

Nurse Orientation Core Blueprint

Nurse _____

Unit _____

Status: Clinical Nurse I with RN license

Nurse Graduate, not yet licensed

****Nurse Graduates have a limited practice scope.** They can learn the competencies within this blueprint but may ONLY independently practice within the scope described in the job description. Nurse Graduates are not eligible for the New Graduate Nurse Residency Program, they will be enrolled once they achieve a Clinical Nurse I role.

This blueprint is designed in levels to ensure that the orientee's skill set progresses in a linear fashion. The orientee should start out with a full assignment and focus on only the learning objectives for the entire assignment and slowly grow their skills to competently provide comprehensive care for a full assignment. When this blueprint is completed, the nurse be competent in the following:

- Ability to assess, manage, and maintain the patient and their environment
- Ability to communicate
- Ability to respond effectively in an emergency
- Ability to adapt to the changing clinical environment
- Ability to utilize clinical equipment

Level 1	Completed within 2 weeks of start date	Prepares orientee to independently perform BASIC skills with supervision
Level 2	Completed within 3-6 months of start date	Prepares orientee to independently perform unit/population specific skills with supervision; introduce applicable Blueprint Part B at this level
Level 3	Completed when able after start date	Prepares orientee to independently perform low frequency skills and professional development

Once this blueprint is completed,
SCAN and email a copy to CPPD at professionaldevelopment@umm.edu
 Retain the paper copy in local employee file.

Preceptor/Unit Educator Instructions

Deadline: Complete all items on the orientation blueprint by the end of your specific unit orientation.

Instructions for completion:

1. Items listed in the first column are the behaviors the orientee performs during orientation.
2. The second column "Resources/References" is a guide to the orientee's learning.
3. The third column, "Assessment Method/Date" is the documentation of how and when the behavior was assessed. Examples include, but are not limited to, Return Demos (RD), Observation/Evidence of daily work (O), Discussion/Reflection (D), Tests (T), Case Studies (CS), Mock events/Simulation (S), Online Module (OM).
4. The preceptor or qualified assessor documents all assessed behaviors in the fourth column.
5. Any row that is highlighted in gray designates learning that is only required for IMC and ICU nurses.
6. Utilize the matching UMMS U Blueprint Curriculum to complete the blueprint electronically:
 - Accelerated Nurse Core Orientation Blueprint – UMMC – 2020
 - Accelerated Nurse Core Orientation Blueprint for ICU and IMC – UMMC – 2020

Record keeping- Upon completion of the core and Part B blueprints:

- Show the proof of completion to the preceptor.
- When all items of the core blueprint AND Part B are complete, fax or email the CORE BLUEPRINT LAST SUMMARY PAGE to CPPD (8-8258 or professionaldevelopment@umm.edu) for documentation in the orientee's UMMS U transcript. The blueprint with original signatures is given to the unit manager and placed in the employee file.
- Completion of Part B blueprint does NOT go to CPPD.

Blueprint Exemptions: Determined by Unit/Department Scope of Services. Write "EXEMPT" if not within scope.

Level 1

Required Education

Online Learning & Classes	Additional Resources	Assessment Method/ Date	Assessors Initials
UMMS U: Pyxis Training for Nurses			
ACCU-CHECK Inform II	Policy: Accu-Chek Inform II Glucose Testing UMMC Insider: Point of Care Procedures		
Videos for Guidance on Proper PPE Usage			
Medication Management			
Pain Management			
Chlorhexidine (CGH) Daily Foam Treatment Module			
Special Airways			
Zoll R Series Plus Basic Operation and Self Validation			
<ul style="list-style-type: none"> • Demonstrates required elements of unit-based medication cabinet. <ul style="list-style-type: none"> ▪ Creating a patient list <ul style="list-style-type: none"> ○ Finding Patient on Global list ▪ Removing medications <ul style="list-style-type: none"> ○ Override function ▪ Returning medications <ul style="list-style-type: none"> ○ Return Bins ○ Patient Specific ○ Refrigerated medications ▪ Wasting a medication <ul style="list-style-type: none"> ○ *Narcotic ▪ Resolving discrepancies ▪ Recovering a Bin 	PolicyStat: Automated Dispensing Medication Cabinets (ADC)		

Level 1

Level 1 focuses on the basic skills an orientee needs to practice.

