

Achievement of Proficiencies – Child

PART 1, 2, & 3 field specific examples & mapping

These proficiencies ***“apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field(s) of practice”***. (NMC, *Future Nurse*, 2018, p22, 26)

Assessment of Proficiencies are undertaken across the Part. These can be assessed in a range of placements but need to be assessed as Achieved (YES) at least once by the end of the Part. If a proficiency is assessed as Achieved (YES) early in the Part it is expected that the student maintains that level of competence and can be re-assessed in subsequent placements at the Practice Assessor’s discretion.

The Grade Descriptors are ‘Yes’ (this proficiency has been achieved), ‘No’ (this proficiency has not been achieved). Refer to Criteria for Assessment in Practice for further details.

The Practice Supervisor can contribute to the assessment of some of these proficiencies (in discussion with the Practice Assessor). The Practice Supervisor at this stage must be a registered nurse with a minimum of six months experience and working within their scope of practice.

Some of the proficiencies may be met within simulated learning as per the individual University’s policy.

PART/YEAR 1

Part 1 Assessment of Performance: The individual completing the assessment should draw on a range of observed experiences in which the student demonstrates the required knowledge, skills, attitudes and values to achieve high quality person-centred/family-centred care, ensuring all care is underpinned by effective communication skills.

Participates in assessing needs and planning person-centred care	
<p>1. Demonstrate and apply knowledge of commonly encountered presentations to inform a holistic nursing assessment including physical, psychological and socio-cultural needs. (3ANPC 3.3)</p>	<ul style="list-style-type: none"> • Be proactive and develop knowledge and skills specific to the relevant clinical setting e.g. neuro-oncology, renal, critical care, primary care etc. • Research some of the common conditions that may present in the relevant clinical setting, understanding the underlying anatomy and physiology, pathophysiology, treatment and effects of this treatment on the patient. • Consider how psychological and sociological factors can influence the health and well-being of children, young people (CYP) and families when undertaking nursing assessments. • Understand and demonstrate the importance of relationship building with the child and their family. Negotiate care with children and their parents taking into account wishes/culture/religion.
<p>2. Demonstrates understanding of a person's age and development in undertaking an accurate nursing assessment. (3ANPC 3.1)</p>	<ul style="list-style-type: none"> • Demonstrate an understanding of child and adolescent development (Physical, intellectual, language, emotional and social development.) • Demonstrate an ability to communicate that takes into account the CYP's age and developmental stage. • Demonstrate appropriate verbal and non-verbal communication skills to all patients and their families. • Understand and demonstrate the importance of building relationships with CYP and parents/carers. • Demonstrate the therapeutic importance of play for a child's understanding of, and recovery from, illness. • Demonstrate use of effective distraction skills appropriate for the child's/young person's age and developmental stage

<p>3. Accurately processes all information gathered during the assessment process to identify needs for fundamental nursing care and develop and document person-centred care plans. (1BAP 1.16, 3ANPC 3.2, 3.5, A 1.8)</p>	<ul style="list-style-type: none"> • Observe and undertake holistic admissions and assessments of patients that inform care planning and delivery e.g. admission documentation, PEWS, ASQ's/ developmental reviews • With assistance, plan, implement, evaluate and document daily care needs for patients and their families. • Keep accurate records that adhere to NMC record keeping guidance and local policy; across both written and electronic formats e.g. e-obs, fluid balance, medical notes, nursing paperwork. • Work in partnership with children, young people and their families in order to negotiate and individualise care.
<p>Participates in providing and evaluating person-centred care</p>	
<p>4. Work in partnership with people, families and carers to encourage shared decision-making to manage their own care when appropriate. (1BAP 1.9, 3ANPC 3.4, 3.15)</p>	<ul style="list-style-type: none"> • Understand and apply the principles of family centred care at all times. • Wherever possible empower CYP to make choices to participate in care and decision making where appropriate. • Observe, undertake and lead admissions and assessments that employ an ethos of CYP and parents as partners. • Understand the impact that illness can have upon the whole family including siblings. • Act as advocate on behalf of the child and/or the family when necessary • Recognise the role of the nurse in supporting the child/young person and family in difficult situations such as diagnosis and palliative care.

Participates in providing and evaluating person-centred care

<p>5. Demonstrates an understanding of the importance of therapeutic relationships in providing an appropriate level of care to support people with mental health, behavioural, cognitive and learning challenges. (4PEC 4.4, B1.1.1, B1.1.2, B1.1.3)</p>	<ul style="list-style-type: none"> • Demonstrate an understanding of the emotional effects of having a condition that may result in leading a restricted lifestyle, changes to body shape, changes in family and friend relationships. • Discuss and demonstrate the importance of professional boundaries. • Ensure young people are aware of services such as School, emotional and behavioural services the youth team that may aid their emotional and social health. • Recognise the role of the nurse in supporting the child/young person and family in difficult situations such as diagnosis and palliative care and where there may be safeguarding concerns • Recognise and act upon situations where communication may be more challenging e.g. a parent who has a learning disability. • Adhere to and apply the NMC Code of Conduct (2015) to practice.
<p>6. Provides person centred care to people experiencing symptoms such as anxiety, confusion, pain and breathlessness using verbal and non-verbal communication and appropriate use of open and closed questioning. (4PEC4.8, A1.3, A1.4, A1.5, A2.5, B1.1.1, B3.5, B8.1)</p>	<ul style="list-style-type: none"> • Understand the importance of, and utilise, techniques such as distraction and play therapy. • Recognise the importance of and involve play specialists where appropriate • Understand and demonstrate the importance of building relationships with CYP and parents/carers. • Ensure individual needs are taken account of and reduce barriers to communication where needed e.g. use of an interpreter. • Where possible offer choices to CYP • Be aware of and recognise the potential for patients to show emotional withdrawal. • Utilise children and young people's mental health assessment paperwork alongside appropriate communication and interpersonal skills
<p>7. Takes appropriate action in responding promptly to signs of deterioration or distress considering mental, physical, cognitive and behavioural health. (1BAP 1.12, 4PEC 4.8, B1.1.1)</p>	<ul style="list-style-type: none"> • Safely carry out clinical observations and early warning scores, recognising and responding to the deteriorating patient. • Recognise and respond to the needs of patients that may have cognitive impairment as a result of their condition. • Inform CYP and their parents of the opportunity to access support for their emotional well-being and mental health, such as youth services, primary care, support groups and psychologists.

1.1.5, B1.2.1, B1.2.2, B10.1)	<ul style="list-style-type: none"> • Work alongside the MDT to make best care decisions in conjunction with the patient and their family.
8. Assesses comfort levels, rest and sleep patterns demonstrating understanding of the specific needs of the person being cared for. (4PEC 4.1, B.3.1)	<ul style="list-style-type: none"> • Observe and undertake holistic admissions and assessments of patients that inform care planning and delivery including sleep and rest patterns. With assistance, plan, implement, evaluate and document daily care needs for patients and their families • Utilise evidence based assessment tools as appropriate and in accordance with local policy such as pain assessment tools, comfort and sedation scoring tools, Paediatric Glamorgan Pressure Ulcer Risk Assessment Tool. • Recognise parents' need for support with their infant and young child's sleep routines and be aware of further sources of help • Show an awareness and appropriate use of guidance for safe sleeping for infants

Participates in providing and evaluating person-centred care

9. Maintains privacy and dignity in implementing care to promote rest, sleep and comfort and encourages independence where appropriate. (4PEC 4.1, B3.6)	<ul style="list-style-type: none"> • Take measures to effectively maintain a CYPs privacy, comfort and dignity giving consideration to age and sex appropriate accommodation, in accordance with local policy. • Acknowledge, discuss and act upon issues of privacy and dignity for all CYP, appreciating the dilemma of providing same sex accommodation within a Children's Hospital setting. • Encourage self-care where appropriate.
10. Assesses skin and hygiene status and determines the need for intervention, making sure that the individual remains as independent as possible. (4PEC 4.7, B4.1)	<ul style="list-style-type: none"> • Ascertain the child's developmental level in relation to skin and hygiene needs • Assess and document the CYP and family's normal routine in order to incorporate this into care as much as possible e.g. use of prescribed medications such as emollients or creams, allergies or sensitivities. • Assess and observe for any culture-specific variations in practice. • Assess skin integrity demonstrating an awareness of appropriate risk assessment tools such as SKIN bundles, PYMHS and Glamorgan Pressure Ulcer Risk Assessment Tool. • Seek necessary intervention/treatment according to pressure risk assessment. • Demonstrate an awareness of the MDT and the availability of pressure relieving devices. • Provide assistance and aids for personal hygiene as required such as a bath chair, shower trolley



<p>11. Assists with washing, bathing, shaving and dressing and uses appropriate bed making techniques. (B 3.2, B4.3)</p>	<ul style="list-style-type: none"> • Assess and document a CYPs ability to effectively attend to their own hygiene needs. • Promote the maintenance of a CYP's normal hygiene routines, using their own belongings where appropriate • Safely and effectively attend to a dependent CYP's hygiene needs for example: nappy care; baby bath; assisted wash/shower/bath; hair care; nail care; dental care; hygiene needs prior to surgery/procedure. • Recognise the need for oral hygiene/mouth care including use of assessment tool; safely and effectively providing care. • Recognise opportunities to educate parents re dental care • Demonstrate ability to prepare a comfortable bed/cot etc
<p>12. Supports people with their diet and nutritional needs, taking cultural practices into account and uses appropriate aids to assist when needed. (4PEC 4.6, B5.3)</p>	<ul style="list-style-type: none"> • Perform an assessment of nutritional status for example using PYMS, food diaries, identifies needs in accordance with cultural requirements and plan care. • Communicate the level of risk to appropriate professionals. • Accurately record nutritional/food intake • Assisting with feeding an infant; child; young person; with a variety of needs, both safely and with dignity • Calculating infant formula requirements according to weight and correctly making up infant formula according to local policy. • Applies the principles of food hygiene. • Promoting and educating CYP and parents/carers regarding optimum nutrition. • Provision of support to parents where mother intends to breastfeed / is breastfeeding
<p>13. Can explain the signs and symptoms of dehydration or fluid retention and accurately records fluid intake and output. (4PEC 4.6, B5.4)</p>	<ul style="list-style-type: none"> • Performs a comprehensive assessment of hydration status, identifies needs and plans care. • Communicates the level of risk to appropriate professionals. • Accurately records fluid intake and output over a four hour and 24 hour period and is able to recognise fluid imbalance. • Be aware of and follow fluid restriction/ fluid targets for example in renal patients. • Be aware of acceptable parameters (e.g. in relation to fluid balance/ BP) and take appropriate and timely action if observations fall outside of the agreed acceptable parameters.

