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OPERATIVE REGISTERED NURSE ORIENTATION COMPETENCY ASSESSMENT

RADIATION ONCOLOGY SERVICE SUPPLEMENT

Pelvic HDR Brachytherapy (Gynecology and Urology)

Through return demonstration in the clinical setting and evidence of daily work, the perioperative 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 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>Demonstrates the ability to perform a comprehensive perioperative assessment, including physiological and psychosocial aspects, during patient check-in. Completes a thorough preoperative evaluation, identifying any special needs or considerations.</p> <p>Nursing Diagnosis</p> <p>Demonstrates the ability to identify nursing diagnoses based on assessment data. Recognizes both actual and potential nursing issues specific to patients undergoing radiation therapy procedures.</p> <p>Outcome</p> <p>Demonstrates the ability to establish patient-centered goals derived from nursing diagnoses. Identifies safety-related outcome goals tailored to individuals undergoing radiation therapy procedures.</p> <p>Planning</p> <p>Demonstrates the ability to develop an individualized plan of care to achieve patient goals and outcomes.</p>	

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Brachytherapy Procedure: Gynecology and Genitourinary

Role of the Circulating Nurse in Pelvic Brachytherapy Procedures

A. Preoperative Preparation

- Nurse sets up the procedural bed and confirms appropriate leg supports are available for dorsal lithotomy positioning.
- Nurse verifies that any required positioning devices are available if spinal or epidural anesthesia will be used.
- Nurse ensures the availability and proper function of ultrasound machine (transrectal or transabdominal) if needed
- Nurse reviews the OR schedule and surgeon preferences.
- Nurse helps prepare the room in accordance with case-specific requirements.
 - Confirms that all necessary equipment is ready and available, including:
 - Templates
 - Brachytherapy needles, catheters or applicators
 - Fiducial seed markers
 - Hydrogel or alternate spacer (if indicated)
 - Suture materials and fixation devices
 - Surgical trays as per preference card
 - Surgical supplies as per preference card
 - Additional equipment such as warming device, sequential compression device, stepper/stabilizer for transrectal ultrasound, etc
- Nurse understands any required radiation safety protocols are in place, based on institutional policy.
- Nurse confirms H&P within 30 days is present in chart, as well as same-day H&P attestation as per institutional policy
- Nurse confirms availability of imaging support (ultrasound, fluoroscopy, CT/MRI if planned) and coordinates with the radiology team if needed.
- Nurse can clearly communicate their role to the patient, perform pre-operative interview per

