), Acute Lung Injury (ALI) and Transfusion Related Acute Lung Injury (TRALI) in relation to the poly trauma patient 			

T2. Chest Injury (Respiratory System)			
You must be able to undertake in a safe and professional manner:			
7. Care and management of the patient with lung contusions, optimising lung protective strategies			
8. Care and management of a patient with rib fractures including the challenges of pain management			

T3. Cardiothoracic Trauma (Cardiovascular System)			
You must be able to demonstrate through discussion essential knowledge of (and its application to your practice):	Taxonomy Level Achieved	Achieved Date/Sign	Agreed Action Plan Date/Sign
1. The anatomy and physiology of the cardiovascular system as related to cardiovascular trauma 2. The concepts relating to hypovolaemic shock 3. The concepts of cardiogenic shock in relation to the trauma patient 4. The concepts relating to septic shock 5. Potentially life threatening cardiac injuries; how each would present and the principle concepts in their management: A) Cardiac tamponade B) Myocardial contusions C) Aortic dissection			
You must be able to undertake in a safe and professional manner:			
6. Care and management of the patient following clamshell thoracotomy/thoracostomies 7. Care and management of the patient following surgery for vascular trauma including checking pulses and using the Doppler 8. Care and management of the patient who is bleeding e.g. compression dressings, haemostatic dressings			

T4. Major Haemorrhage and Fluid Therapy			
You must be able to demonstrate through discussion essential knowledge of (and its application to your practice):	Taxonomy Level Achieved	Achieved Date/Sign	Agreed Action Plan Date/Sign
1. Physiology as related to haemorrhage, hypovolaemia and fluids and electrolytes as related to trauma 2. Rationale for Intraosseous (IO) access and delivery of fluids 3. Targeted fluid therapy and rationale for avoidance of over infusing trauma patients (10mls/kg boluses) 4. Choice of fluids for trauma patients and the use of fluid warmers 5. The concept of major haemorrhage and identification of local trust guidelines for the activation of the Major Haemorrhage Protocol 6. Define shock and the symptoms displayed in the child with hypovolaemic shock due to haemorrhage 7. Rationale for the administration of blood, Fresh Frozen Plasma (FFP) and clotting products to the patient who is haemorrhaging 8. Potential complications associated with massive blood transfusion 9. Impact of hypocalcaemia, hypothermia and acidosis on patient's ability to clot 10. Explain how normal coagulation is maintained and identify			

T4. Major Haemorrhage and Fluid Therapy			
You must be able to demonstrate through discussion essential knowledge of (and its application to your practice):	Taxonomy Level Achieved	Achieved Date/Sign	Agreed Action Plan Date/Sign
<p>strategies to prevent coagulopathies</p> <p>11. Define disseminated intravascular coagulopathy (DIC) and discuss the principles of management in relation to the polytrauma patient</p> <p>12. Awareness of Interventional Radiology (IR) for patients who are bleeding (Paediatric Patients will likely be transferred to an Adult environment to facilitate this).</p> <p>13. Use of viscoelastic monitoring to guide therapies e.g. Thromboelastography (TEG), Rotational Thromboelastometry (ROTEM)</p>			
You must be able to undertake in a safe and professional manner:			
<p>14. Administration of blood and blood products in accordance with Trust Policy and procedures utilising fluid warmers</p> <p>15. Administration of antifibrinolytic drugs in accordance with Trust Policy (TXA)</p> <p>16. Monitoring of coagulopathic patients (including laboratory and point of care testing such as temperature, Calcium (Ca²⁺) and blood pH</p> <p>17. Care and management for the patient with IO access (including removal)</p>			

