

B: Nursing Process

Major Competency Area: **B**

Nursing Process

Priority: **One**

Competency: **B-1**

Assessment

Date: September 1, 2005

A Licensed Practical Nurse will:

B-1-1 Demonstrate ability to apply critical thinking and clinical judgment in the health assessment.

B-1-2 Demonstrate the knowledge and ability to assess the client:

- collect data
- historical
- current
- subjective
- objective.

B-1-3 Demonstrate the knowledge and ability to identify primary and secondary sources of data.

B-1-4 Demonstrate methods of data collection:

- client / family interview
- health history
- statistical data
- allergies
- chief complaint
- past health history
- family medical history
- medication history
- lab values
- social history
- cultural / spiritual history
- personal directives document
- personal history.

A Licensed Practical Nurse will:

B-1-5 Demonstrate ability to perform the physical assessment:

- systems assessment including, but not limited to:
 - cardiovascular
 - gastrointestinal
 - genitourinary
 - gynecological
 - integumentary
 - musculoskeletal
 - neurological
 - neurovascular
 - respiratory
- head to toe physical assessment using techniques such as:
 - inspection:
 - visual inspection of a body part or cavity
 - characteristics, e.g., size, shape, colour, symmetry, position, and abnormalities
 - digital cameras, dopplers, and bladder scanners
 - palpation:
 - use of fingers or hands to assess an organ, areas of the body or mass of tissue
 - observe for characteristics while palpating:
 - temperature
 - texture
 - turgor
 - moisture
 - size
 - vibrations
 - pulsation
 - shape
 - consistency
 - pain or tenderness.

A Licensed Practical Nurse will:

B-1-5 Demonstrate ability to perform the physical assessment: (continued)

- percussion:
 - striking or tapping an area of the body for determining density, size, and location of an underlying structure
 - observe for characteristics during percussion
 - differential of sounds:
 - percussion sound
 - intensity
 - pitch
 - duration
 - quality
- auscultation:
 - act of listening to sounds produced by the organs and blood vessels of the body
 - observe for characteristics while auscultating:
 - pitch
 - loudness
 - quality
 - duration.

B-1-6 Demonstrate knowledge and ability to perform vital sign and other assessments such as:

- temperature
- pulse
- respiration
- blood pressure
- pulse oximetry
- blood glucose.

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Nursing Process

Priority: **One**

Competency: **B-2**
Planning

Date: September 1, 2005

A Licensed Practical Nurse will:

- B-2-1 Demonstrate ability to apply critical thinking and clinical judgment in the planning of care.**
- B-2-2 Demonstrate the knowledge and ability to implement the planning process and establish priorities based on:**
- client needs / resources / privacy
 - client safety / risks
 - client desires / goals
 - family involvement
 - agency situation
 - timelines.
- B-2-3 Demonstrate knowledge and ability to identify and analyze nursing diagnoses.**
- B-2-4 Demonstrate knowledge and ability to prioritize the nursing diagnosis.**
- B-2-5 Demonstrate knowledge and ability to establish goals of care and expected outcomes:**
- short term
 - interim
 - long term.
- B-2-6 Demonstrate knowledge and ability to develop the nursing care plan:**
- written in terms of client behaviour
 - goals and outcomes must be observable and measurable
 - time orientated
 - clear and concise
 - consistent with physician orders
 - consistent with agency plan of care
 - document and communicate with health care team.

Major Competency Area: **B**

Nursing Process

Priority: **One**

Competency: **B-3**

Implementation

Date: September 1, 2005

A Licensed Practical Nurse will:

B-3-1 Demonstrate ability to apply critical thinking and clinical judgment during implementation of care plan.

B-3-2 Demonstrate the knowledge and ability to carry out interventions of the nursing care plan:

- reassess client
- review plan of care
- modify care plan
- organize equipment and supplies
- prepare environment
- client and family teaching
- anticipate and intervene to prevent complications
- consult with other health professionals as required
- reporting and documentation.

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Competency: **B-4**

Evaluation

Date: September 1, 2005

A Licensed Practical Nurse will:

B-4-1 Demonstrate ability to apply critical thinking and clinical judgment during ongoing evaluation of client.

B-4-2 Demonstrate knowledge and ability to evaluate client's response to care:

- assess the client's response to nursing actions
- assess the client's progress toward achieving goals
- assess the quality / effectiveness of nursing care provided
- measure the level of nursing care for the client
- determine family / social support system
- compare observed results with outcome criteria
- revise nursing diagnosis, outcomes, and care plan as needed
- follow through on further actions as indicated by assessment findings
- collaborate with health care team as appropriate
- document and communicate results of evaluation.