Level 1 - Competency	Resources/References for each behavior (suggested, but not limited to)	Assessment Method/Date	Assessor's Initials
<ul style="list-style-type: none"> • Correctly identifies patient. <ul style="list-style-type: none"> ▪ name and date of birth ▪ UMMC- approved ID band 	<p>Policies: Patient Identification</p>		
<ul style="list-style-type: none"> • Provides safe care to patients receiving blood products <ul style="list-style-type: none"> ▪ Typenex band ▪ Authorization to dispense ▪ Compatibility verification ▪ Transfusion steps ▪ Transfusion reaction recognition & management ▪ Documenting a transfusion reaction ▪ Transfusion Completion Form 	<p>Policies: Transfusion of Blood and Blood Components Informed Consent Requirements</p> <p>LIPPINCOTT PROCEDURES: Blood and blood product transfusion Blood and blood product transfusion, pediatric Blood and blood product transfusion reaction management Blood and blood product transfusion reaction management, pediatric</p>		
<ul style="list-style-type: none"> • Safely manages patients in restraints after exhausting restraints alternatives and applying least restrictive medical restraints. • Safely applies UMMC approved restraints per unit practice <ul style="list-style-type: none"> ▪ Observes the patient in restraints per policies ▪ Documents per policies ▪ Re-evaluates need for restraints per policies • Product Application (per unit practice): <ul style="list-style-type: none"> ▪ Limb Holders ▪ Mitts ▪ Lap belt ▪ Hospital Bed with All 4 Side rails Up 	<p>Policies: Use of Seclusion and/or Restraints for Uncontrolled, Violent and/or Aggressive Behavior Use of Restraints on Non-Violent Patients for Acute Medical/Surgical Reasons Restraint Alternatives for Medical Surgical Reasons Restraint Devices Available at UMMC</p> <p>LIPPINCOTT PROCEDURES: Keyword search: "Restraint" to access the different restraint product application</p>		
<ul style="list-style-type: none"> • Performs and documents a complete history and physical assessment with population specific requirements, including food and medication allergies (intake/triage) <ul style="list-style-type: none"> ▪ Patient Assessment ▪ Patient Allergies ▪ Swallow Screen 	<p>Policies: Patient Assessment Identification of Patient Allergies Practice Guidelines- RN Swallow Screening Algorithm & Guidelines</p>		

Level 1 - Competency	Resources/References for each behavior (suggested, but not limited to)	Assessment Method/Date	Assessor's Initials
<ul style="list-style-type: none"> • Manages patient medications and infusions <ul style="list-style-type: none"> ▪ Demonstrates five rights of medication administration ▪ When administering IV medications, verifies patency of IV device and performs all medication safety checks ▪ Differentiates between “Stat”, “Now”, “Standard Administration Times”, “Time Critical”, etc. ▪ Monitors the patient’s response to all medications ▪ Reports adverse reactions to medications and medication errors 	<p>Policies: Safe Handling of Hazardous Medications Use of Alteplase for Dec clotting Central Venous Catheters Adverse Drug Reaction & Allergy Documentation & Communication Medication Management Dangerous/Unapproved Abbreviations (Attachment A) Anticoagulation Management Sound-Alike, Look-Alike (SALAD) Drugs (Attachment A) (Attachment B) Medication Reconciliation Management of Drains and Tubes</p> <p>UMMC Insider: Secondary Infusions: Back priming Technique Adult IV Push Guidelines Pediatric IV Push Guidelines</p> <p>LIPPINCOTT PROCEDURES: Oxygen administration Safe medication administration practices, general</p> <p>Portfolio: EMAR Progress Note Ad Hoc Form</p>		
<ul style="list-style-type: none"> • Manages patients’ pain <ul style="list-style-type: none"> ▪ Follows standards for assessment and prompt management of patient pain ▪ Prevent, recognize and address Opioid-Related Respiratory Depression 	<p>Policies: Integrative Therapies Controlled Substances Pain Management Patient Controlled Analgesia (PCA) – Intravenous or Subcutaneous</p> <p>UMMS U: RN Core Online Modules-Pain Management</p> <p>UMMC Insider: Integrative Medicine Pain Management Palliative Care PCA Training RASS Education</p> <p>Website: RASS Scale</p>		

Level 1 - Competency	Resources/References for each behavior (suggested, but not limited to)	Assessment Method/Date	Assessor's Initials
<ul style="list-style-type: none"> • Practices infection control: <ul style="list-style-type: none"> ▪ Standard Precautions ▪ Hand hygiene for self and others ▪ Identifies patients at risk and reacts appropriately ▪ Demonstrates safe isolation techniques ▪ Demonstrates bathing standards of care ▪ Practice reflects CLABSI, CAUTI, SSI reduction initiatives 	<p>Policies: Equipment Cleaning Performed by Unit Based Staff Standard Precautions Prevention of Transmission of Infectious Diseases from Health Care Personnel to Patients Exposure to Blood/Body Fluids/Tissue Transmission Based Precautions & Isolation Patients Colonized/Infected with Multi-Drug Resistant Organisms Management of Intravascular Catheters, Fluids, and Infusions Blood Culture Collection Hand Hygiene Inpatient Pre-Surgical Chlorhexidine Gluconate (CHG) Bathing/Washing CHG 2% Cloths – Directions for Use CHG 4% Solution – Directions for Use</p> <p>LIPPINCOTT PROCEDURES: Bed bath Hand Hygiene Indwelling urinary catheter (Foley) care and management (select age-appropriate procedure)</p> <p>UMMC Insider: Clinical Practice Updates Infection Prevention UMMC Sepsis Guidelines</p> <p>UMMC - CPPD – Chlorhexadine (CHG) Bathing</p> <p>Website: National Patient Safety Goals</p>		
<ul style="list-style-type: none"> • Identifies potential organ donation referrals 	<p>Policies: Referral for Organ and Tissue Donation Organ Donation Following Death by Cardiac Criteria (Attachment A)</p>		