	<ul style="list-style-type: none"> • Consider the need for regular weighing of the patient • Communicates to parents how to monitor fluid intake and output in a home setting
<p>14. Assists with toileting, maintaining dignity and privacy and managing the use of appropriate aids including pans, bottles and commodes. (4PEC 4.6, B6.1)</p>	<ul style="list-style-type: none"> • Assessing and monitoring of continence in relation to the CYPs developmental age and medical conditions: Urinary, including signs and symptoms of UTI Faecal, including constipation and diarrhoea • Measurement of urine output using a variety of methods e.g. weighing nappies, daily weight. • Performance, interpretation and documentation of routine urinalysis. • Collection and management of samples such as urine and stool in accordance with local policy. • Provision of holistic care for CYP requiring continence aids. • Promoting and educating CYP and parents/carers in achieving optimum continence in relation to age and development

Participates in providing and evaluating person-centred care

<p>15. Selects and uses continence and feminine hygiene products, for example, pads, sheaths and appliances as appropriate. (B6.2)</p>	<ul style="list-style-type: none"> • Promote continuation of a CYP's normal routine and where necessary take appropriate actions to manage: urinary problems; faecal problems through the use of continence aids. • Maintain CYP privacy, dignity and safety when using continence aids and feminine hygiene products. • In relation to the CYP's developmental age and medical conditions demonstrate an awareness of specialist teams to support the CYP and their parents/carers to manage their needs effectively e.g. enuresis team.
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<p>16. Assesses the need for support in caring for people with reduced mobility and demonstrates understanding of the level of intervention needed to maintain safety and promote independence. (4PEC 4.7, B7.1)</p>	<ul style="list-style-type: none"> • Demonstrate understanding and participate in moving and handling risk assessments. • In accordance with local policy utilise evidence based reduced mobility risk assessment tools such as Paediatric Glamorgan Pressure Ulcer Risk Assessment Tool.
<p>Participates in procedures for the planning, provision and management of person-centred care</p>	
<p>17. Uses a range of appropriate moving and handling techniques and equipment to support people with impaired mobility. (B7.2, B7.3)</p>	<ul style="list-style-type: none"> • Demonstrate appropriate skills and knowledge related to the safe use and maintenance of a variety of manual handling equipment e.g. slide sheets, hoists, beds/cot and the use of positioning aids • Demonstrate appropriate skills and knowledge related to the safe transfer of CYP from floor to chair/pushchair; bed/cot to chair/pushchair; from bed to trolley/bed; using a hoist.
<p>18. Consistently utilises evidence based hand washing techniques. (B9.6)</p>	<ul style="list-style-type: none"> • Demonstrate appropriate, knowledge skills and attitudes ensuring effective hand hygiene when using <ul style="list-style-type: none"> ○ Soap ○ Alcohol ○ Appropriate use of Personal Protective Equipment (PPE) • Can teach CYP/parents or carers/visitors about the need for effective hand hygiene and handwashing techniques both in clinical and home settings
<p>19. Identifies potential infection risks and responds appropriately using best practice guidelines and utilises personal protection equipment appropriately. (B9.1, B9.4)</p>	<ul style="list-style-type: none"> • Recognise the importance of adhering to and promoting excellent infection control practices, such as: <ul style="list-style-type: none"> ○ Appropriate use of personal protective equipment. ○ Appropriate patient isolation • Recognise the link between hand hygiene and certain medical conditions e.g. HUS (Haemolytic-Uraemic Syndrome) • Contribute to infection control risk assessment and reporting e.g. MRSA screen, ward audit, CDIFF, CRE reporting



	<ul style="list-style-type: none"> • Demonstrate an awareness of how to access specialist advice from the infection control team. • Demonstrates an understanding of different infection risks between home and clinical environment
20. Demonstrates understanding of safe decontamination and safe disposal of waste, laundry and sharps. (B9.7, B9.8)	<ul style="list-style-type: none"> • Demonstrate understanding of safe disposal of waste and linen in accordance with local policy. • Demonstrate understanding of decontamination/cleaning of multi-use equipment e.g. beds, toys and maintenance of a clean environment.

Participates in procedures for the planning, provision and management of person-centred care	
21. Effectively uses manual techniques and electronic devices to take, record and interpret vital signs, and escalate as appropriate. (3ANPC 3.11, 3.12, B2.1, B4.8)	<ul style="list-style-type: none"> • Gains informed consent of CYP/Parent or carer to undertake an assessment • Demonstrates a structured approach to assessment for example ABCDE <ul style="list-style-type: none"> ○ Observe, record and interpret respiratory rate, efficacy, depth and rhythm, recognising abnormal respiratory measurements and responding appropriately. ○ Measure and interprets oxygen saturation levels using pulse oximetry. Responds to measurements in accordance with local protocols including oxygen therapy and airway support. ○ Effectively measures and records rate and rhythm of pulse both centrally and peripherally, recognising abnormal pulse measurements ○ Effectively measure and record BP manually and electronically, recognising abnormal BP measurements ○ Undertaking and interpreting capillary refill tests, central and peripheral • Recognises the importance of observations made on CYP, interprets correctly and escalates accordingly <ul style="list-style-type: none"> ○ Effective use of the Paediatric Early Warning Score ○ Effective use of the ABCDE algorithm ○ Ensures vital signs are documented either using electronic methods or on observation charts. ○ Escalation of results and communication using SBAR

	<ul style="list-style-type: none"> ○ Adjusts the level of monitoring as appropriate.
22. Accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinical significance of low/high readings. (3ANPC 3.11, 3.12, B2.6)	<ul style="list-style-type: none"> ● Accurately measures a CYP's height and weight. ● Calculates body mass index/ plots the centile ● Identifies normal BMI/centile parameters ● Communicates any readings outside of normal parameters to appropriate professionals. ● Records on correct documentation
23. Collect and observe sputum, urine and stool specimens, undertaking routine analysis and interpreting findings. (3ANPC 3.11, 3.12, B2.9)	<ul style="list-style-type: none"> ● Assesses monitors and records chest secretions, urine and stools. ● Recognises when microbial samples are required ● Identifies equipment to take samples ● Obtains specimen collections, urine, stool, nasopharyngeal aspirate (NPA)/sputum sample in accordance with local policy ● Stores and transports specimens in accordance with local policy. ● Performance, interpretation and documentation of routine urinalysis.
Participates in improving safety and quality of person-centred care	
24. Accurately undertakes person centred risk assessments proactively using a range of evidence based assessment and improvement tools. (6ISQC 6.5, B7.1)	<ul style="list-style-type: none"> ● Accurately uses and interprets specific person centred risk assessments including: <ul style="list-style-type: none"> ○ Paediatric Early Warning Scores ○ ABCDE algorithm ○ Pain assessment tools in accordance with local policy ○ PYMHS tool ○ Paediatric Glamorgan Pressure Ulcer Risk Assessment Tool ○ Skin Bundles ○ Escalation of results and communication using SBAR ○ Healthy child programme 0-19
25. Applies the principles of health and safety regulations to maintain safe work and care environments and proactively responds to potential hazards.	<ul style="list-style-type: none"> ● Demonstrates ability to apply skills and knowledge of: <ul style="list-style-type: none"> ○ MHRA regulations ○ COSHH regulations ○ RIDDOR regulations ○ Safeguarding procedures: including location of policies, referral processes, documentation, and how to seek specialist support

(6ISQC 6.1, 6ISQC 6.6)	<ul style="list-style-type: none"> ○ Safe use and disposal of sharps and management of a sharps injury; understanding of management of a sharps injury ○ Action to be taken following exposure to a potentially hazardous substance e.g. needle stick injury, blood spillage ○ Demonstrate awareness of accident prevention in relation to child's age and stage of development
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Participates in the coordination of person-centred care	
<p>26. Demonstrate an understanding of the principles of partnership, collaboration and multi-agency working across all sectors of health and social care. (3ANPC 3.15, 7CC 7.1)</p>	<ul style="list-style-type: none"> ● Acts in accordance with Values and Behaviours record in MYEPAD ● Identification of the roles and responsibilities of the inter-disciplinary team members including nursing personnel, allied health care professionals including therapists, medical staff, porter staff, administrative staff, social workers (this is not an exclusive list) ● Communication with members of the MDT including information sharing ● Participation in clinical handover ● Contribute to the Common Assessment Framework(CAF) for a child with additional needs
<p>27. Demonstrate an understanding of the challenges of providing safe nursing care for people with co- morbidities including physical, psychological and socio-cultural needs. (3 PEC 3.13, 7CC 7.5)</p>	<ul style="list-style-type: none"> ● Promoting and providing holistic and individualised care ● Demonstrates an understanding of the emotional effects of having a condition that may result in leading a restricted lifestyle, changes to body shape, changes in family and friend relationships. ● Collaborating with and involving other disciplines where appropriate e.g. members of MDT, faith personnel
<p>28. Understand the principles of and processes involved in supporting people and families so that they can maintain their independence</p>	<ul style="list-style-type: none"> ● Promote and provide holistic and individualised care. ● Support a CYP, parent/carer when exploring and expressing their needs and beliefs. ● Being sensitive to the CYP and their place within a family unit whilst also supporting the needs of the young person in developing their individual identity