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<p>institutional policy, and ensure patient readiness for the perioperative environment</p> <ul style="list-style-type: none"> ○ Preoperative checklists complete per institutional policy ○ Pregnancy testing performed (if applicable, per hospital policy) ○ Consent has been signed for both procedure and anesthesia ○ Dentures, removable implants have been secured ○ Contacts or glasses have been removed ○ All patient questions have been answered to their satisfaction ○ Nurse confirms if patient has any pre-existing skin integrity concerns and documents lesion present at time of admission ○ Allergies are confirmed ○ NPO status confirmed ○ Last dose of medications confirmed ○ Intravenous access established/confirmed ○ Other requirements for anesthesia such as patient having responsible adult present for transportation home after, power of attorney indications if patient is unable to consent for themselves all confirmed prior to start of procedure ○ Patient assessment completed, including overall assessment and vital signs <p>B. Intraoperative Duties</p> <ul style="list-style-type: none"> ● Nurse actively participates in pre-procedure briefing with anesthesia, radiation oncologist, and other team members present ● Nurse is able to locate the hospital's perioperative sign-in, timeout and sign-out policy ● Nurse actively participates in the three phases of OR safety per WHO Best Practices: Safety sign-in, timeout and sign-out <ol style="list-style-type: none"> 1. Understands safety sign in process to confirm patient identity, surgical site, procedure and consent <ul style="list-style-type: none"> ▪ Nurse understands use of two appropriate patient identifiers 	
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<ul style="list-style-type: none">▪ Periprocedural antibiotic plan is communicated by team (if required)▪ Allergies are verified▪ Any anesthesia or team concerns are expressed <ol style="list-style-type: none">2. Understands timeout process and actively participates with the team prior to any incision (in brachytherapy, the time of applicator or needle insertion can suffice if no incision is being performed)3. Understands sign-out upon completion of procedure. The team reviews the completed procedure, ensures instrument/sponge counts are correct, and discusses post-operative recovery concerns4. Nurse fully understands proper documentation of safety sign in, time out and sign-out <ul style="list-style-type: none">• Nurse ensures patient is positioned safely and correctly in dorsal lithotomy with attention to pressure points and padding. Nurse can verbalize:<ol style="list-style-type: none">1. Proper ulnar nerve protection<ul style="list-style-type: none">▪ Prevention of pressure on elbow, utilizing foam pad or egg crate pad under the ulnar nerve, avoiding the use of rolled blankets, towels or other supports that can increase pressure2. Proper brachial plexus protection<ul style="list-style-type: none">▪ Prevention of hyperabduction<ul style="list-style-type: none">▪ Always keep the arms abducted at less than 90 degrees from the torso.▪ Hand Position: Place the arms in a supinated (palm up) position. This rotates the humeral head away from the axillary nerves, reducing compression.▪ Padding: Use medical-grade foam or gel pads under the elbows to provide additional protection to the ulnar nerve and stabilize the shoulder girdle	
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<ul style="list-style-type: none"> ▪ Maintain neutral head/neck alignment, prevention tension on the brachial plexus and neck muscles <ul style="list-style-type: none"> ▪ If the procedure or anesthesia requires the head to be turned, ensure the shoulder on the opposite side is not being pulled downward simultaneously 3. Additional nerve protection <ul style="list-style-type: none"> ▪ If arms are tucked at the sides, ensure they are in a neutral position with the thumbs pointing up. Check that the surgical team isn't leaning against the patient's arms during the procedure 4. Proper use of skin breakdown prevention methods <ul style="list-style-type: none"> ▪ Cushion (such as sacral pad) on sacrum or low back as needed ▪ Minimize the amount of layers under patient such as sheets, absorbent pads, blankets, etc ▪ Avoid pulling blankets or sheets or pads out from under patient, to minimize chance of sheer ▪ Prevent pressure from stirrups on legs or safety belt on upper thighs as much as possible 5. Nurse understands and complies with use of safety strap on the patient during procedure/anesthesia and prevents skin pressure on the chest or upper thighs during the procedure 6. Nurse documents any skin integrity concerns identified prior to anesthesia induction • Nurse assists anesthesiologist with anesthesia induction, avoiding multitasking at this critical time <ol style="list-style-type: none"> 1. Together with anesthesiologist, nurse ensures patient is appropriately attached to required equipment prior to anesthesia induction <ul style="list-style-type: none"> ▪ Cardiac monitor ▪ Pulse oximetry ▪ Capnography ▪ Supplemental oxygen ▪ Sequential compression device ▪ Warming device 	
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<ul style="list-style-type: none"> 2. Nurse confirms patency of intravenous (IV) line prior to procedure start and confirms IV is accessible during case. 3. Nurse remains present near head of bed with attention focused on patient and anesthesiologist throughout anesthesia induction 4. Nurse understands appropriate methods of assistance during intubation, pharmacologic paralysis, emergencies, etc. both during induction and the continuation of anesthesia <ul style="list-style-type: none"> ▪ Nurse can verbalize protocol for malignant hyperthermia including locating the hospital policy, the malignant hyperthermia emergency kit, and has knowledge of the treatment protocol utilized by the institution ▪ Nurse is able to assist during emergencies such as bronchospasm/laryngospasm, aspiration events, hypotension, hypertension or other emergency • During brachytherapy procedure, the circulating nurse assists with (as applicable): <ul style="list-style-type: none"> 1. Spinal or epidural anesthesia administration 2. Positioning 3. Surgical site preparation 4. Examination under anesthesia (EUA), proctosigmoidoscopy, cystoscopy or another exam 5. Administration of local anesthesia by surgical team 6. Transrectal or transabdominal ultrasound imaging 7. Interstitial applicator, tandem, catheter or needle insertion 8. Fiducial seed marker placement 9. Hydrogel or balloon spacer placement 10. Template fixation to perineum using sutures or other securement devices/methods • Nurse communicates any changes in patient condition to the surgical team promptly. • Nurse labels and documents any specimens obtained (e.g., biopsy). 	
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- Nurse helps maintain sterility of surgical field and scrubbed in personnel
 1. Any breaks in sterility are effectively verbalized and addressed
 2. Nurse ensures that field is not temporarily covered unless absolutely necessary, as this has been shown to be detrimental for sterility
 3. Sterile field should never be left unattended
 4. Procedural room door should be closed as much as possible, with OR personnel traffic minimized
- Nurse maintains patient privacy
- Nurse documents the procedure in real time, including key events, and equipment used as per institutional policy and any other pertinent information
 1. Lot numbers and expiration dates are documented for all surgical supplies
 2. Fiducial markers or hydrogel lot number, expiration dates and implant times are documented as surgical implants
 3. Medications utilized that are not documented by anesthesia provider

C. Immediate Post-Operative Responsibilities

- Nurse assists anesthesiologist during discontinuation of anesthesia
- Nurse confirms template is secure and patient is stable before transfer to the next phase of care
- Nurse coordinates with anesthesia and transport for safe patient transfer as required
- Nurse assists with patient positioning for CT or MR scan if performed immediately post-insertion.
- Nurse understands the process of implant verification and handoff to the physics/dosimetry team, as per institutional policy
- Nurse provides effective handoff report as needed
- Nurse provides education and updates to patient and family
- Nurse helps promote a calming environment
- If assigned to recovery, nurse monitors, assesses and documents patient per PACU recovery protocols

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<p>D. Radiation Safety & Collaboration</p> <ul style="list-style-type: none"> ● Collaborates with medical physicist and radiation oncologist to ensure compliance with radiation safety regulations. ● Reinforces communication between disciplines (nursing, anesthesia, radiation oncology, physics, surgery, urology) throughout phases of care <p>E. Emergency Preparedness</p> <ul style="list-style-type: none"> ● Nurse understands protocols and procedures for assisting anesthesia during the following emergencies as per institutional policy <ul style="list-style-type: none"> ○ Fire risk assessment and safety ○ Location of closest fire extinguisher ○ Malignant hyperthermia ○ Local anesthetic systemic toxicity (LAST syndrome) ○ Cardiac events or cardiac arrest ○ Hypotension ○ Aspiration ○ Laryngospasm ○ Other <p><i>For competency evaluation on care of brachytherapy patients at the bedside, see "Competency: Bedside Care Prostate" or "Competency: Bedside Care GYN HDR Brachytherapy"</i></p>	
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Employee Comments:

Employee Name (Printed) _____

Employee Signature _____ **Date** _____

Evaluator Name (Printed) _____

Evaluator Signature: _____ **Date** _____

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