Level 1 - Competency	Resources/References for each behavior (suggested, but not limited to)	Assessment Method/Date	Assessor's Initials
<ul style="list-style-type: none"> • Safely handles patient during transfer and transportation <ul style="list-style-type: none"> ▪ Assesses for appropriate mode of transportation ▪ Appropriate handoff to transport staff, destination ▪ Conducts change of shift bedside handoff ▪ Reviews how to call a code when off of the unit 	<p>Policies: Safe Patient Handling and Mobility & Movement</p> <p>Attachments: Health Care Recipient Assessment Chart Early Mobility Guideline Mobility Screening Tool Health Care Recipient Movement Algorithm</p> <p>Handoff Communication Handoff Communication Template Post-Procedural Note Maryland Express Care- Patient Placement Center Workflow Admission, Transfer, and Discharge</p>		
<ul style="list-style-type: none"> • Provides safe care to a patient with an artificial airway. <ul style="list-style-type: none"> ▪ Demonstrates ability to identify an occluded/dislodged trach and take appropriate steps to manage situation ▪ Identifies appropriate information on the airway sign and who to contact if information is missing ▪ Demonstrate appropriate steps to take with a laryngectomy emergency 	<p>Policy: Special Airways</p> <p>Attachments: Tracheostomy Patient HOB Sign & Emergency Care Algorithm Laryngectomy Patient HOB Sign & Emergency Care Algorithm Cancer Center Signs Difficult Airway Sign (Adult & Peds)</p> <p>LIPPINCOTT: Laryngectomy Tracheotomy</p>		
<ul style="list-style-type: none"> • Documents appropriately and relays pertinent information <ul style="list-style-type: none"> ▪ During handoff ▪ Bedside report 	<p>Policies: Handoff Communication</p> <p>Attachments: Handoff Communication Template</p>		
<ul style="list-style-type: none"> • Effectively uses SBAR and chain of command for colleague interaction and to communicate issues 	<p>Policies: Escalation of Change in Patient Condition</p> <p>UMMC Insider: SBAR Education</p>		
<ul style="list-style-type: none"> • Recognizes signs and symptoms of acute MI/CVA and activates the emergency response teams (Code STEMI/BAT/PE Team) 	<p>UMMC Insider: Brain Attack Team</p>		

Level 1 - Competency	Resources/References for each behavior (suggested, but not limited to)	Assessment Method/Date	Assessor's Initials
<ul style="list-style-type: none"> Deteriorating patient conditions are recognized early, appropriate action initiated which may include Rapid Response Team or Cardiac Resuscitation Team activation 	<p>Policies: Adult Emergency Medical Events Rapid Response (Attachments A, B-1, B-2, C, E, G, H, I)</p> <p>UMMC Insider: Cardiac Arrest in Shock Trauma STC Rapid Response</p>		
<ul style="list-style-type: none"> Safely operates and manages infusion pumps 	<p>Policies: Alaris Medley IV Infusion Pump (Attachment A) (Attachment B) (Attachment C)</p> <p>UMMC Insider: Alaris Pumps Alaris Pumps (Just In Time)</p>		
<ul style="list-style-type: none"> Safely operates and manages a 12-lead EKG machine 	<p>LIPPINCOTT PROCEDURES: 12-lead electrocardiogram (ECG) 12-lead electrocardiogram (ECG), pediatric</p>		
<ul style="list-style-type: none"> Safely operates and manages Vital Sign machine (Digital Thermometer; non-invasive BP cuff) 	<p>LIPPINCOTT PROCEDURES: Blood pressure assessment</p>		
<ul style="list-style-type: none"> Safely operates and manages a Pulse Oximeter 	<p>LIPPINCOTT PROCEDURES: Pulse oximetry</p>		
<ul style="list-style-type: none"> Safely operates and manages Sequential Compression Devices 	<p>LIPPINCOTT PROCEDURES: Sequential Compression Therapy</p>		
<ul style="list-style-type: none"> Safely operates and manages other unit equipment: <ul style="list-style-type: none"> Procurement Operation & Maintenance Alarms Cleaning Removal due to safety concerns Event report 	<p>Policies: Equipment Cleaning Performed by Unit Based Staff Medical Device Malfunction or Incident</p>		

