

Charge Nurse Orientation

Not to be Used as a Competency Checklist

Name of Nurse:			Unit:
		(Printed)	
RN □	LPN 🗆		

Orientation Objectives:

By the end of this training, the preceptor should have covered the topics listed below so that the learner will be able to:

- 1) Demonstrate ability to monitor overall unit function and patient care.
- 2) Provide staff direction through assignment and delegation.
- 3) Recognize patient and unit emergencies and respond per NKC policy and unit protocol.
- 4) Recognize when to transfer complex patient/staff situations to the available RN, or RN with more experience, or to the appropriate member of the multidisciplinary team.

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Subject/Skill	Topic Discussed or Demonstrated	Date of Completion	Comments
Prior to Orienting to Charge the NKC Nurse Must Have Successfully Completed the Following Competency Checklists			
Blue Hemodialysis Clinical Competency Checklist			
 Medication Competency Checklist 			
Water Treatment Checklist			
AT BEGINNING OF SHIFT: CHARGE NURSE			
Adjust schedule for:			
 Sick Calls 			
 Staff Breaks (scheduling) 			
 No Shows (patient) 			
 Assigned Tasks 			
 Patient Backup Runs 			
Extra Runs			
 Assess Staff Assignments for Appropriateness 			
How to Start-Up Unit in AM (If			
Applicable)			
Disarm Unit Alarms			
Turn on Water			
Monitoring			
• 02			

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*Actions to Take for O2 Alarms	
*How to Turn Off Main Valve	
*Check Every 3 Hours (FSS or	
Nurse)	
√ Refrigerator Temps for Labs	
• √ Daily Emergency Checklist	
Has Been Completed	
• √ Emergency Phones (Red	
Phone)	
PATIENT ASSESSMENTS	
Stable or Unstable	
Dialyze in Unit or Not	
Call Medics	
Significance of "Gut" Reaction	
Access	
Familiar with Access Monitoring	
Program	
Able to use Ultrasound Scanner	
Assessing Readiness of Fistula	
*How to assess for maturation	
Knows how to follow through on	
the "Catheter Out" Initiative	
Assesses Problems and Directs	
Interventions	
Managing Clotted Accesses	
Uses cyberREN Access Screen	
Patient Monitoring	
Height Measurements	
B/P Cuff Measurements	
• DWE	
Anti-Coagulation Needs	
Knows Heparin Dosing	
Adjustment Protocol	
*Intervention for Prolonged	
Bleeding	
AMA Forms (Scanned)	
Policy for Bathroom Breaks Policy for Bathroom Breaks	
(Patients)	
Patient Rounds	
Fluid Removal set correctly	
Machine Settings Aggas Visible	
Access Visible	
Blood Flows	
Counter Current Flow	
Correct Concentrate	
PHYSICIAN ORDERS	
 Who Can/Cannot Prescribe for Our Patients 	
Taking Orders	

*Written *Werbal *Direct into cyberREN POLST Orders NKC Standing Orders S.O. for changing K+ baths Processing Orders Receiving Meds How to Order from Pharmacy Receiving Med Deliveries Rotating Stock Unit Charges Handling Narcotics Who Can Administer How Are They Signed Out How Are they Ordered Drug Counts (Narcotics) Wasting a Med Response to Incorrect Count LABS Critical Labs Notifications on the Weekedsy Critical Labs Notifications on the Weekedsy Contacting Lab Regional Rep. Contacting Lab Regional Rep. Kit/V (pre/post BUN) Residual Renal Function Entering Labels Kit/V (pre/post BUN) Residual Renal Function Entering Labels Viewing & Printing Reports Printing Labels Viewing & Printing Reports Problems Solving Lab Printer Printing Labels Viewing & Printing Reports Problems Printing Labels Viewing & Printing Reports Problems Printing Labels Viewing & Printing Reports Printing Labels Printing Labels Viewing & Printing Reports Printing Label	*Fax		1
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CN role with Patient Emergencies	 Follow up Documentation 		
Major Blood Loss	CN role with Patient Emergencies		
	Major Blood Loss		

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Anaphylaxis Called a language		
• Seizures		
 Falls Assessment/Documentation 		
 Needle Dislodgement 		
Wrong Dialyzer		
Wrong Bath		
 Hypoglycemia 		
Initiation of Safe Medical Device Act		
CN role with Facility Emergencies		
Function of EOC		
• Fire		
Earthquake		
• Flood		
Bomb		
No Power/No Water		
Volcano		
CN role with Staff Emergencies		
BBP Exposure/Red Envelope		
Cardiac Arrest		
Injuries/Falls, etc. (When to		
send to ER)		
Filling out SASs		
Filling out L&I Forms (Notify HR)		
for On-The-Job Injuries)		
EDIE SYSTEM		
Communicating Event		
If not Hospitalized		
NON - ROUTINE PATIENTS		
 Policy for running pt. 4X/wk 		
AKI PATIENTS		
Acute Orders/Goals		
NEW PATIENT ADMITS: Refer to Car	e Manager	
All Referrals Come Through		
Patient Services Coordinator		
 Initiate New Patient Packet 		
 Enter New Orders 		
 Schedule Station for Run 		
 First Run Consents Signed 		
 Use of <in-demand< li=""> </in-demand<>		
Interpreting>		
NURSING HOME PATIENTS		
 Calling Nursing Home with Post 		
Dialysis Critical Information		
 Running the Hemo Session- 		
Nursing Home Report and		
Faxing it.		
VISITING PATIENTS: Refer to Adria	n	
 Enter Orders 		

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 Assigned MD (Local 		
Nephrologist)		
Payment Rec'd		
Transient Labs		
 ABN Forms (Advance 		
Beneficiary Notice of		
Noncoverage).		
 Schedule Station for Run 		
 Medical Agreements/Risk 		
 Payment for Meds 		
END OF SHIFT - CHARGE NURSE		
 Discharge ALL Patients 		
 Run Med Report and Review 		
 Supervise Completion of Chores 		
 Do Med Count and Document 		
CLOSING UNIT – CHARGE NURSE		
 Machines Turned Off 		
 R/O Turned Off 		
 Med Room Locked 		
 Biohazardous Waste Removed 		
Building Locked - Alarms Set		
 Crystal Reports: Utilizing the 		
Charge Nurse Reports		
LEADERSHIP		
 Know Scopes of Practice 		
*RN		
*LPN		
*DT2		
*FSS		
*Unit Coordinator		
 Transportation Aide 		
 Delegates According to 		
Employee Scope of Practice and		
Skill Set		
New Employees		
 Attended Preceptor Class 		Date:
 Supervise Orientee 		
Assignments		
Supervise the Preceptor		
Managing Conflict (Patients, Staff,		
Visitors)		
Challenging Patient Program Davisus of fallenging agree during		
Reviewed following procedures		
knows where they are located: *Patient Conduct		
*Staff Patient Problem Solving *Conflict Debriofing		
*Conflict Debriefing *Clinical Action Plans		
*Structured Behavioral		
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Preceptor Signature:	Date:
 Transportation Problems and Taxi Script. 	
 Handling Complaints (Staff/Patient/Visitor) 	
 Use of NKC Contracts 	
 Handling Threats and Aggressive Behavior 	
*Patient Transfer and Discharge	

Preceptor Signature: _______ Date: ______

Preceptor Signature: ______ Date: ______

Orientee Signature: ______ Date: ______