T5 S. Traumatic Brain Injury (Neurological System)			
You must be able to demonstrate through discussion essential knowledge of (and its application to your practice):	Taxonomy Level Achieved	Achieved Date/Sign	Agreed Action Plan Date/Sign
<p>1. Awareness of the NICE Clinical guideline for head injury: assessment and early management</p> <p>2. The anatomy and physiology of the brain as related to Traumatic Brain Injury (TBI) and treatment implication. To include:</p> <p>A) Fontanelle presence in infants</p> <p>B) Extradural haematoma</p> <p>C) Subdural haematoma</p> <p>D) Traumatic subarachnoid haemorrhage</p> <p>E) Intracerebral haematoma</p> <p>F) Cerebral contusions</p> <p>G) Diffuse brain injury</p> <p>H) Diffuse axonal injury</p> <p>I) Concussion</p> <p>J) Basal skull fractures</p> <p>K) Cerebral herniation</p> <p>L) Brain stem death</p> <p>3. The anatomy and physiology of the brain as related to Primary and Secondary brain injury</p> <p>4. The concepts relating to neurogenic shock</p> <p>5. Monroe Kellie Hypothesis</p> <p>6. Knowledge of Intracranial pressure the relevance of cerebral perfusion pressure in raised ICP</p> <p>7. Awareness of how Surgical interventions/ procedures can affect ICP (Bone flaps, EVD's, LP, Evacuation of Haematoma, elevation of Depressed skull fracture)</p> <p>8. Rationale and evidence base for pharmacological choices for the TBI patient regarding: analgesia, sedation, muscle</p>			

T5 S. Traumatic Brain Injury (Neurological System)			
You must be able to demonstrate through discussion essential knowledge of (and its application to your practice):	Taxonomy Level Achieved	Achieved Date/Sign	Agreed Action Plan Date/Sign
<p>relaxants, anti-epileptics and hyperosmolar solutions</p> <p>9. Rationale for neurological assessment for: the awake patient, the sedated patient, and the sedated and muscle relaxed patient</p> <p>10. Rationale for undertaking an assessment of whether the child has a safe swallow prior to permitting oral drinks and diet.</p>			
You must be able to undertake in a safe and professional manner:			
<p>11. Demonstrate a neurological assessment for: the awake patient, the sedated patient, and the sedated and muscle relaxed patient</p> <p>12. Can recognise signs of deterioration and respond appropriately to escalate care</p> <p>13. Recognise raised ICP</p> <p>14. Demonstrate interventions to reduce ICP and maximise CPP (know how it is calculated)</p> <p>15. Care and management of the patient with Intra Cranial Pressure (ICP) monitoring and demonstrate sound rationale for troubleshooting potential clinical scenarios using local guidelines</p> <p>16. Care and management of the patient with an Extra Ventricular Drain (EVD) and demonstrate sound rationale for troubleshooting potential clinical scenarios</p> <p>17. Care and management of the patient requiring Cerebral function analysis monitoring (CFAM) or electroencephalogram (EEG) monitoring</p> <p>18. Care and management of the patient with TBI including: A) Ventilatory management including maintenance of Carbon Dioxide (PaCO₂) and Oxygen (PaO₂) levels C) Glucose control D) Endotracheal Tube Securing (ETT) E) Positioning (midline, 30° tilt) F) Nursing care (pressure area management, suction, eye care etc.) G) Mean Arterial Pressure (MAP)/ Cerebral Perfusion Pressure (CPP) H) Temperature I) Sodium (Na⁺) targets J) Monitoring urine output with awareness of Cerebral Salt Wasting (CSW)/ Diabetes Insipidus (DI)</p>			

T5b. Spinal Injuries			
You must be able to demonstrate through discussion essential knowledge of (and its application to your practice):	Taxonomy Level Achieved	Achieved Date/Sign	Agreed Action Plan Date/Sign
<p>1. Anatomy and physiology of the paediatric spine in relation to trauma</p> <p>2. The concepts relating to spinal shock</p> <p>3. Discuss Spinal cord injury without radiological abnormality (SCIWORA)</p> <p>4. Spinal and neurogenic shock and identify potential complications</p> <p>5. The concepts involved in the American Spinal Injury</p>			

T5b. Spinal Injuries			
You must be able to demonstrate through discussion essential knowledge of (and its application to your practice):	Taxonomy Level Achieved	Achieved Date/Sign	Agreed Action Plan Date/Sign
Association (ASIA) score 6. Knowledge of the Spinal Cord Injury Database 7. Potential complications of spinal injury and immobility 8. Local spinal cord management guidelines and how to access specialist spinal nurse support 9. Spinal centre referral process			
You must be able to undertake in a safe and professional manner:			
10. Assisted movement (log rolling) of a patient with a (suspected or actual) spinal injury following APLS and local trust guidelines 11. Demonstrate inline immobilisation of the child's (Cervical) Spine utilising Collars, Blocks, Tapes 12. Awareness of assessment, selection, sizing and placing/fitting of neck collars (demonstrate this in practice if supported by local policy) 13. Care and management of the patient with a collar and neck/spinal immobilisation including awareness of safety issues e.g. not securing this to a trolley or bed, and pressure area care 14. Management of a patient with a (suspected or actual) spinal injury regarding bowel management in accordance with neurogenic bowel management guidelines 15. Observation for complications such as autonomic dysreflexia (and take appropriate steps to avoid this) 16. Timely spinal clearance (as per Trust Policy) and act as patient advocate in preventing delayed spinal clearance 17. Accurately complete documentation regarding spinal clearance			