Level 1 Completed on: _____

Preceptor Signature _____

Orientee Signature _____

Level 2

Required Education

Online Learning & Classes	Additional Resources	Assessment Method/ Date	Assessors Initials
Safety for Nurses			
Central Line Education for Providers & Nurses			
Surviving a Code			
Cardiac Rhythm Course (assigned by CPPD)			
<ul style="list-style-type: none"> • Safely inserts and care or a urinary catheter <ul style="list-style-type: none"> ▪ Successful catheter insertion on a live patient or through simulation on a task trainer (manikin) 	Policy: Urinary Catheter Management		
<ul style="list-style-type: none"> • Assesses patients, documents, and manages fall prevention. • Safely uses fall prevention measures <u>per unit practice</u>. • Documentation required for fall prevention and post-fall events. <ul style="list-style-type: none"> ▪ UMMSafe Solution reporting ▪ EPIC documentation requirements <ul style="list-style-type: none"> ○ Morse Score on Assessment ○ Mobility Level in Patient Summary/Realtime 360 ○ Flag fall in EPIC ○ Daily Care flow sheet documentation ○ Mobility Screen- in Navigator ▪ Post fall huddle 	Policies: Fall Prevention and Management Plan (Links located within) Morse Fall Scale for Adult Patients Memorial Scale (ED Department) Pediatric Fall Risk Assessment Ambulatory Fall Screening Guidelines LIPPINCOTT PROCEDURES: Fall Prevention LIPPINCOTT PROFESSIONAL DEVELOPMENT: Patient Safety: Reducing the Risk of Patient Falls		
<ul style="list-style-type: none"> • Safely uses Patient Lifts 	UMMS U Module: HoverMatt and HoverJack		
Weight-Based Dosing Vasoactive Agents			
End Tidal CO2 Monitoring in High Risk Patients			

Level 2

Level 2 focuses on building on the orientee's skill set, focusing on the skills needed to care for the unit/population.

Level 2 - Competency	Resources/References for each behavior (suggested, but not limited to)	Assessment Method/Date	Assessor's Initials
<ul style="list-style-type: none"> Performs and documents a complete history and physical assessment with population specific requirements, including food and medication allergies (intake/triage) <ul style="list-style-type: none"> Latex Allergy 	<p>Policies: Latex Risk Assessment Tool Practice Guidelines for Possible or Diagnosed Latex Allergy</p>		
<ul style="list-style-type: none"> Manages patient medications and infusions <ul style="list-style-type: none"> Reviews Titration Dose Range orders when appropriate 	<p>Policies: Titration Dose Range Orders Medication Management Anticoagulation Management</p> <p>UMMC Insider: Clinical Practice Update: Infusion Titration Protocols</p> <p>LIPPINCOTT PROCEDURES: Safe medication administration practices, general</p> <p>Portfolio: EMAR Progress Note Ad Hoc Form</p>		
<ul style="list-style-type: none"> Safely handles patient during transfer and transportation <ul style="list-style-type: none"> Assures right employees accompany patient 	<p>Policies: Safe Patient Handling and Mobility & Movement</p> <p>Attachments: Health Care Recipient Assessment Chart Early Mobility Guideline Mobility Screening Tool Health Care Recipient Movement Algorithm</p> <p>Handoff Communication Maryland Express Care- Patient Placement Center Workflow Admission, Transfer, and Discharge</p>		

Level 2 - Competency	Resources/References for each behavior (suggested, but not limited to)	Assessment Method/Date	Assessor's Initials
<ul style="list-style-type: none"> • Provides safe care to a patient with an artificial airway. <ul style="list-style-type: none"> ▪ Demonstrates proper trach care 	<p>Policy: Special Airways</p> <p>LIPPINCOTT: Tracheostomy tube cannula and stoma care Laryngectomy Tracheotomy</p>		
<ul style="list-style-type: none"> • Assess and manage monitored patients <ul style="list-style-type: none"> ▪ Cardiac rhythm interpretation/intervention ▪ Documentation of rhythm ▪ Review unit-based monitor safety plan 	<p>Policies: Monitor Safety Alarms Levels and Parameters Alarm-Parameter Levels and Limits</p> <p>Class: Advanced Cardiac Life Support (ACLS)</p>		
<ul style="list-style-type: none"> • Documents appropriately and relays pertinent information <ul style="list-style-type: none"> ▪ Transport ▪ Intra-facility (unit-to-unit) ▪ Change in level of care 	<p>Policies: Admission, Transfer, and Discharge Handoff Communication</p> <p>Attachments: Handoff Communication Template Post-Procedural Note</p>		
<ul style="list-style-type: none"> • Communicates safety concerns and documents unanticipated and adverse events <ul style="list-style-type: none"> ▪ UMMSafe 	<p>Policies: Incident Reporting and Management Safety Incident Report</p> <p>UMMC Insider: UMMSafe</p>		
<ul style="list-style-type: none"> • Practices “time out” process consistently: <ul style="list-style-type: none"> ▪ Ensures that all parties stop to correctly identify the patient and are doing the right procedure on the right side and site 	<p>Policies: Universal Protocol</p> <p>Attachment: Definition of Surgical or Invasive Procedure</p> <p>LIPPINCOTT PROCEDURES: Time-out</p>		