<p>as much as possible. (3ANPC 3.15, 4PEC 4.2, 7CC 7.8)</p>	<ul style="list-style-type: none"> • Being available as someone with whom the CYP, parent/carer can share their hopes and fears • Assist in the provision of culturally appropriate support and information • Actively promote positive parenting whenever possible • Directs families to support services whilst respecting their autonomy
<p>29. Provides accurate, clear, verbal, digital or written information when handing over care responsibilities to others. (A 1.8, A1.9, A1.11)</p>	<ul style="list-style-type: none"> • In accordance with NMC guidance: <ul style="list-style-type: none"> ○ ensure records are factual, accurate and clearly documented ○ Written/recorded consecutively and as soon as possible after an event has occurred, providing current information on the condition of the child and care given/action taken ○ All charts/documentation are completed accurately ○ Records are dated, timed and signed ○ Demonstrates understanding of information governance. ○ Ensures patient confidentiality is maintained at all times ○ Be aware of and demonstrate the principles of Information Governance.

PART/YEAR 2

Part 2 Assessment of Performance: The individual completing the assessment should draw on a range of observed experiences in which the students demonstrates the required knowledge, skills, attitudes and values to achieve high quality person/family-centred care in an increasingly confident manner, ensuring all care is underpinned by effective communication skills.

Those marked with an * can be assessed in Part 2 or Part 3. Please record in OAR as well.

Participates in assessing needs and planning person-centred care with increased confidence

<p>1. Support people to make informed choices to promote their wellbeing and recovery, assessing their motivation and capacity for change using appropriate therapeutic interventions e.g. cognitive behavioural therapy techniques. (2PHPIH 2.8, 2.9, 2.10, A2.7, A3.6)</p>	<ul style="list-style-type: none"> • Demonstrate knowledge and understanding of local demographic and health needs • Identify and understand cultural expectations with CYP and their carers • Contribute to parenting groups via Early Help Offer Groups – both open access and targeted support. Observes motivational/promotional interviewing techniques; lead a session e.g. on the importance of play, listening and language or Vit D needs • Provide culturally appropriate play experiences or interventions for children • Provide patients and families with appropriate health promotion advice e.g. smoking cessation, safe sleeping, and healthy eating • Provide patients and families with advice and support in managing their chronic condition
<p>2. Apply the principles underpinning partnerships in care demonstrating understanding of a person's capacity in shared assessment, planning, decision- making and goal setting. (1BAP 1.9, 2PHPIH 2.9, 3ANPC 3.4, 4 PEC 4.2)</p>	<ul style="list-style-type: none"> • Demonstrates open and honest communication • Explore the mother's and father's feelings, attitudes and expectations in relation to pregnancy, birth and the growing relationship with the baby. • Listen to parents carefully, encouraging them as necessary to find solutions for themselves. • Empower parents to develop effective strategies that build resilience, facilitate infant development and enable them to adapt to their parenting role. • Enable parents to recognise and use their own strengths and those of their informal networks, as well as formal services if appropriate. • Understand and apply the ethos of family centred care • Demonstrate understanding in when Gillick competence would need to be considered • Develop a plan of care in partnership with children, young people and their families

<p>* 3. Recognise people at risk of self-harm and/or suicidal ideation and demonstrates the knowledge and skills required to support person-centred evidence-based practice using appropriate risk assessment tools as needed. (3ANPC 3.9, 3.10, 4PEC 4.11)</p>	<ul style="list-style-type: none"> • Observe and contribute to assessments for post-natal mental health using the EPND screening tool or Whoolley questions • Observe and contribute to risk assessments for self-harm and suicide in the acute paediatric setting. • Utilise appropriate communicative and therapeutic skills when caring for a child/young person admitted with self-harm and/or suicide
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Participates in assessing needs and planning person-centred care with increased confidence	
<p>* 4. Demonstrates an understanding of the needs of people and families for care at the end of life and contributes to the decision-making relating to treatment and care preferences. (3ANPC 3.14, 4PEC 4.9, B10.3, B 10.6)</p>	<ul style="list-style-type: none"> • Spend time with specialist teams to gain knowledge and insight into end of life care. • Develop an awareness of personal resuscitation plans and how these are put into place in conjunction with families and the multi professional team. • Demonstrates an awareness or participates in the on-going care of a child/young person and their family after a sudden unexpected death • Be aware of and refer to specialist services where appropriate e.g. Hospice, bereavement team • Contribute to the assessment, planning, implementation and evaluation of end of life care
Participates in delivering and evaluating person centred care with increased confidence	
<p>5. Provides people, their families and carers with accurate information about their treatment and care, using repetition and positive reinforcement when undergoing a range of interventions and accesses translator services as required.</p>	<ul style="list-style-type: none"> • Identifies relevant components of the core offer in Healthy Child (0-19) programme: Universal, Universal plus and Universal partnership plus • Is able to refer a CYP to an appropriate to an appropriate professional in line with S.O.P • Identifies barriers to partnership working, both individual and institutional • Refer to translator services as required • Provide discharge information, with a consideration of different communication methods that may be needed e.g. verbal, written • Communicate effectively the plan of care through different methods such as ward round, care planning, written patient information.



(4PEC 4.3 A1.2, A2.8, A1.12, A2.6)	
6. Works in partnership with people, families and carers to monitor and evaluate the effectiveness of agreed evidence based care plans and readjust goals as appropriate drawing on the person's strengths and assets. (3ANPC 3.15, 4PEC 4.2, A3.9)	<ul style="list-style-type: none"> • Promote positive parenting, listen to parents and encourage them to find solutions themselves • Communicate effectively with members of the multidisciplinary team • Attends and participates in core group, review and strategy meetings • Devise and evaluate nursing care plans in partnership with children, young people and families • Complete 'About Me' documentation in conjunction with families where appropriate.
7. Maintains accurate, clear and legible documentation of all aspects of care delivery, using digital technologies where required. (5LMNLWIT 5.11, A1.8, A10)	<ul style="list-style-type: none"> • Complete documentation in accordance with NMC guidance • Ensures records are factual, accurate, legible, contemporaneous, dated and signed/countersigned • Wherever possible these are shared with the child/YP and family/carers • The principles of information governance are adhered to • Uses digital technologies such as e-observations and electronic medical notes

Participates in delivering and evaluating person centred care with increased confidence

<p>8. Makes informed judgements and initiates appropriate evidence based interventions in managing a range of commonly encountered presentations. (4PEC 4.4, 4PEC 4.5, B1.1.1, B1.2.2)</p>	<ul style="list-style-type: none"> • Demonstrates knowledge of the health Child Programme including developmental norms and local operating procedures • Records assessment of planned developmental reviews • Follows local trust guidelines and nursing procedures to provide evidence based care • Demonstrate an ability to identify common medical conditions in the allocated placement area, as well as the evidence base behind the care provided.
<p>Participates in the procedures for the planning, provision and management of person-centred care with increased confidence</p>	
<p>9. Assesses skin and hygiene status and demonstrates knowledge of appropriate products to prevent and manage skin breakdown. (B4.1, B4.2, B4.4)</p>	<ul style="list-style-type: none"> • Maintains appropriate infection control procedures in care of the neonate; including care of the eyes, mouth, umbilicus and nappy area • Completes appropriate risk assessment tools and refer to relevant specialist teams where needed, such as tissue viability • Utilise appropriate products to maintain skin integrity, for example when an NG tube is in-situ • Identify products used in the clinical area to promote skin integrity • Have an awareness of moisture lesions and associated preventative measures
<p>* 10. Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate). (B4.6, B4.7)</p>	<ul style="list-style-type: none"> • Apply principles of ANTT and asepsis • Removal of stitches, sutures and clips under supervision • Removal of drains under close supervision
<p>11. Effectively uses evidence based nutritional assessment tools to determine the need for intervention. (B5.1, B5.2)</p>	<ul style="list-style-type: none"> • Provide support to the mother who intends, or is, breastfeeding • Calculate frequency and amount of infant formula feeds over a 24 hour period based on age/weight • Use appropriate tools for weighing and measuring a child/YP and selecting appropriate recording chart • Use an appropriate nutritional assessment tool, and take action as required



12. Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate. (B5.6, B5.7)

- Safely calculate the frequency and volume of infant feeds
- Complete a nasogastric tube/enteral feeding package where available in the clinical area
- Insert a nasogastric tube under supervision and as per hospital policy
- Feed an infant/child via a nasogastric tube following local hospital policy