T6. Abdominal Injury			
You must be able to demonstrate through discussion essential knowledge of (and its application to your practice):	Taxonomy Level Achieved	Achieved Date/Sign	Agreed Action Plan Date/Sign
1. The anatomy and physiology of the abdomen as related to abdominal trauma. 2. Potentially life threatening abdominal injuries; how each would present and the principle concepts in their management: ruptured/lacerated spleen, ruptured/lacerated liver, ruptured/lacerated kidney, diaphragmatic rupture, and 'Blast Abdomen' 3. The impact of blunt and penetrating force to the abdominal organs 4. The concepts involved in Intra-abdominal hypertension and abdominal compartment syndrome and the potential complications 5. The different mechanisms for abdominal wall closure following abdominal decompression 6. The escalation process and point of contact if complications arise 7. Awareness of how to measure intra-abdominal pressures			
You must be able to undertake in a safe and professional manner:			
8. Care and management of the patient following abdominal trauma			

T7. Musculoskeletal Injuries and Compartment Syndrome			
You must be able to demonstrate through discussion essential knowledge of (and its application to your practice):	Taxonomy Level Achieved	Achieved Date/Sign	Agreed Action Plan Date/Sign
<ol style="list-style-type: none"> 1. The anatomy and physiology of the musculoskeletal system as related to trauma 2. The impact of trauma relating to the musculoskeletal system 3. The concept of rhabdomyolysis in relation to the poly trauma patient including the relevant patient monitoring for complications including Acute Kidney Injury (AKI) 4. Different types of fractures and mechanisms for their management 5. The concepts involved in Compartment Syndrome including the relevant patient monitoring (neurovascular observations) 6. The concepts involved in Fat Embolism Syndrome 7. Pelvic Injuries, their presentation and potential complications 			
You must be able to undertake in a safe and professional manner:			
<ol style="list-style-type: none"> 8. Care and management of the patient with skin and/or skeletal traction 9. Care and management of the patient with external fixation including pin site care and documentation 10. Care, management and removal of a pelvic binder (application and skin care), the patient with a Plaster of Paris (POP) or Splints e.g. Thomas Splints, Kendrick Splints 11. Care and management of the patient with fasciotomies 			

T8. Burns and Smoke Inhalation			
You must be able to demonstrate through discussion essential knowledge of (and its application to your practice):	Taxonomy Level Achieved	Achieved Date/Sign	Agreed Action Plan Date/Sign
<ol style="list-style-type: none"> 1. Anatomy and physiology of the skin in the context of burns 2. Anatomy and physiology of the respiratory system in the context of smoke inhalation 3. Awareness of mechanism of injury in burns and need to assess for other injuries e.g. House fire, NAI, terrorist act 4. Knowledge of the different types of burn injuries e.g. scalds, chemical burns, flame burns 5. Principles involved in Total Body Surface Area (TBSA) assessment knowledge of available assessment tools, Lund and Browder Chart, rule of 9's (adolescent), 1% child's palm, Mersey burns app 6. Fluid management for the patient with burns and knowledge of the Parkland calculations formula 7. Discuss treatment options for smoke inhalation and carbon monoxide poisoning and their potential complications 8. Systemic effects of a burn injury >20% 9. Potential complications associated with burns and their management e.g. infection, hypermetabolic response, issues with thermoregulation 10. Nutritional requirements of the burns patient 			

T8. Burns and Smoke Inhalation			
You must be able to undertake in a safe and professional manner:			
11. Accurate assessment and calculation of % burns (and document these on relevant charts)			
12. Care and management of complex wounds caused by burns (including the management of blisters, debridement strategies and burns/plastics network referrals)			

