

## Competency Checklist

<b>Date:</b>	
<b>Nurse's Name:</b>	
<b>Evaluator's Name:</b>	
<b>Competency:</b>	<b>Dyspnea</b>

### Indicators of Performance Level Summary

How Met		Level of Competency	
O	Direct Observation/Return Demonstration	1	Below Expected Standards
V	Verbalization/Discussion	2	Fully Meets Standards
T	Test	3	Well Above Standards
N/A	Not Applicable		

The Nurse demonstrates skills and competence in the following:	How met	Level of Competency			Evaluated by:
		1	2	3	
<b>Physical Data:</b>					
Vital Signs including changes such as increased/decreased pulse rate and rhythm, blood pressure and respiratory rate.					
Heart and lung evaluation, including any rales, wheezes, rhonchi. Labored breathing, jugular vein distention, and peripheral edema					
Abdominal evaluation for epigastric discomfort to palpation					
Pain evaluation including quality (tightness, radiating, etc.), onset and duration of pain and precipitating, aggravating and relieving factors					
Evidence of musculoskeletal pain.					
Evidence of Dizziness, palpitations, nausea, or indigestion. Cool clammy skin, diaphoresis.					
Signs of cyanosis, mottling					
Presence of ascites or edema of the face					
Description of symptoms (occur with activity or rest, constant or intermittent, began suddenly or gradually).					
<b>Medical History:</b>					
Patient's Age and sex					
Aggravating factors					
Related history of cardiac or GI problems, recent trauma, and smoking.					
All recent diagnosis especially those related to cardiac and pulmonary conditions.					
All current medications including Oxygen.					
All current diagnoses					
Recent labs or diagnostic test results, including EKG results if available.					