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	
<p>13. Assess level of urinary and bowel continence to determine the need for support, intervention and the person's potential for self-management. (B6.1, 6.2, 2PHPIH 2.8)</p>	<ul style="list-style-type: none"> • Demonstrates an understanding of the typical development of bowel and bladder control in C/YP and be able to advise parents/carers of techniques to assist • Assess and monitor continence in relation to the child/young person's developmental age and medical condition • Identify signs and management of common urinary and bowel conditions e.g. UTI, constipation, diarrhoea • Promote the continuation of a child/young person's normal routine and where necessary take appropriate action to manage any urinary or faecal problems
<p>* 14. Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate. (B6.2)</p>	<ul style="list-style-type: none"> • Safely assist/perform catheterisation under supervision as per local policy • Effectively provide holistic care for a child/young person with a catheter in situ • Remove a catheter under supervision • Identify the different types of catheterisation and the subsequent care required e.g. supra-pubic, intermittent
<p>* 15. Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate). (B2.12, B2.16)</p>	<ul style="list-style-type: none"> • Recognises seizures in home or primary health care setting • Assesses a child/young person using AVPU system and respond appropriately • Undertakes neurological observations including assessment and recording of: <ul style="list-style-type: none"> ○ Glasgow Coma Scale ○ Pupil responses ○ Vital signs ○ Motor function ○ Recognition of abnormal neurological observations & initiation of appropriate response • Effectively cares for an unconscious CYP including: <ul style="list-style-type: none"> ○ Safe positioning ○ Airway management • Adjusting frequency of neurological observations as per local protocol • Provision of advice and education to CYP and parents/carers about discharge following a head injury

	<ul style="list-style-type: none"> • Recognise the long term impact of a traumatic brain injury on a CYP and their family • Safe and effective care of a CYP who has a seizure including: <ul style="list-style-type: none"> ○ Immediate assessment and stabilisation – ABCDE ○ Seizure control and management as prescribed/ local protocol/algorithm via PR, buccal and IV routes ○ Documentation of seizure activity and care given
<p>16. Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person's potential for self-management. (2PHPIH 2.8, B3.3, B7.1)</p>	<ul style="list-style-type: none"> • Complete and moving and handling risk assessment tool e.g. in preparation for safe transfer to theatre • Use appropriate paediatric risk assessment tools related to mobilisation e.g. Glamorgan Pressure Ulcer Risk Assessment Tool, SKKIN bundles
<p>17. Effectively manages the risk of falls using best practice approaches. (B7.1, B7.2, B 7.3)</p>	<ul style="list-style-type: none"> • Apply moving and handling principles to the paediatric setting • Assess the developmental stage and the ambulation capabilities of the child/young person, taking into account medical diagnosis, mental state, toileting needs and medications. • Demonstrate understanding of normal child development and use appropriate safety measures accordingly e.g. use of cot, bed sides and incubator windows • Educate parents to ensure they are aware of maintaining a safe environment for their child in Hospital including safe sleeping • Document any falls using local incident reporting policy

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence

<p>18. Uses appropriate safety techniques and devices when meeting a person's needs and support with mobility providing</p>	<ul style="list-style-type: none"> • Monitors age and stage of development; links to potential hazards and advises parents/carers to prevent accidents • Maintain a safe environment to ensure the risk of injury/accident is minimised e.g. declutter floor areas to allow for toddling children • Safely use mobility equipment in the area e.g. wheelchairs, hoists, crutches
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<p>evidence based rationale to support decision making. (B7.4)</p>	<ul style="list-style-type: none"> • Refer to and liaise with the multi-professional team in regard to mobility needs
<p>* 19. Undertakes a comprehensive respiratory assessment including chest auscultation e.g. peak flow and pulse oximetry (where appropriate) and manages the administration of oxygen using a range of routes (B8.1, B8.2, B8.3, B8.6)</p>	<ul style="list-style-type: none"> • Assesses patency of an airway; maintain an open airway using head tilt, chin lift/jaw thrust • Assesses the need for and insert of an appropriately sized oropharyngeal airway. • Able to observe, record and interpret respiratory rate, depth and rhythm • Recognises abnormal respiratory measurements and responds appropriately • Evaluates the efficacy of a CYP's breathing and oxygenation <ul style="list-style-type: none"> ○ Auscultates the CYP's chest ○ Measures and interprets oxygen saturations using pulse oximetry ○ Records and interprets peak expiratory flow rate ○ Responds to measurements in accordance with local protocols including oxygen therapy and airway support ○ Accurately assigns early warning scores and responds appropriately • Assess and interpret cough and sputum and respond appropriately • Prepare and administer oxygen equipment as prescribed using: nasal cannula, venturi mask; high flow nasal cannula, non re-breathe mask; simple face mask; head box; humidification. Records oxygen flow and percentage and provide appropriate care. • Administers nebuliser as prescribed: air compressor; oxygen driven • Demonstrates how to use an inhaler and can assess the CYPs technique • Teaches and assesses a CYP and parent/carer in the effective use of an inhaler device
<p>* 20. Uses best practice approaches to undertake nasal and oral suctioning techniques. (B8.4)</p>	<ul style="list-style-type: none"> • Perform safety checks prior to suctioning e.g. check wall suction equipment is working, and oxygen is available • Accurately assess the need for suctioning, and identify any contraindications • Suction using the correct procedure and equipment via range of methods <ul style="list-style-type: none"> ○ Oral via yankeur ○ Oropharyngeal via catheter ○ Nasopharyngeal

	<ul style="list-style-type: none"> ○ Endotracheal ○ Tracheostomy
<p>21. Effectively uses standard precaution protocols and isolation procedures when required and provides appropriate rationale. (B9.2, B9.5)</p>	<ul style="list-style-type: none"> ● Demonstrate an ability to adhere to standard precautions in the clinical area ● Is able to apply the principles of infection control to: <ul style="list-style-type: none"> ○ Source isolation ○ Protective isolation ○ Cohort nursing ○ General care environment ○ CYP with an infection in a general clinical area. ● Can teach visitors/parents/carers/CYP/staff about infection control risks, prevention and management
<p>22. Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care. (A 2.1, A2.8)</p>	<ul style="list-style-type: none"> ● Ensures records are written wherever possible with the involvement of the C/Yp and their parent/carer using language that can be understood easily ● Effectively initiate, maintain and terminate communication with CYP and their families/carers concerning their treatment and holistic care ● Consideration of providing information in range of formats e.g. written, verbal ● Provision of culturally appropriate support and information to CYP/parents and carers ● Collaborate with the multi-professional team where appropriate

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	
23. Undertakes assessments using appropriate diagnostic equipment in particular blood glucose monitors and can interpret findings. (3ANPC 3.11, 3.12, 4PEC 4.12, B2.5, B2.10)	<ul style="list-style-type: none"> • Identify why a blood glucose measurement might be required • Undertake correct blood glucose monitoring procedure, documenting results accurately • Correctly interpret blood glucose results and take action as required
* 24. Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings. (3ANPC 3.11, 3.12, PEC 4.12, B2.3)	<ul style="list-style-type: none"> • Undertakes an examination of the CYP's physical features and behaviours including assessment of the CYP's general appearance, including <ul style="list-style-type: none"> ○ Colour, central and peripheral: pink, flushed, pale, mottled, cyanosed, diaphoresis ○ Examine circulatory status of upper and lower extremities including abnormal shapes to the thorax and/or fingers or toes, distended neck vein, visible pulsations ○ Capillary refill time (CRT) ○ Presence of oedema, central and peripheral ○ Hydration status; skin turgor, oral mucosa and anterior fontanelle in infants. ○ Temperature, respiration, oedema, skin colour, visible pulsations, toes or fingers, . • Palpates central and peripheral pulses for rate rhythm and volume. • Auscultate the apical pulse and compare peripheral pulse and apical pulse for consistency (rate and rhythm) • Auscultate the chest for heart sounds and murmurs detect characteristics and abnormalities in heart sounds, heart rate and rhythm • Recognise cardiac rhythms on a 3 lead monitor: sinus rhythm; ventricular fibrillation; ventricular tachycardia; asystole. • Demonstrate knowledge and ability to undertake a 12 lead ECG recording • Escalates any concerns or abnormal assessments appropriately and in accordance with local policy
Participates in improving safety and quality of person-centred care with increased confidence	

<p>* 25. Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles. (B2.2)</p>	<ul style="list-style-type: none"> • Identify why blood profiles and venepuncture may be required • Interpret and document normal and abnormal blood results • Assess the select an appropriate site for venepuncture • Demonstrate correct, safe and effective technique in accordance with local policy • Ensure the CYP is appropriately positioned and supported, considering the use of distraction therapy and play specialists
<p>* 26. Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy. (B2.2)</p>	<ul style="list-style-type: none"> • Identify why cannulation may be required • Assess the select an appropriate site for cannulation • Demonstrate correct, safe and effective technique in accordance with local policy • Demonstrate effective documentation of cannulation e.g. cannula size, date and time of insertion, instigation of VIPs • Demonstrate effective care of a cannulation site, with use of appropriate documentation e.g. VIPs • Demonstrate safe and effective removal of a cannula • Ensure the CYP is appropriately positioned and supported, considering the use of distraction therapy and play specialists • Ensure CYP/parents are effectively educated and supported about cannulation and subsequent care
<p>* 27. Manage and monitor blood component transfusions in line with local policy and evidence based practice. (4PEC 4.12, B2.4)</p>	<ul style="list-style-type: none"> • Demonstrate understanding of safe principles when administering blood and have an awareness of the local guidelines. • Contribute to the safe provision of blood and complete required patient observations when blood is being administered as per local guideline. • Show awareness of complications that could arise during a blood transfusion.
<p>* 28. Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required.(B1.2.3, B2.13) (B 1.2.3, B2.13)</p>	<ul style="list-style-type: none"> • Aware of local sepsis guidelines and treatment protocol • Able to recognises a deteriorating patient and escalate appropriately using the relevant hospital systems. • Demonstrates an A-E assessment and can identify parameters outside of the normal ranges. • Utilise SBAR to communicate patient assessment to other team members.