Level 2 - Competency	Resources/References for each behavior (suggested, but not limited to)	Assessment Method/Date	Assessor's Initials
<ul style="list-style-type: none"> • Recognizes, responds, mobilizes disaster plan and other emergency situations including employee injury appropriately <ul style="list-style-type: none"> ▪ Responds appropriately for each of the following <ul style="list-style-type: none"> ○ Hazardous Material Spill ○ Infant/child abduction ○ Security event ○ Fire ▪ Emergency Plan Activation 	<p>Policies: Code Pink - Response to Infant/Child Abduction Safety Safe Handling of Hazardous Medications (Attachment A) (Attachment B) (Attachment C) (Attachment D) Report of Occupational Accident of Illness Workplace Violence Prevention and Response</p> <p>Class: Charge Nurse Workshop</p>		
<ul style="list-style-type: none"> • Checks emergency equipment per unit standard 	<p>Policy: Emergency Equipment (Attachment A)</p> <p>Attachments: Emergency Equipment Checklist BCA Downtime Computer Checklist</p>		
<ul style="list-style-type: none"> • Correctly initiates seizure precautions 	<p>LIPPINCOTT PROCEDURES: Seizure Management</p>		
<ul style="list-style-type: none"> • Assess and manage patients requiring hemodynamic/advanced monitoring, including: <ul style="list-style-type: none"> ▪ Interprets and intervenes appropriately for arterial blood pressure and central venous pressure; maintains existing vascular access devices 	<p>LIPPINCOTT PROCEDURES: Arterial pressure monitoring Arterial pressure monitoring, pediatric Central venous pressure monitoring, transducer Central venous pressure measurement and monitoring, pediatric Central venous pressure measurement and monitoring, neonatal Hemodynamic monitoring, minimally invasive</p>		

Level 2 - Competency	Resources/References for each behavior (suggested, but not limited to)	Assessment Method/Date	Assessor's Initials
<ul style="list-style-type: none"> • Manages patients requiring basic mechanical ventilation support <ul style="list-style-type: none"> ▪ Practice reflects VAP reduction initiatives, if caring for ventilated patients ▪ TRAPI 	<p>LIPPINCOTT PROCEDURES Nasotracheal suctioning, (Checklist) Nasotracheal suctioning, pediatric (Checklist) Oral Care Oronasopharyngeal suctioning Oropharyngeal suctioning, neonatal</p> <p>UMMC Insider: Respiratory Care Services- Mechanical Ventilation</p> <p>UMMS U Module: Oxygen administration, humidified high-flow nasal cannula, respiratory therapy</p> <p>Website: 2019 Hospital National Patient Safety Goals</p>		
<ul style="list-style-type: none"> • Manages the patient requiring advanced modes of mechanical ventilation 	<p>LIPPINCOTT PROCEDURES: Mechanical ventilation, positive pressure Mechanical ventilation, positive pressure, pediatric Mechanical ventilation, positive pressure, neonatal</p>		

Level 2 Completed on: _____

Preceptor Signature _____

Orientee Signature _____

Level 3 Required Education

Online Learning & Classes	Additional Resources	Assessment Method/ Date	Assessors Initials
Patient/Family Education			
Teach-Back			
MOPAT Training 2015			
Clinical Nutrition			
Language Services, On-Demand, and Active Shooter			
1-7 Bard® Surestep® Foley Catheter (select all 7 modules)			
Medical Orders for Life-Sustaining Treatment (MOLST)			
NDNQI Pressure Ulcer Training			
MRI Safety			
Tailoring Interventions for patient Safety (TIPS)			
<ul style="list-style-type: none"> • Demonstrates required elements of unit-based medication cabinet. <ul style="list-style-type: none"> ▪ Performing inventory 			
Critical Care Class (assigned by CPPD)			
Ketamine Continuous Infusion			
Artic Sun 5000 Training Tutorial			

Level 3

Level 3 focuses on developing low frequency skills and promoting a well-rounded professional.

Level 3 - Competency	Resources/References for each behavior (suggested, but not limited to)	Assessment Method/Date	Assessor's Initials
<ul style="list-style-type: none"> • Safely applies UMMC approved restraints <u>per unit practice</u> <ul style="list-style-type: none"> ▪ L-bow device ▪ Enclosed bed 	<p>Policies: Use of Seclusion and/or Restraints for Uncontrolled, Violent and/or Aggressive Behavior Use of Restraints on Non-Violent Patients for Acute Medical/Surgical Reasons Restraint Alternatives for Medical Surgical Reasons Restraint Devices Available at UMMC</p> <p>LIPPINCOTT PROCEDURES: Keyword search: "Restraint" to access the different restraint product application</p>		
<ul style="list-style-type: none"> • Facilitates Post Mortem Care 	<p>Policy: Deceased Patients</p>		
<ul style="list-style-type: none"> • Provides age and culturally appropriate care 	<p>Policies: Employee responsibility for care of patients regardless of medical condition UMMC Insider: Departmental Scope of Service</p>		
<ul style="list-style-type: none"> • Performs and documents a complete history and physical assessment with population specific requirements, including food and medication allergies (intake/triage) <ul style="list-style-type: none"> ▪ Code Status ▪ Smoking/Patient Acknowledgement 	<p>Policies: Code Status Tobacco Policy Patient Acknowledgement of Consequences</p>		
<ul style="list-style-type: none"> • Identifies signs and symptoms of physical, mental, and/or sexual abuse and contacts appropriate resources when needed 	<p>Policies: Patient Assessment Child Abuse Allegation of Sexual Assault on Patient Intimate Partner Violence Management Of The Patient at Risk for Suicide or Self-Harm Intranet: Suicide and Ligature Risks Precautions</p>		

