

### Competency Checklist

<b>Date:</b>	
<b>Nurse's Name:</b>	
<b>Evaluator's Name:</b>	
<b>Competency:</b>	<b>Shortness of Breath</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					
Heart and lung evaluation, including any rales, wheezes, rhonchi. Labored breathing, jugular vein distention, and peripheral edema					
Abdominal evaluation for epigastric discomfort to palpation					
O2 sats					
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					
Whether individual is struggling to breathe and/or using accessory muscles to help breathe.					
Related signs including cough or sputum production					
Evaluate level of consciousness, orientation.					
Evaluate skin for color, temperature (cool, clammy, etc.)					
<b>Medical History:</b>					
Patient's Age and sex					
Recent and current efforts to manage the situation					
All diagnoses especially related to cardiac or pulmonary diseases					
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.					
Any recent lab or diagnostic test results, including pulse oximetry results and findings of acid-base disturbance (acidosis, alkalosis).					
Does it occur during activity or rest					