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Participates in improving safety and quality of person-centred care with increased confidence	
29. Applies an understanding of the differences between risk management, positive risk taking and risk aversion to avoid compromising quality of care and health outcomes. (6ISQC 6.10)	<ul style="list-style-type: none"> • Able to utilise and implement relevant risk assessment tools within the clinical area • Have an understanding of why risk assessments are completed and what action should be taken when a risk is identified. • Be able to articulate when we may need to work outside of a prescribed risk assessment to promote quality care and health outcomes– for example parental concerns with a child with low PEWS score.
30. Demonstrates awareness of strategies that develop resilience in themselves and others and applies these in practice. E.g. solution focused therapies or talking therapies. (6ISQC 6.11, A 3.2, 3.4)	<ul style="list-style-type: none"> • Demonstrates knowledge of typical emotional regulation in CYP and communicates strategies to support dysregulation and signposts to available services • Able to signpost to different methods of developing resilience and what support mechanisms are available to them and patients. • Utilise clinical supervisions • Show understanding of reflective practice and actively engage in reflection • Have an awareness of which members of the multi-disciplinary team are there to support them and where appropriate be involved in debrief following clinical situations
Participates in the coordination of person-centred care with increased confidence	
31. Participates in the planning to ensure safe discharge and transition across services, caseloads and settings demonstrating the application of best practice. (4 PEC4.18,7CC 7.10)	<ul style="list-style-type: none"> • Recognises the roles and responsibilities of inter-disciplinary team members to ensure appropriate referral of CYP to facilitate safe discharge and transition across services. • Communication with members of the multi-disciplinary team to include information sharing • Participates in inter-disciplinary review and documentation including attendance at a discharge and/or transition planning meeting • Participation in clinical review and handover. • Understands need for accurate electronic recording e.g SystemOne for records transferred between authorities or between services (e.g. Midwife to Health Visitor to School nurse; transition from neonatal to paediatric to adult services) • Accurately records on documentation e.g.centile chart and within Child health record (Red

	Book), discharge and transition documentation (paper or electronic version)
32. Negotiates and advocates on behalf of people in their care and makes reasonable adjustments to the assessment, planning and delivery of their care. (BAP 1.12, 7CC 7.9)	<ul style="list-style-type: none"> • Assist with, or lead, the management of a patient caseload, responding to complex clinical decisions and seeking assistance where necessary. • Wherever possible and appropriate offer and advocate for CYP to have choices in their care and treatment. • Understand, and where appropriate, apply the principles of Gillick competence. • Work alongside the MDT to make best care decisions in conjunction with the CYP and their family • Ensure good communication between all professionals and services involved with the CYP and that information provided is clear and easily understood. • Relay information in an open and honest way to CYP, parents/carers
33. Demonstrates effective persons and team management approaches in dealing with concerns and anxieties using appropriate de-escalation strategies when dealing with conflict. (A 4.2.1 – 4.2.5)	<ul style="list-style-type: none"> • Able to delegate care appropriately and identify when care may need to be delegated • Utilise and support other team members to ensure the best outcomes for patients and families. • Show awareness of the wide multi professional team and support structure when dealing with conflict e.g. site matron, security. • Demonstrate skills in communicating with families under distressing and challenging situations • Escalate appropriately in situations of conflict that have not been resolved. • Have awareness of duty of candour and when and how it applies. • Identifies and responds appropriately to expressed safeguarding concerns

The following proficiencies can be achieved in Part 2 or Part 3. These are currently reflected in the Part 3 document and the OAR. If the student is achieving these proficiencies in Part 2, record achievement below and in the OAR

<p>Part 3, No. 4 Recognises signs of deterioration (mental distress/emotional vulnerability/physical symptoms) and takes prompt and appropriate action to prevent or reduce risk of harm to the person and others using for example positive behavioural therapy or distraction and diversion strategies.</p>	<ul style="list-style-type: none"> • Carry out clinical observations and early warning scores, recognising and responding to the deteriorating patient. Clinical observations should include an assessment of a patient's emotional wellbeing • Escalate any concerns regarding signs of deterioration as appropriate • Make effective use of strategies to reduce the risk of harm e.g. distraction, play therapy, hospital play, relaxation techniques, Guided imagery. • Inform CYP of the opportunity to access support for their emotional well-being and mental health, such as youth services and psychologists. Assist young people to access such support as necessary • Respond to individual patient needs, documenting any changes to care planned and delivered, and liaise where appropriate with the MDT. • Undertake mental health related risk assessments as appropriate
<p>Part 3, No. 13 Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines as required in line with local policy.</p>	<ul style="list-style-type: none"> • Demonstrates knowledge, understanding and safe practice to be able to manage the care of CYP, and their family, receiving fluid and/or nutrition and/or medications via infusion pumps and devices in hospital, outpatient or home setting. <ul style="list-style-type: none"> ○ Insertion and/or management of peripherally inserted vascular device ○ Central venous access devices ○ Enteral feeding: <ul style="list-style-type: none"> ▪ nasogastric ▪ orogastric ▪ Nasojejnul ▪ gastrostomy ○ Has knowledge and understanding of the principles of total parental nutrition • Undertakes accurate assessment of peripherally inserted IV cannula and central line site using VIPS scoring tool and escalates any concerns appropriately. • Undertakes safe and accurate assessment of NG tube position in accordance with local policy. • Ensures pressure limit defaults on infusion pumps are programmed in accordance with local policy and manufacturer requirements. • Access support and advice from practice supervisor/practice assessor in relation to safe and appropriate use of medical devices.



- Assesses and correctly documents infused volumes of intravenous infusions or enteral/parental feeds hourly to determine effective delivery of prescribed fluids and medications.
- Ensures dressings are appropriately clean, dry and secured, and if used limb splints are not too tight or restrictive.
- Recognises the importance of and be involved with, in accordance with local policy, labelling of infusions; fluid bag and infusion changes, giving set and extension set changes; removal of PIVC and NG tube.

PART/YEAR 3

Part 3 Assessment of Performance: The individual completing the assessment should draw on a range of observed experiences in which the student demonstrates the required knowledge, skills, attitudes and values in co-ordinating high quality person/family centred care, ensuring all care is underpinned by effective communication skills. **Those marked with an * may have been met in Part 2. Record achievement of Part 3 proficiencies marked * 3 in OAR as well.**

Confidently assesses needs and plans person-centred care

<p>1. Utilises a range of strategies/resources (including relevant diagnostic equipment) to undertake a comprehensive whole body assessment to plan and prioritise evidence-based person-centred care (3ANPC 3.2,3.3)</p>	<ul style="list-style-type: none"> • Undertake a comprehensive ABCDE assessment using appropriate equipment e.g. saturation monitors, dinamap, Blood glucose monitoring, and take appropriate action. Do this across a range of patients with differing conditions, and ages. • Articulate the evidence base behind decisions made. • Demonstrate ability to provide this care whilst taking account of holistic needs, and adopt a child and family centred care approach.
<p>2. Assesses a persons' capacity to make best interest decisions about their own care and applies processes for making reasonable adjustments when a person does not have capacity. (1BAP 1.12, 3ANPC 3.6. 3ANPC 3.7)</p>	<ul style="list-style-type: none"> • Demonstrate knowledge of the Government's vision of an NHS that puts patients and the public first, where “no decision about me, without me” is the norm. • Assess barriers to a person's capacity to make best interest decisions e.g. comprehension, use of language, transitional difficulties, permanent or degenerative alterations in neurological functioning, parental responsibility, Gillick Competency, Fraser competency, Mental Capacity Act • Advocate, as appropriate for patients wishes, this may include a consideration of the needs and wants of those close to the patient. If a person is assessed to lack capacity work with the MDT to make choices ensuring that these are made in the best interests of the individual. • Work together with clinicians, patients and their families in order to clarify treatment, management or self-management goals with the aim of reaching mutual agreement on the best course of action.

	<ul style="list-style-type: none"> • Understand and, as appropriate, work to promote the core principles of the Mental Capacity Act, Gillick Competence, Fraser competence as appropriate e.g. assume that with the right information everyone can be empowered to make a choice, do everything you can to help people make choices about their lives.
<p>3 Actively participates in the safe referral of people to other professionals or services such as cognitive behavioural therapy or talking therapies across health and social care as appropriate. (3ANPC 3.16, A 3.4, A3.6)</p>	<ul style="list-style-type: none"> • Keep accurate records that adhere to NMC record keeping guidance and local policy, across both written and electronic formats • Demonstrate the principles of Information Governance within all communication with and between other professional services. • Make appropriate referrals and liaise with other agencies and professionals where necessary • Attend, and where appropriate contribute to, MDT meetings. • Refer and liaise with CAMHS services • Signpost CYP and their families to appropriate mental health services

Confidentially delivers and evaluates person-centred care	
<p>* 4. Recognises signs of deterioration (mental distress/emotional vulnerability/physical symptoms) and takes prompt and appropriate action to prevent or reduce risk of harm to the person and others using for example positive behavioural support or distraction and diversion strategies. (1BAP 1.12, 4PEC 4.10, 3ANPC 3.9, 3.10, A3.8, A3.9, B1.1.1-</p>	<ul style="list-style-type: none"> • Carry out clinical observations and early warning scores, recognising and responding to the deteriorating patient. Clinical observations should include an assessment of a patient's emotional wellbeing • Escalate any concerns regarding signs of deterioration as appropriate • Make effective use of strategies to reduce the risk of harm e.g. distraction, play therapy, hospital play, relaxation techniques, Guided imagery. • Inform CYP of the opportunity to access support for their emotional well-being and mental health, such as youth services and psychologists. Assist young people to access such support as necessary • Respond to individual patient needs, documenting any changes to care planned and delivered, and liaise where appropriate with the MDT. • Undertake mental health related risk assessments as appropriate

