

## Oxygen therapy clinical competencies

Name:	Role:
Base:	Date initial training completed:

### Competency Statement:

The participant demonstrates clinical knowledge and skill in oxygen therapy administration without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Nurse who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
<b>The Participant will be able to:</b>				
<b>1. Demonstrate the knowledge and skill in meeting patient's respiratory needs</b>				
a) Has completed: baseline observations competencies /SBAR competencies	Observation / questioning			
b) Demonstrate understanding of the safety considerations when using oxygen	Observation / questioning			
c) Demonstrates understanding of equipment necessary to administer oxygen including:  oxygen supply reduction gauge flowmeter tubing delivery mechanism ; mask or nasal cannulae humidifier	Observation			
<b>2. Demonstrates ability to set up and administer oxygen therapy including:</b>				
a) administration of oxygen via nasal cannulae	Observation			
b) administration of oxygen via mask	Observation			
c) Administration of oxygen via fixed performance or high flow mask (Venturi-type mask)	Observation			
d) Administration of oxygen via domiciliary and portable oxygen	Observation			
e) Administration of humidified oxygen	Observation			

Source Marsden Manual 7<sup>th</sup> Edition 2008

Date all elements of Competency Tool completed to level 3 \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

I confirm that I have assessed the above named Registered Nurse and can verify that he/she demonstrates competency in oxygen therapy administration

Assessor \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

Review Dates:	Competent Yes / No	Registered Nurse Signature	Verifier signature	Comments