Level 3 - Competency	Resources/References for each behavior (suggested, but not limited to)	Assessment Method/Date	Assessor's Initials
<ul style="list-style-type: none"> • Develops/evaluates/updates/implements/documents a holistic, best practice and individualized plan of care: <ul style="list-style-type: none"> ▪ Integrates assessment findings ▪ Includes patient and family ▪ Includes multidiscipline in POC ▪ Morse fall risk assessment ▪ Braden skin assessment ▪ Suicide risk screening ▪ Pain assessment ▪ Laboratory and diagnostic findings ▪ Interventions are appropriate for goal attainment ▪ Nutritional needs ▪ Understands and actively supports the Relationship-based Care Delivery Model ▪ Use of Observational Assistants ▪ Tobacco use assessment 	<p>Policies:</p> <ul style="list-style-type: none"> Patient Care Services Model Patient Care Orders Critical Tests and Test Results Verbal Orders Fall Precautions Palliative/Supportive Care Enteral Tube Placement & Management for the Adult Patient Observation Policy Sitter Decision Algorithm Tele sitter Guidelines Use of the Observation Assistant/Sitter Management Of The Patient at Risk for Suicide or Self-Harm Suicide Risk Screen Prevention- Care of Patients Ligature Points Tobacco Policy Patient Acknowledgement of Consequences Nursing Guidelines Patient Education Handout UMMC is Smoke Free Pediatric Patients Acknowledgment of Consequences Family Presence/Visitation Language Access for Limited English Proficient Patients and Families <p>UMMC Insider:</p> <ul style="list-style-type: none"> Interpreter Services Suicide and Ligature Risk <p>UMMS U: Pure Wick Female External Catheter</p>		

Level 3 - Competency	Resources/References for each behavior (suggested, but not limited to)	Assessment Method/Date	Assessor's Initials
<ul style="list-style-type: none"> • Creates a nursing care plan and educates patients/families/significant others using an evidence-based multimodal educational approach <ul style="list-style-type: none"> ▪ On admission and throughout hospitalization ▪ Uses UMMS evidence based resources to provide education ▪ Considers communication needs and literacy when creating individualized patient/family care plans. ▪ Adds "References/Clinical" under "more" activities to access ▪ Appropriately locates patient education handouts in EPIC, both CareNotes (References/Clinical), UMMC custom developed and links within the 4Q education. ▪ Uses teach-back methodology to assess patient learning by asking patient to state learning outcomes, following the 4Q format ▪ Utilizes video education to standardize education ▪ Creates an individualized plan of care for your patient 	<p>Websites and Tools:</p> <ul style="list-style-type: none"> Plan of Care and Patient Family Education Video Plan of Care Video CareNotes: Patient Education Handouts- Evidence-Based Clinical Resource UMMS 4 Question Patient Education Literacy Format Teach Back Quick Reference (Staff) Teach-Back Module Using teach-back with 4Q Exemplar: Fall 4Q with teach-back Teach-Back Observation/Self-Assessment tool Patient Feedback – Tell us how we are doing Teach Back-Patient Education Teach-back method (2 scenarios) Nursing Care Plan Cheat Sheet 		
<ul style="list-style-type: none"> • Manages patient medications and infusions <ul style="list-style-type: none"> ▪ Performs Independent Double-Check when appropriate 	<p>Policies:</p> <ul style="list-style-type: none"> Medication Management Anticoagulation Management Sound-Alike, Look-Alike (SALAD) Drugs (Attachment A) (Attachment B) <p>LIPPINCOTT PROCEDURES:</p> <ul style="list-style-type: none"> Safe medication administration practices, general 		
<ul style="list-style-type: none"> • Utilizes appropriate resources to provide best practice in new or unfamiliar situations: <ul style="list-style-type: none"> ▪ Self ▪ Co-workers 	<p>UMMC Insider:</p> <ul style="list-style-type: none"> PolicyStat Clinical Practice Updates Lippincott Nursing Advisor Lippincott Procedures Nursing Governance Council Meetings Just In Time Education 		