B1.1.5, B10.1)	
5. Accurately and legibly records care, with the use of available digital technologies where appropriate, in a timely manner. (5LMNWIT 5.11, A1.8, A1.10)	<ul style="list-style-type: none"> • Keep accurate records that adhere to NMC record keeping guidance and local policy, across both written and electronic formats • Demonstrate the principles of Information Governance within all communication with and between other professional services. • Adhere to principles of patient confidentiality e.g. ensure patient notes are filed away, log off computers, utilise confidential waste
6. Works in partnership with people, families and carers using therapeutic use of self to support shared decision making in managing their own care. (4PEC 4.2, 4.3, 4PEC 4.10)	<ul style="list-style-type: none"> • Promotes and provides holistic and individualised care • Use tools for assessment e.g. "Ages and stages questionnaires, NICE guidance, Solihull Approach, • Appropriate age related communication e.g. with CAMHS or school drop in. Liaison with SENCO and counsellors. Evaluation of reviews • Promote family centred care and shared decision making, when appropriate, for example when making decisions about care and treatment options

Confidently delivers and evaluates person-centred care

<p>7. Manages a range of commonly encountered symptoms of increasing complexity including pain, distress, anxiety and confusion. (4PEC4.4, 4.5, 4.8, A1.10)</p>	<ul style="list-style-type: none"> • Assist with, or lead, the management of a patient caseload, responding to complex clinical decisions and seeking assistance where necessary. • Respond to individual patient needs, documenting any changes to care planned and delivered, and liaise where appropriate with the MDT. • Appropriately utilise mental health capacity assessments. • Work alongside the multi-disciplinary team to provide holistic care. • Make referrals when required to colleagues such as dieticians, pain team. • Consider reasons for non-compliance e.g. within the renal setting the link between medications such as steroids and weight gain. • Understand how services are co-ordinated to support children/ young people in a home and school setting • Wherever possible empower CYP to make choices to encourage self-care
<p>8. Uses skills of active listening, questioning, paraphrasing and reflection to support therapeutic interventions using a range of communication techniques as required. (A1.1, A2.5, A2.6, A3.6, 3.8, 3.9)</p>	<ul style="list-style-type: none"> • Employ age appropriate communication techniques that take into account the child/YP's age, developmental stage and capacity in all interactions with the child/ YP. • Demonstrate the ability to build relationships with CYP and parents/carers. • Ensure individual needs are taken account of and reduce barriers to communication where needed e.g. use of an interpreter. • Where possible include young people in discussions about their care, promote their independence and ability to self-care. • Use a range of therapeutic communication techniques as require for example, active listening, SOLER, play, distraction, relaxation, guided imagery where appropriate. • Recognise and act upon situations where communication may be more challenging e.g. a parent who has a learning disability • Effectively use therapeutic communication skills when caring for a with a mental health problem – both verbal and alternative methods e.g. written, art
<p>9. Is able to support people distressed by hearing voices or experiencing distressing thoughts</p>	<ul style="list-style-type: none"> • Recognise and respond appropriately to both CYP and their parents/carers who may have a mental health diagnosis. • Effectively utilise mental health capacity assessments and mental health risk assessment tools.

<p>or perceptions. (B1.1.1)</p>	<ul style="list-style-type: none"> • Demonstrate knowledge of referral pathways to mental health service such as CAMHS. • Support CYP to access appropriate support for their emotional well-being and mental health including referral to youth services, play specialists, CAMHS workers and psychologists. • Utilise appropriate communicative and therapeutic skills when caring for a child/young person who is hearing voices or experiencing distressing thoughts/ perceptions.
<p>Confidently manages the procedures in assessing, providing and evaluating care</p>	
<p>10. Manages all aspects of personal hygiene, promotes independence and makes appropriate referrals to other healthcare professionals as needed (e.g. dentist, optician, audiologist). (B4.1, B4.3, B4.5)</p>	<ul style="list-style-type: none"> • Maintain the privacy, dignity and safety of the CYP at all times during the delivery of personal hygiene care. • Assess, document and facilitate a CYPs ability to effectively attend to their own hygiene needs. • Promote the maintenance of a CYPs normal hygiene routines, using their own belongings where appropriate • Complete appropriate risk assessment tools and refer to relevant specialist teams where necessary. • Safely and effectively manage all aspects of personal hygiene for a dependent CYP for example: nappy care; baby bath; assisted wash/shower/bath; hair care; nail care; dental care; hygiene needs prior to surgery/procedure. • Recognise opportunities to educate parents re all aspect of personal hygiene as appropriate • Observe, assess and recognise any issues pertinent to hygiene needs and refer to the appropriate specialist services e.g. dentist, optician, audiologist.
<p>11. Manages the care of people with specific nutrition and hydration needs demonstrating understanding of and the contributions of the multidisciplinary team. (4PEC 4.6, 5LMNCWIT 5.4)</p>	<ul style="list-style-type: none"> • Critique and utilise evidence-based assessment tools such as PYHMS, Glamorgan. • Research some of the common conditions that may result in the presentation of specific nutrition or hydration needs demonstrating an understanding of underlying anatomy and physiology, pathophysiology, treatment and effects of this treatment upon the patient. For example, explore and discuss the effects of renal treatment such as haemodialysis/ peritoneal dialysis/ transplant, or the challenges of feeding an infant with cleft lip and palate • Liaise with the MDT as appropriate e.g. dietician, SALT • Be aware of, and follow, fluid restriction/ fluid targets as appropriate

	<ul style="list-style-type: none"> • Monitor and record accurate fluid balance charts, escalating concerns regarding positive and negative balances where necessary. • Demonstrate knowledge of the principles of Total Parenteral Nutrition.
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Confidently manages the procedures in assessing, providing and evaluating care	
<p>12. Manages the care of people who are receiving IV fluids and accurately records fluid intake and output, demonstrating understanding of potential complications. (B5.4, 5.8)</p>	<ul style="list-style-type: none"> • Monitor and record accurate fluid balance charts, escalating concerns regarding positive and negative balances where necessary. • Be aware of and follow fluid restriction/ fluid targets as appropriate e.g. in renal patients understanding the implications if these are exceeded or not met • Discuss the rationale and care for PICC's, porta-caths and central venous lines, demonstrating an understanding of associated anatomy and physiology. • Be aware of acceptable parameters (e.g. in relation to fluid balance/ BP) and take appropriate and timely action if observations fall outside of the agreed acceptable parameters. • Demonstrate understanding of rationale for IV fluids and associated complications
<p>* 13. Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines where required. (B5.9)</p>	<ul style="list-style-type: none"> • Demonstrates knowledge, understanding and safe practice to be able to manage the care of CYP, and their family, receiving fluid and/or nutrition and/or medications via infusion pumps and devices in hospital, outpatient or home setting. <ul style="list-style-type: none"> ○ Insertion and management of peripherally inserted vascular device ○ Central venous access devices ○ Enteral feeding <ul style="list-style-type: none"> ▪ naso-gastric ▪ orogastric ▪ Nasojejunul ▪ gastrostomy ○ Has knowledge and understanding of the principles of total parental nutrition • Undertakes accurate assessment of peripherally inserted IV cannula and central line site using VIPS scoring tool and escalates any concerns appropriately. • Undertakes safe and accurate assessment of NG tube position in accordance with local



	<p>policy.</p> <ul style="list-style-type: none"> • Ensures pressure limit defaults on infusion pumps are programmed in accordance with local policy and manufacturer requirements. • Access support and advice from practice supervisor/practice assessor in relation to safe and appropriate use of medical devices. • Assesses and correctly documents infused volumes of intravenous infusions or enteral/parental feeds hourly to determine effective delivery of prescribed fluids and medications. • Ensures dressings are appropriately clean, dry and secured, and if used limb splints are not too tight or restrictive. • Recognises the importance of and be involved with, in accordance with local policy, labelling of infusions; fluid bag and infusion changes, giving set and extension set changes; removal of PIVC and NG tube.
<p>14. Manage and monitor the effectiveness of symptom relief medication, with the use of infusion pumps and other devices. (B10.2)</p>	<ul style="list-style-type: none"> • Observe and be involved in the correct checking and administration of medication, adhering to local policy at all time. Ensure school of Health Sciences medication checking policy for students is adhered to at all times • Assess, manage and evaluate symptom relief using a QUESST approach <ul style="list-style-type: none"> ○ Question the child ○ Use age appropriate rating scale, where available ○ Evaluate the behaviour and physiological changes ○ Secure parent's involvement ○ Take cause of symptoms into account ○ Take action and evaluate results • Medications administered may be: <ul style="list-style-type: none"> ○ Administered as a bolus or push ○ In a syringe for use in a syringe driver E.g. PCA, NCA ○ Prepared for infusion via a volumetric infusion pump • Demonstrates knowledge, understanding and safe practice to be able to manage the care of CYP, and their family, medications via infusion pumps and devices in hospital, outpatient or home setting.