T9. Damage Control Surgery			
You must be able to demonstrate through discussion essential knowledge of (and its application to your practice):	Taxonomy Level Achieved	Achieved Date/Sign	Agreed Action Plan Date/Sign
1. Basic definition and rationale for Damage Control Surgery (DCS)			
2. Basic understanding of complications of DCS i.e. the 'Lethal Triad' of coagulopathy, metabolic acidosis and hypothermia			
You must be able to undertake/ discuss in a safe and professional manner:			
3. Care and management for the patient following DCS			

T10. General Trauma Nursing Care and Management			
You must be able to demonstrate through discussion essential knowledge of (and its application to your practice):	Taxonomy Level Achieved	Achieved Date/Sign	Agreed Action Plan Date/Sign
1. Pain management strategies such as; A) Regional nerve blocks B) Thoracic epidurals C) PCAs D) Entonox E) Topical analgesia			
2. Concepts relating to neuropathic pain			
3. The link between inadequate pain management and Post Traumatic Stress Disorder (PTSD)			
4. Principles of trauma wound management including: A) de -gloving injuries B) pin sites C) haematoma management D) muscle/skin flaps			
5. Nutritional assessment and challenges for the trauma patient – minimising muscle wasting			
6. Principles of the psychological impact of trauma including possible near death experience, body image changes, PTSD on the patient and families			
7. Resources available for family support following trauma			
8. Knowledge of Post Traumatic Amnesia (PTA) and how to reduce the effects of amnesia and when to refer to Neuropsychology			

T10. General Trauma Nursing Care and Management

You must be able to undertake in a safe and professional manner:

<ul style="list-style-type: none"> 9. Initiation of Paediatric Rehabilitation Pathways and prescription 10. Systematic and appropriate pain assessment for the trauma patient e.g. using the appropriate paediatric pain scoring and accurate documentation of findings 11. Care and management of negative pressure wound management systems 12. Assessment of nutritional requirements (in conjunction with a dietician) ensuring timely delivery of nutritional support 13. Recognition of Psychosocial care needs and appropriate involvement of other members of the MDT (Psychologist, Social Work, Chaplaincy) 			
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T11. Organisational and Managerial Concepts

You must be able to demonstrate through discussion essential knowledge of (and its application to your practice):

	Taxonomy Level Achieved	Achieved Date/Sign	Agreed Action Plan Date/Sign
<ul style="list-style-type: none"> 1. Impact of land/ air transport on trauma patients (including forces from acceleration/ deceleration 2. Concepts involved in preparing the intensive care unit to receive patients involved in a Major Incident 3. Potential impact of environmental hazards such as radioactive or chemical contamination on patient management 4. Concepts involved in trauma rehabilitation – referral to MDTs, patient support groups etc 5. Legal and forensic aspects to management of trauma patients e.g. Police, Safeguarding, Health & Safety Executive Liaison 			

You must be able to undertake in a safe and professional manner:

<ul style="list-style-type: none"> 6. Preparation of the trauma patient for transfer to CT Scan, MRI, Angiography, and the Operating Theatre 7. Preparation of the trauma patient for inter-hospital transfer e.g. Trauma Unit to Major Trauma Centre 8. Preparation of the trauma patient for repatriation 9. Locate the Trust Major Incident Policy and identify the role of the local trust/hospital and ward/department in regard to this 			
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Assessment & Development Plan Records

Trauma Competencies Tracker Sheet

NAME: - _____

The following table allows the tracking of the Trauma Competencies and should be completed by Mentors, Lead Assessors or Practice Educators (or equivalent) as the individual achieves each competency statement.

TRAUMA COMPETENCIES	Date Achieved	Mentor/Assessor Signature
T1. Patient Assessment		
T2. Chest Injury		
T3. Cardiothoracic Trauma		
T4. Major Haemorrhage and Fluid Therapy		
T5. Traumatic Brain Injury		
T5b. Spinal Injuries		
T6. Abdominal Surgery		
T7. Musculoskeletal Injuries and Compartment Syndrome		
T8. Burns and Smoke Inhalation		
T9. Damage Control Surgery		
T10. General Trauma Nursing Care and Management		
T11. Organisational and Managerial Concepts		

N.B there will be a variance between different Paediatric Critical Care facilities managing Trauma patients and therefore each individual facility should identify those competencies that are relevant - those competencies that are identified as not relevant can be 'greyed out' or not applicable noted beside them

Initial Assessment & Development Plan

Date: _____

This meeting between Learner and Lead Assessor should take place on commencement of these competencies. The learner will have worked within a Paediatric Critical Care Environment for 24 months before commencing these competencies.

