



**Annual Professional Practice Competency Assessment**  
**Registered Nurse**  
 Validation Method: Evidence of Daily Work

Competency Focus: Maternal Obstetrical Hemorrhage Risk Assessment Tool and Quantification of Blood Loss

Review Period:

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Department Number: \_\_\_\_\_ Department: \_\_\_\_\_

Job Title: Registered Nurse Date(s) of event: \_\_\_\_\_

Assessing the actions we *demonstrate on a daily basis to do our job is a valid form of competency assessment. Keep in mind that the observer of the finished product or action can be the educator or any one of the following individuals:*

<b>Day Shift</b>	<b>Night Shift</b>
Nancy Nurse	Check-off Ciara
Rockstar Jones	Leaping into success Lisa
Standard of Care Susan	Competency Carol
Evidenced Based Ellen	Validation Vanessa

Prerequisite(s): \_\_\_\_\_

Validation Criteria:

- Applies prerequisite knowledge to correctly complete the Maternal Obstetrical Hemorrhage Risk Assessment Tool at the correct intervals and to accurately quantify blood loss. Screen shots from your selected patient should be attached to this sheet for the validator to sign off on competency.

Performed

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Correctly completes the PPH Risk Assessment tool upon admission and every shift.                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Completes reassessment of PPH Risk Assessment tool pre-birth, post-birth and at any other indicated occurrence. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Confirms appropriate flagging of risk in the banner bar.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Completes all orders associated with the maternal risk category and documents notification of provider.         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Records all blood loss in the Intake and Output computer flowsheet.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Return demonstration of quantification of blood loss.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Competency demonstrated     Not yet deemed competent, action plan required  
 Validator/Observer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_