<p>15. Manages the care of people with specific elimination needs for example urinary and faecal incontinence and stoma care. (4PEC 4.6, B6.4, B6.6)</p>	<ul style="list-style-type: none"> • Demonstrate underlying knowledge of some of the common conditions that may present in the clinical setting, understanding the underlying anatomy and physiology, pathophysiology, treatment and effects of this treatment upon the patient e.g. A&P of the bowel and urinary tract, stoma formation, causes and impact of urinary/ faecal incontinence including psychosocial impact. • Appreciate and where appropriate, engage in age appropriate teaching and health promotion activities aimed to enhance patient's confidence, independence and skills in relation to self-care in relation to the specific elimination needs of individuals specifically in relation to continence/ continence aids/ continence care e.g. continence aids, intermittent catheterisation, indwelling catheterisation, stoma care etc. • Spend time with the gastro specialist team; discuss the care needs of patients in their own homes. Recognise the importance of their role in co-ordinating care and assisting CYP to be able to stay at home. • Work in partnership with child family and members of the wider MDT in order to come to best care decisions relating to continuing care at home.
<p>16. Demonstrates an understanding of the need to administer enemas and suppositories and undertake rectal examination and digital rectal evacuation as appropriate. (B6.5)</p>	<ul style="list-style-type: none"> • Understands the need for and is able to demonstrate effective history taking about a CYP bowel habits including, constipation and encopresis. • Assists specialist practitioners and medical staff undertaking physical examination of the CYP ensuring dignity and privacy is maintained. • Is aware of management approaches including behaviour modification, dietary modification, osmotic and lubricant laxatives as prescribed. • Understands that rectal treatment with suppositories or enemas should be avoided. • Demonstrates understanding that DRE is an invasive procedure and should only be undertaken by specialist practitioners
<p>17. Demonstrates the ability to respond and manage risks in relation to infection prevention and control and take proactive measures to protect public health e.g. immunisation and</p>	<ul style="list-style-type: none"> • Demonstrates ability to apply skills and knowledge of infection prevention and control within hospital, and community home settings. • Can teach parents/carers/CYP/staff/ visitors about managing infection control risks, prevention and management • Aware of local infection control guidelines, treatment protocols and notification process for notifiable illnesses.

<p>vaccination policies (2PHPIH 2.11, 2.12, 7CC 7.11, B9.1)</p>	<ul style="list-style-type: none"> • Understand and demonstrate the importance of vaccine cold chain hazards • Understand the extended role of the registered nurse in relation to childhood immunisations • Identification of the national child immunisation programme • Demonstrates the ability to be able to respond to parental concerns
<p>Confidently leads and manages person-centred care and working in teams</p>	
<p>18. Understands roles, responsibilities and scope of practice of all members of the multidisciplinary team and interacts confidently when working with these members. (5LNCWIT 5.1, 5.2, 5.4)</p>	<ul style="list-style-type: none"> • Understand and demonstrate the importance of professional boundaries. • Be aware of guidance on the use of social media as a professional. • Adhere to the NMC code of conduct. • When necessary utilise appropriate de-escalation techniques. • Understand the role of the nurse in a wide range of clinical settings including an understanding of the extended skills required to work within the specialist nursing teams. • Dependant on year of study, seek opportunities to shadow the practice development team. • Develop own action plans and review own progress against these plans. Students should be able to recognise their own limitations, relevant to stage of training and seek support when needed. Students should also be able to devise their own action plans and identify their own learning objectives • Utilise opportunities for evaluation and supervision such as student forums, clinical supervision, service user and carer feedback.
<p>19. Effectively manages and prioritises the care needs of a group of people demonstrating appropriate communication and leadership skills to delegate responsibility for care to others in the team as required. (5LNCWIT 5.1, 5.5, A1.9, A1.11)</p>	<ul style="list-style-type: none"> • Where appropriate and under supervision observe and undertake the role of nurse in charge on the unit. • Assist with, or lead, the management of a patient caseload, responding to complex clinical decisions and seeking assistance where necessary. • Hand over all information in a respectful non-judgemental manner at all times. • Support fellow nursing students, teaching junior students where appropriate. Depending on stage of training student may act as a 'buddy' for more junior students • Delegate to Clinical Support Workers, with support, adhering to NMC guidance



<p>20. Monitors and evaluates the quality of care delivery by all members of the team to promote improvements in practice and understand the process for performance management of staff (if required). (5LNCWIT 5.3, 5.7, 5.10, A4.2.2)</p>	<ul style="list-style-type: none"> • Evaluate care given to improve clinical decision-making, quality and outcomes, using a range of methods, amending the plan of care, where necessary, and communicating changes to other members of the team • Respond to individual patient needs, documenting any changes to care planned and delivered, and liaise where appropriate with the MDT. • Participate in essence of care benchmark assessments, contributing to any action plans. • Recognise and seek any opportunities for service development and liaise with colleagues regarding opportunities to action this e.g. opportunities to shadow the practice development team. • Recognise the importance of, and be involved in, initiatives that seek patient and family feedback on care. • Demonstrates an understanding of how staff may be performance managed within an organisation
<p>Confidently contributes to improving safety and quality of person-centred care</p>	
<p>21. Actively participates in audit activity and demonstrates understanding of appropriate quality improvement strategies. (6ISQC 6.4, 6.7, 6.9)</p>	<ul style="list-style-type: none"> • Participate in benchmarking assessments and audit activities, contributing to any action plans. • Recognise opportunities for service development and liaise with colleagues regarding opportunities to action this. • Recognise the importance of, and be involved, in patient and public involvement initiatives • Take all opportunities to empower and involve children and their families in care decisions • Gain feedback on care provision using service user and carer feedback documents. • Seek opportunities to shadow practice development teams/leads. • Be aware of and involved in current initiatives that seek patient and family feedback on care.
<p>22. Undertakes accurate risk assessments and demonstrates an understanding of relevant frameworks, legislation and regulations for managing and reporting risks. (6ISQC 6.1, 6.2,</p>	<ul style="list-style-type: none"> • Completes appropriate risk assessment tools and refer to relevant specialist teams where needed • Complete and moving and handling risk assessment tool e.g. in preparation for safe transfer to theatre • Use appropriate paediatric risk assessment tools related to mobilisation e.g. Glamorgan Pressure Ulcer Risk Assessment Tool, SKKIN bundles

6.3, 6.5)	<ul style="list-style-type: none"> Shadows Practice Development Matrons/Service Managers/Quality Leads to gain insight into wider Trust risk assessments
Confidently contributes to improving safety and quality of person-centred care	
23. Participates in appropriate decision making regarding safe staffing levels, appropriate skill mix and understands process for escalating concerns. (6ISQC 6.2, A4 2.6.2)	<ul style="list-style-type: none"> Demonstrate knowledge and understanding of local and national guidelines regarding safe staffing levels. Where available uses a valid and reliable acuity/dependency tool. Has knowledge of, and understands the governance structure, including reporting of staffing requirements, for determining staffing numbers and skill mix. Recognises when staffing levels and skill mix need to be escalated using the using the relevant systems.
24. Demonstrates understanding of processes involved in managing near misses, critical incidents or major incidents. (6ISQC 6.8, 6.9, 6.12)	<ul style="list-style-type: none"> Demonstrates an understanding of the governance structure, including reporting involved in managing near misses, critical incidents or major incidents When necessary documents and records an untoward event, near misses and actual incidents, on incident forms/digital systems. Has knowledge of how actions, outcomes, trends and lessons learned from incidents are monitored and reviewed.
Confidently coordinates person-centred care	
25. Co-ordinates the care for people with complex co-morbidities and understands the principles of partnership collaboration and interagency working in managing multiple care needs. (7CC, 7.1, 7.2, 7.5, 7.6)	<ul style="list-style-type: none"> Coordinates the care CYP including assessment, risk assessment and management, care planning and review of complex physical and/or mental health and/or learning disability needs. Establish and sustains a professional relationship with the CYP, their parents and carers Endeavours to work in partnership with all health, social care and other agencies involved in supporting the CYP and their family. Consider the benefits and challenges when long term patients develop relationships with



	<p>other families e.g. possible challenges to patient confidentiality, patients sharing practices via social media.</p>
<p>26. Evaluates the quality of peoples' experience of complex care, maintains optimal independence and avoids unnecessary interventions and disruptions to their lifestyle. (7CC 7.7, 7.8)</p>	<ul style="list-style-type: none"> • Where possible include young people in discussions about their care, promote their independence and ability to self-care. • Where possible individualise care plans to take account of specific needs. • Understand and where possible maintain normality for children and their family (this may be especially important for long term patients). • Evaluate care experienced, as part of MDT, to aid in understanding the wider social implications and challenges for both CYP and family of living with a complex illness • Recognise the importance of involving play, education, social care and housing etc specialists in the care of children, YP and their families.
<p>27. Engages in difficult conversations including breaking bad news with compassion and sensitivity. (A2.9)</p>	<ul style="list-style-type: none"> • Ensures adequate preparation and planning: knowing who is to be involved; how much information is to be given and in what order; that full information about choices and options about the CYP future management is available where feasible. • Consider any additional requirements that CYP, parents/carers may have in relation to assistance with communication. • Is aware of the ethnic, cultural and, if relevant, faith background of the family and considers any additional requirements or needs. • If the CYP is going to be present consider their developmental level and any additional support required. If the CYP is not going to be present ensure care of the child is delegated. • Participates in difficult conversations, ensuring that the CYP and family are treated with respect, dignity and privacy. <ul style="list-style-type: none"> ○ Give the information honestly and sensitively ○ Break the news using small chunks or bitesize pieces of information with regular checks of understanding.