Level 3 - Competency	Resources/References for each behavior (suggested, but not limited to)	Assessment Method/Date	Assessor's Initials
<ul style="list-style-type: none"> • Practice reflects knowledge of nurse sensitive quality indicators (NSQI/NDNQI), core measures, vaccine, including but not limited to the following: <ul style="list-style-type: none"> ▪ Nosocomial Infections ▪ Patient Falls ▪ Pressure Ulcer Rate ▪ Restraints ▪ Venous Thromboembolism (VTE) ▪ Vaccine administration 	<p>Policies: Pressure Injury Prediction and Prevention Wound, Ostomy, Continence, and Pressure Injury Treatments Managing Fecal Incontinence-Fecal Management System (FMS) Mobilization of Patients with an Acute Lower Extremity Deep Venous Thrombus</p> <p>LIPPINCOTT PROCEDURES: Pressure Injury Prevention Skin Assessment</p> <p>UMMC Insider: Magnet Program Regulatory Compliance – Core Measures Venous Thromboembolism Core Measure Immunization Core Measure Vaccine Information Statement Wound Care Top 10 Reasons to Consult the WOCN</p>		
<ul style="list-style-type: none"> • Documents appropriately and relays pertinent information <ul style="list-style-type: none"> ▪ Inter-facility ▪ Hourly rounds 	<p>Policies: Admission, Transfer, and Discharge Handoff Communication</p> <p>Attachments: Handoff Communication Template Post-Procedural Note Maryland Express Care- Patient Placement Center Workflow</p> <p>UMMC Insider: Hourly Caring Rounds</p>		
<ul style="list-style-type: none"> • Communicates safety concerns and documents unanticipated and adverse events <ul style="list-style-type: none"> ▪ 8-SAFE ▪ Joint Commission hotline 	<p>Policies: Incident Reporting and Management Safety Incident Report</p> <p>UMMC Insider: UMMSafe</p>		

Level 3 - Competency	Resources/References for each behavior (suggested, but not limited to)	Assessment Method/Date	Assessor's Initials
<ul style="list-style-type: none"> Contributes meaningful feedback to peers for formal reviews and informal interactions 	<p>Class: Preceptor Boot Camp</p> <p>UMMC Insider: Professional Advancement Model Preceptor and Orientee Feedback Tools</p>		
<ul style="list-style-type: none"> Consistently demonstrates C2X behavior, applies Act With Heart principles: <ul style="list-style-type: none"> Introduces self to patients, visitors, family Effectively performs service recovery 	<p>Classes: Charge Nurse Workshop Act with Heart Face-to-face Class</p>		
<ul style="list-style-type: none"> Appropriately manages a patient requiring a massive transfusion 	<p>Policy: Massive Transfusion Events</p> <p>UMMC Insider: Formfast #PO95 MTE, ECMO, Emergency Release of Blood Products Order</p>		
<ul style="list-style-type: none"> Consults appropriate resources to obtain information, equipment, or supplies in situations where knowledge is limited <ul style="list-style-type: none"> Uses established evidence-based practice guidelines in patient care. 	<p>UMMC Insider: Biomedical Engineering Nursing Research, EBP and PI UMMC Reference Resources OVID Up-to-Date Micromedex Lippincott Procedures Clinical Practice Updates PolicyStat Clinical Staff Resources Nursing Journal Club Nursing Grand Rounds</p>		
<ul style="list-style-type: none"> Demonstrates an awareness of their own scope of practice 	<p>UMMC Insider: Scope of Services Nursing Scope of Practice</p> <p>Website: Maryland Board of Nursing</p>		
<ul style="list-style-type: none"> Demonstrates the ability to create a culture of safety on the unit and beyond 	<p>Website: Culture of Transparency</p>		

Level 3 - Competency	Resources/References for each behavior (suggested, but not limited to)	Assessment Method/Date	Assessor's Initials
<ul style="list-style-type: none"> Interprets waveforms accurately and intervenes for: <ul style="list-style-type: none"> Pulmonary artery pressures Thermodilution/arterial based cardiac output Central/mixed venous oxygen saturations 	LIPPINCOTT PROCEDURES: Pulmonary artery pressure and pulmonary artery occlusion pressure monitoring Pulmonary artery pressure and pulmonary artery occlusion pressure monitoring, pediatric Pulmonary Artery Catheter Management Guidelines for Inpatient :: PolicyStat		
<ul style="list-style-type: none"> Accurately interprets intracranial dynamics and takes appropriate action 	Policies: Intraventricular Catheter, Intracranial Pressure, IVC Attachments: <ul style="list-style-type: none"> Intracranial Pressure Monitoring Intraventricular Tubing and Reference Point Pressure Monitoring LIPPINCOTT PROCEDURES: Intracranial pressure monitoring Intracranial pressure monitoring, pediatric Intracranial pressure monitor catheter insertion, assisting, pediatric Positioning a patient with increased intracranial pressure (ICP), pediatric		
<ul style="list-style-type: none"> Effectively utilize the ABCDEF bundle to prevent ICU Delirium 	Website: ABCDEF Bundle		
<ul style="list-style-type: none"> Effectively manages therapeutic hypothermia patient post resuscitation 	UMMC Insider: ICU Guidelines Website: Artic Sun 5000 Temp: www.medivance.com		

