

## Wound management clinical competencies

Name:	Role:
Base:	Date initial training completed:

**Competency Statement:**

The participant demonstrates clinical knowledge and skill in the management of wounds 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 ability to take a wound swab</b>				
a) Discuss the guidelines for bacterial sampling / wound swabs	Questioning			
b) Describe the indications for use of a wound swab	Questioning			
c) Describe the contraindications for performing a wound swab	Questioning			
d) Demonstrate and record patient informed consent	Observation			
e) Demonstrate the ability to perform a wound swab	Observation			
f) Demonstrate the ability to follow infection control guidelines during all stages of the procedure	Observation			
<b>2. Demonstrate the ability to remove wound closure devices</b>				
a) Demonstrate the ability to remove sutures	Observation			
b) Demonstrate the ability to remove clips	Observation			
c) Demonstrate the ability to remove wound drains	Observation			
d) Demonstrate the ability to follow infection control guidelines in all procedures	Observation			
e) Describe the contraindications / precautions when removing a wound closure device	Questioning / observation			
<b>3. Demonstrate the ability to apply secondary wound dressings bandages</b>				

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
a) Demonstrate the ability to apply a stump bandage dressing	Questioning / observation			
b) Demonstrate the ability to apply a finger bandage dressing	Questioning / observation			
c) Demonstrate the ability to apply a tubular bandages	Questioning / observation			
<b>4. Demonstrate the ability to use wound management medical devices</b>				
a) Demonstrate the ability to apply and remove a wound drainage bag	Observation			
b) Discuss the guidelines/ instructions for use of a wound drainage bag	questioning			
c) Describe the indications for use of a wound drainage product	questioning			
d) Describe the contraindications / precautions for use of a wound drainage bag	questioning			
e) Discuss the explanation that will be given to a patient for the use of the product	questioning			
f) Discuss when to stop the use of the product	questioning			

Source: Leg ulcer guidelines HCHC. RFH Stoma Guidelines 2009. Updated 2012

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

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

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in wound management

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

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