	<ul style="list-style-type: none"> ○ Check back by asking what has been understood and correct or reinforce. ○ Answer questions honestly and in the best interests of the child. ○ Ensure the family is aware of who to contact if they have any questions – for example, the specialist nurse. ● Keep and maintain accurate records of the conversation and the information and details exchanged within the multidisciplinary team.
<p>28. Facilitates the safe discharge and transition of people with complex care needs advocating on their behalf when required. (7CC 7.4, 7.9, 7.10)</p>	<ul style="list-style-type: none"> ● Consider the impact of a chronic disease on the child/ young person and their family. ● Liaise with MDT to aid in understanding the wider social implications and challenges of living with a chronic illness. ● Work in partnership with the patient, family and MDT in order to make best care decisions and ensure comprehensive discharge plans are implemented in order to facilitate safe discharge ● Where possible include young people in discussions about their care, promote their independence and ability to self-care. ● Attend, and where appropriate contribute to, clinics and MDT meetings that seek to manage transition to adult services. ● Spend time with the MDT and relevant nurse specialists e.g. the transplant coordinator, to understand their role in co-ordinating care and transition across hospital-community services.

Confidently coordinates person-centred care

<p>29. Assess and reviews the individual care needs and preferences of people and their families and carers at the end of life, respecting cultural requirements and preferences. (ANPC 3.14, 4PEC 4.9, B10.3, B10.6)</p>	<ul style="list-style-type: none"> ● Demonstrates skills of assessment, planning, implementation and evaluation of care relating to a palliative care pathway ● Where appropriate participates in the review of a personal resuscitation plan in conjunction with child/young person, parent/carer and the multi professional team ● Participates in the provision of culturally appropriate support and information to parents/carers and family. ● Referral of the parents/carers and family to paediatric bereavement team. ● Collaborates with and involves other disciplines e.g. social workers, faith personnel and
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	<p>external organisations such as hospices where appropriate.</p> <ul style="list-style-type: none"> • Undertakes contemporaneous records and documentation in the care of the dying or deceased patient
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The following proficiencies can be achieved in Part 2 or Part 3. These are currently reflected in the Part 2 document and the OAR. The Practice Assessor should check the student record in the OAR to confirm if the proficiencies have been achieved or not in Part

2. If the student is achieving these proficiencies in Part 3, record achievement below and in the OAR

<p>Part 2, No. 3 Recognise people at risk of self-harm and/or suicidal ideation and demonstrates the knowledge and skills required to support person-centred evidence-based practice using appropriate risk assessment tools as needed.</p>	<ul style="list-style-type: none"> • Observe and contribute to assessments for post-natal mental health using the EPND screening tool or Whoolley questions • Observe and contribute to risk assessments for self-harm and suicide in the acute paediatric setting. • Utilise appropriate communicative and therapeutic skills when caring for a child/young person admitted with self-harm and/or suicide
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<p>Part 2, No. 4 Demonstrates an understanding of the needs of people and families for care at the end of life and contributes to the decision-making relating to treatment and care preferences.</p>	<ul style="list-style-type: none"> • Spend time with specialist teams to gain knowledge and insight into end of life care. • Develop an awareness of personal resuscitation plans and how these are put into place in conjunction with families and the multi professional team. • Contribute to the assessment, planning, implementation and evaluation of end of life care • Demonstrates an awareness of or assists in the on-going care of a child/young person and their family after a sudden unexpected death. • Be aware of and refer to specialist services where appropriate e.g. Hospice, bereavement team
<p>Part 2, No. 10 Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate).</p>	<ul style="list-style-type: none"> • Apply principles of ANTT and asepsis • Removal of stitches and sutures under supervision • Removal of drains under close supervision
<p>Part 2, No. 14 Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate.</p>	<ul style="list-style-type: none"> • Safely assist/perform catheterisation under supervision as per local policy • Effectively provide holistic care for a child/young person with a catheter in situ • Remove a catheter under supervision • Identify the different types of catheterisation and the subsequent care required e.g. supra-pubic, intermittent
<p>Part 2, No. 15 Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate).</p>	<ul style="list-style-type: none"> • Recognises seizures in home or primary health care setting • Assesses a child/young person using AVPU system and respond appropriately • Undertakes neurological observations including assessment and recording of: <ul style="list-style-type: none"> ○ Glasgow Coma Scale ○ Pupil responses ○ Vital signs ○ Motor function



	<ul style="list-style-type: none"> ○ Recognition of abnormal neurological observations & initiation of appropriate response ● Effectively cares for an unconscious CYP including: <ul style="list-style-type: none"> ○ Safe positioning ○ Airway management ● Adjusting frequency of neurological observations as per local protocol ● Provision of advice and education to CYP and parents/carers about discharge following a head injury ● Safe and effective care of a CYP who has a seizure including: <ul style="list-style-type: none"> ○ Immediate assessment and stabilisation – ABCDE ○ Seizure control and management as prescribed/ local protocol/algorithm via PR, buccal and IV routes ○ Documentation of seizure activity and care given
<p>Part 2, No. 19 Undertakes a comprehensive respiratory assessment including chest auscultation e.g. peak flow and pulse oximetry (where appropriate) and manages the administration of oxygen using a range of routes.</p>	<ul style="list-style-type: none"> ● Assesses patency of an airway; maintain an open airway using head tilt, chin lift/jaw thrust ● Assesses the need for and insert of an appropriately sized oropharyngeal airway. ● Able to observe, record and interpret respiratory rate, depth and rhythm ● Recognises abnormal respiratory measurements and responds appropriately ● Evaluates the efficacy of a CYP's breathing and oxygenation <ul style="list-style-type: none"> ○ Auscultates the CYP's chest ○ Measures and interprets oxygen saturations using pulse oximetry ○ Records and interprets peak expiratory flow rate ○ Responds to measurements in accordance with local protocols including oxygen therapy and airway support ○ Accurately assigns early warning scores and responds appropriately ● Assess and interpret cough and sputum and respond appropriately ● Prepare and administer oxygen equipment as prescribed using: nasal cannula, venturi mask; high flow nasal cannula, non-rebreathe mask; simple face mask; head box; humidification. Records oxygen flow and percentage and provide appropriate care. ● Administers a nebuliser as prescribed: air compressor; oxygen driven

	<ul style="list-style-type: none"> • Demonstrates how to use an inhaler and can assess the CYPs technique • Teaches and assesses a CYP and parent/carer in the effective use of an inhaler device
<p>Part 2, No. 20 Uses best practice approaches to undertake nasal and oral suctioning techniques.</p>	<ul style="list-style-type: none"> • Perform safety checks prior to suctioning e.g. check wall suction equipment is working, and oxygen is available • Accurately assess the need for suctioning, and identify any contraindications • Suction using the correct procedure and equipment via range of methods <ul style="list-style-type: none"> ○ Oral via yankeur ○ Oropharyngeal via catheter ○ Nasopharyngeal ○ Endotracheal ○ Tracheostomy
<p>Part 2, No. 24 Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings.</p>	<ul style="list-style-type: none"> • Undertakes an examination of the CYP's physical features and behaviours including assessment of the CYP's general appearance, including <ul style="list-style-type: none"> ○ Colour, central and peripheral: pink, flushed, pale, mottled, cyanosed, diaphoresis ○ Examine circulatory status of upper and lower extremities including abnormal shapes to the thorax and/or fingers or toes, distended neck vein, visible pulsations ○ Capillary refill time (CRT) ○ Presence of oedema, central and peripheral ○ Hydration status; skin turgor, oral mucosa and anterior fontanelle in infants. ○ Temperature, respiration, oedema, skin colour, visible pulsations, toes or fingers, . • Palpates central and peripheral pulses for rate rhythm and volume. • Auscultate the apical pulse and compare peripheral pulse and apical pulse for consistency (rate and rhythm) • Auscultate the chest for heart sounds and murmurs detect characteristics and

	<p>abnormalities in heart sounds, heart rate and rhythm</p> <ul style="list-style-type: none"> • Recognise cardiac rhythms on a 3 lead monitor: sinus rhythm; ventricular fibrillation; ventricular tachycardia; asystole. • Demonstrate knowledge and ability to undertake a 12 lead ECG recording • Escalates any concerns or abnormal assessments appropriately and in accordance with local policy
<p>Part 2 No, 25 Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles. (B2.2)</p>	<ul style="list-style-type: none"> • Identify why blood profiles and venepuncture may be required • Interpret and document normal and abnormal blood results • Assess the select an appropriate site for venepuncture • Demonstrate correct, safe and effective technique in accordance with local policy • Ensure the CYP is appropriately positioned and supported, considering the use of distraction therapy and play specialists
<p>Part 2 No, 26 Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy. (B2.2)</p>	<ul style="list-style-type: none"> • Identify why cannulation may be required • Assess the select an appropriate site for cannulation • Demonstrate correct, safe and effective technique in accordance with local policy • Demonstrate effective documentation of cannulation e.g. cannula size, date and time of insertion, instigation of VIPs • Demonstrate effective care of a cannulation site, with use of appropriate documentation e.g. VIPs • Demonstrate safe and effective removal of a cannula • Ensure the CYP is appropriately positioned and supported, considering the use of distraction therapy and play specialists • Ensure CYP/parents are effectively educated and supported about cannulation and subsequent care



<p>Part 2 No, 27 Manage and monitor blood component transfusions in line with local policy and evidence based practice. (4PEC 4.12, B2.4)</p>	<ul style="list-style-type: none"> • Demonstrate understanding of safe principles when administering blood and have an awareness of the local guidelines. • Contribute to the safe provision of blood and complete required patient observations when blood is being administered as per local guideline. • Show awareness of complications that could arise during a blood transfusion.
<p>Part 2 No, 28 Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required. (B 1.2.3, B2.13)</p>	<ul style="list-style-type: none"> • Aware of local sepsis guidelines and treatment protocol • Able to recognise a deteriorating patient and escalate appropriately using the relevant hospital systems. • Demonstrates an A-E assessment and can identify parameters outside of the normal ranges. • Utilise SBAR to communicate patient assessment to other team members.