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**Nursing Competency: Bedside Nursing Care for Interstitial Head and Neck Brachytherapy**

Through return demonstration in the clinical setting and evidence of daily work, the brachytherapy nurse in orientation will use this tool to obtain evaluation of the knowledge, skills, and abilities necessary to independently function as a registered nurse in the oncology (brachytherapy) service. The evaluator will validate competencies based on direct observation with attention to the orientee's consistency in demonstrating the competency.

**Employee Name:**

**Date:**

Assessment	Comment
<p><b>Assessment</b></p> <p>Demonstrates the ability to perform a comprehensive perioperative assessment, including airway, nutritional status, wound integrity, and psychosocial considerations, during patient check-in and throughout the episode of care.</p> <ul style="list-style-type: none"> <li>● Identifies patients with tracheostomy, feeding tubes (PEG/NG), speech or swallowing impairment, or baseline airway compromise</li> <li>● Assesses pain, mucositis, skin integrity, infection risk, and functional status</li> <li>● Recognizes psychosocial stressors related to communication difficulties, body image, and anxiety</li> </ul> <p><b>Nursing Diagnosis</b></p> <p>Demonstrates the ability to identify actual and potential nursing diagnoses specific to head and neck brachytherapy, including but not limited to:</p> <ul style="list-style-type: none"> <li>● Impaired airway clearance</li> <li>● Risk for aspiration</li> <li>● Imbalanced nutrition: less than body requirements</li> <li>● Acute pain</li> <li>● Impaired oral mucous membrane</li> <li>● Risk for infection</li> <li>● Anxiety related to treatment and functional changes</li> </ul>	

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**Outcome**

Demonstrates the ability to establish patient-centered, safety-focused outcomes, including:

- Maintenance of airway patency
- Adequate pain and symptom control
- Preservation of nutritional status
- Prevention of infection and wound complications
- Patient understanding of treatment, side effects, and self-care

**Planning**

- Demonstrates the ability to develop an individualized plan of care in collaboration with the multidisciplinary team, incorporating airway management, nutrition support, wound care, and symptom monitoring throughout treatment.

**Interventions**

- Implements nursing actions based on the plan of care, policies and procedures, and professional nursing standards.

Role of the Circulating Nurse in Interstitial Head & Neck Brachytherapy

**A. Preoperative Preparation**

- Reviews patient history for airway risk, prior surgeries, radiation exposure, and comorbidities
- Identifies presence of:
  - Tracheostomy (including type, size, cuff status, suction needs)
  - Feeding tube (PEG/NG) and current nutrition plan
- Confirms availability of:
  - Suction equipment and tracheostomy supplies
  - Emergency airway equipment
  - Appropriate wound care supplies and dressings
- Coordinates with anesthesia regarding airway management and positioning
- Ensures consent, H&P, imaging, and treatment plan are complete

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- Communicates with dietitian, speech/swallow therapy, and radiation oncology team as indicated

### **B. Intraoperative Duties**

- Participates in pre-procedure briefing with anesthesia, radiation oncologist, physicist, and surgical team
- Assists with patient positioning, ensuring protection of pressure points and airway access
- Performs and documents time-out
- Assists during:
  - Airway management and anesthesia induction
  - Catheter placement and securement
  - Unexpected complications
  - Wound site preparation and sterile technique
- Monitors closely for:
  - Airway compromise
  - Bleeding
  - Changes in patient condition
- Documents procedure events, medications, and equipment used

### **C. Post-Insertion and Treatment Responsibilities**

- Assesses airway patency, tracheostomy function, and secretion management
- Monitors for acute toxicities, including:
  - Mucositis
  - Infection
  - Bleeding
  - Edema or airway compromise
- Performs or assists with wound and catheter site care per protocol
- Coordinates nutritional support and verifies feeding tube function if present
- Provides patient and caregiver discharge education related to:
  - Airway care
  - Oral hygiene
  - Nutrition and hydration
  - Symptom reporting
- Ensures safe handoff to recovery, inpatient unit, or radiation therapy team

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#### **D. Multidisciplinary Collaboration & Follow-Up**

- Collaborates closely with:
  - Radiation oncologists
  - Anesthesia
  - Medical physicists
  - Dietitians
  - Speech and swallowing therapists
  - Social work and rehabilitation services
- Reinforces continuity of care across treatment phases
- Monitors for late toxicities and facilitates appropriate referrals and follow-up

#### **Role of the Nurse During Removal of Interstitial Implants**

##### **A. Pre-Removal Assessment and Preparation**

- Performs a focused assessment prior to implant removal, with particular attention to:
  - Airway status (presence of tracheostomy, secretion burden, edema, bleeding risk)
  - Pain level and need for analgesia or anxiolysis
  - Wound and catheter site integrity
  - Nutritional support needs (PEG/NG tube function, NPO status if applicable)
- Confirms removal order and timing with the radiation oncologist
- Verifies completion of all planned treatments prior to removal
- Ensures availability of:
  - Suction equipment and emergency airway supplies
  - Dressing and wound care supplies
  - Hemostasis materials (gauze, pressure dressings)
  - Analgesics and PRN medications as ordered
- Provides patient education regarding the removal process, expected sensations, and post-removal care
- Coordinates with anesthesia if moderate sedation or airway support is required

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**B. Intra-Procedure Responsibilities (Implant Removal)**

- Participates in procedural time-out and verifies patient identity and treatment completion
- Assists physician during catheter and implant removal
- Maintains sterile or clean technique per institutional policy
- Monitors patient closely for:
  - Bleeding
  - Airway compromise
  - Acute pain or distress
- Provides comfort measures and reassurance throughout the procedure
- Communicates any changes in patient condition immediately to the physician

**C. Post-Removal Care and Monitoring**

- Assesses and documents:
  - Airway patency and respiratory status
  - Bleeding at removal sites
  - Pain level and response to interventions
  - Skin and wound integrity
- Applies pressure dressings or wound care as ordered
- Manages tracheostomy care if present, including suctioning as needed
- Reinforces infection prevention and wound care instructions
- Coordinates post-procedure imaging or recovery care if indicated
- Provides clear handoff communication to recovery, inpatient unit, or outpatient care team

**D. Patient Education and Discharge Support**

- Educates patient and caregiver on:
  - Expected post-removal symptoms (mild bleeding, soreness, swelling)
  - Signs and symptoms requiring urgent evaluation (increasing bleeding, swelling, fever, airway difficulty)
  - Wound and skin care instructions
  - Pain management plan
- Reinforces nutrition and hydration recommendations
- Ensures patient knows how and when to contact the care team

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<p><b>E. Multidisciplinary Collaboration and Documentation</b></p> <ul style="list-style-type: none"><li>• Communicates post-removal findings with radiation oncologist and multidisciplinary team</li><li>• Documents:<ul style="list-style-type: none"><li>○ Number of catheters removed</li><li>○ Condition of removal sites</li><li>○ Patient tolerance of the procedure</li><li>○ Any complications or interventions</li></ul></li><li>• Supports continuity of care and follow-up planning</li></ul>	
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Employee Name (Printed): . Date: .

Employee Signature: . Date: .

Supervisor or Trainer Signature: Date: .