CURRENT PAEDIATRIC CRITICAL CARE KNOWLEDGE, UNDERSTANDING AND SKILLS

COMPETENCIES TO BE ACHIEVED

SPECIFIC SUPPORTIVE STRATEGIES REQUIRED

LEARNERS Signature:

Lead Assessors / Practice Educators Signature:

NEXT AGREED MEETING DATE:

Ongoing Assessment & Development Plan

Date: _____

This meeting between Learner and Mentor is to identify the progress made by the nurse in achieving competence in practice against those competencies identified in the initial/previous meetings. It is here further objectives will be set. If the learner requires additional support a further action plan can be completed

REVIEW OF COMPETENCIES ACHIEVED

ON TARGET: YES / NO

IF NOT WHICH COMPETENCIES HAVE YET TO BE MET

REASONS FOR NOT ACHIEVING

SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE

KEY AREAS & ADDITIONAL COMPETENCIES TO BE ACHIEVED BEFORE NEXT MEETING

LEARNERS Signature:

Lead Assessors / Practice Educators Signature:

NEXT AGREED MEETING DATE:

Final Competency Assessment

Date: _____

This meeting is to identify that all the competencies have been achieved and that the nurse is considered a safe competent practitioner.

COMPETENCY STATEMENT

The nurse has been assessed against the competencies within this document and measured against the definition of competence below by paediatric critical care colleagues, mentors and assessors and is considered a competent safe practitioner within the critical care environment:

“The combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective critical care nursing care and interventions”.

As part of quality assurance, the nurse is expected to maintain a portfolio of practice as part of NMC regulations to support on-going competence and declare any training development needs to their line manager or appropriated other.

Competency will be reviewed annually as part of staff personal development plans. Where necessary, objectives will be set to further develop any emerging competency required to work safely within the critical care environment.

MENTORS COMMENTS

LEARNERS COMMENTS

LEARNERS Signature:

Mentors Signature:

NEXT AGREED MEETING DATE:

Annual Appraisal Competency Review

This page should be utilised following completion of this competency document annually at the nurse's appraisal to document retention of competency

Date: _____

This record is a statement between the nurse who has completed their Trauma competencies successfully and their Appraiser. It should be used and reviewed alongside local appraisal systems annually to ensure that the nurse continues to demonstrate themselves as a safe competent paediatric trauma critical care practitioner.

OVERALL COMPETENCY MAINTAINED: YES/NO

IF NOT WHAT COMPETENCIES REQUIRE FURTHER DEVELOPMENT

SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE

FURTHER COMMENTS

LEARNERS Signature:

Appraisers Signature:

Abbreviations

AIS	Abbreviated Injury Scale
AKI	Acute Kidney Injury
ALI	Acute Lung Injury
ARDS	Acute Respiratory Distress Syndrome
ASIA	American Spinal Injury Association
DCS	Damage Control Surgery
CPP	Cerebral Perfusion Pressure
CSW	Cerebral Salt Wasting
DI	Diabetes Insipidus
DIC	Disseminated Intravascular Coagulopathy
EoL	End of Life
EVD	Extra Ventricular Drain
FFP	Fresh Frozen Plasma
ICP	Intracranial Pressure
IO	Intraosseous
IR	Interventional Radiology
ISS	Injury Severity Score
MODS	Multi Organ Dysfunction Syndrome
MoI	Mechanism of Injury
PoP	Plaster of Paris
PTSD	Post Traumatic Stress Disorder
ROTEM	Rotational Thromboelastometry
SCIWORA	Spinal Cord Injury without Radiological Abnormality
STAG	Scottish Audit Trauma Network
TARN	Trauma Audit Research Network
TBI	Traumatic Brain Injury
TBSA	Total Body Surface Area
TEG	Thromboelastography
TRALI	Transfusion Related Acute Lung Injury
VAP	Ventilator Acquired Pneumonia

Learning Resources

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