Level 3 Completed on: _____

Preceptor Signature _____

Orientee Signature _____

SUMMARY

Nurse Blueprint

Nurse _____ Employee ID Number _____ Unit _____

Transfer to new unit? Yes No

By completing the Nurse Core Blueprint, this nurse has demonstrated competency in the:

- Ability to assess, manage, and maintain the patient and their environment
- Ability to communicate
- Ability to respond effectively in an emergency
- Ability to adapt to the changing clinical environment
- Ability to utilize clinical equipment

Blueprint Part B: Population specific skills (see population/unit specific blueprint) was completed on _____**My signature below indicates that:**

- I have received the Nurse Orientation Blueprint content
- I am aware of the practice standards and concepts present
- I know where to find additional information and policies
- I acknowledge that I am accountable to comply with the information and training

The manager and preceptor signature below indicates that:

- The orientee has received the content in the Nurse Orientation Blueprint
- The orientee has demonstrated competency in the skills and behaviors required
- The orientee is accountable for the information and training received on orientation

Blueprint Completed on _____

Preceptor Signature _____

Nurse Graduate obtained
RN license on _____

Orientee Signature _____

Manager Signature _____

SCAN and email a copy of this page to CPPD at professionaldevelopment@umm.edu and retain the paper copy in local employee file.

Adjunct Learning

Adjunct Learning is a list of classes that can be used to supplement learning. Each class can be completed by self-enrolling in UMMS U. These classes are NOT a required part of the blueprint. This list is not exhaustive of the supplemental courses available.

Lippincott Professional Courses	Recommended by Preceptor	Completed by Orientee
Alcohol Dependence in Acute Withdrawal (Case Study)		
Anticoagulant Drugs		
Central Venous Access Device (CVAD) Management		
Chest Tubes Lippincott Professional Development		
Compliance: Patient Rights and Education (Joint Commission Resources)		
Compliance: Rapid Response Teams (RRTs) (Joint Commission Resources)		
Compliance: SBAR Communication Tool (Joint Commission Resources)		
Core Measures		
Crisis Intervention		
Cultural Aspects of Pain Management: Nursing Implications		
Cultural Aspects of Pain Management: Overview		
Effective Communication with Patients		
EMR Documentation: Legal Aspects		
Enteral Feedings		
Fall Risk Assessment and Prevention, Pediatric		
Health Care-Associated Infections		
Health Literacy		
HIPAA: Putting Prevention Strategies into Practice		
Hospital Readmission Prevention		
Interprofessional Communication		

Lippincott Professional Courses	Recommended by Preceptor	Completed by Orientee
Mandatory, Hospital: Blood Transfusion		
Mandatory, Hospital: National Patient Safety Goals		
Mandatory, Hospital: Pain Management		
Mandatory, Hospital: Recognizing Signs of Abuse		
Mandatory, Hospital: Restraint Use		
Mandatory, Hospital: Understanding Infection Prevention and Control (Pretest Included)		
Mental Health Assessment		
Obtaining a Health History		
Pain Assessment		
Pain Management, Nonpharmacologic		
Pain Management, Patient with Substance Use Disorder (SUD)		
Pain Management, Pharmacological		
Pain Management, Wounds		
Patient- and Family-Centered Care		
Patient Safety: Encouraging Patient Involvement (Joint Commission Resources)		
Patient Safety: Identifying Patients at Risk for Suicide (Joint Commission Resources)		
Patient Safety: Implementing the Universal Protocol (Joint Commission Resources)		
Patient Safety: Improving Caregiver Communication (Joint Commission Resources)		
Patient Safety: Improving Patient Identification Accuracy (Clinical Personnel) (Joint Commission Resources)		
Patient Safety: Improving the Safety of Medication Use (Joint Commission Resources)		
Patient Safety: Recognizing and Responding to Changes in a Patient's Condition (Joint Commission Resources)		
Patient Safety: Reducing the Risk of Patient Falls (Joint Commission Resources)		
Physiology of Pain		

Lippincott Professional Courses	Recommended by Preceptor	Completed by Orientee
Preventing Blood Incompatibility Errors		
Sepsis (Tutorial)		
Sepsis, Pediatric: Management		
Stroke: Rapid Detection and Intervention (Joint Commission Resources)		
Suicidal Patient (Case Study)		
Abdominal Compartment Syndrome		
Acute Gastrointestinal Hemorrhage		
Antiarrhythmic Drugs		
Defibrillation and Synchronized Cardioversion		
Delirium Assessment		
Delirium Management		
Delirium, Pediatric		
Hemodynamic Monitoring		
Interrupting Sedation to Improve Patient Outcomes		
Intraosseous Infusion, Adult		
Malignant Hyperthermia Protocol		
Multiple Organ Dysfunction Syndrome: Management		
Multiple Organ Dysfunction Syndrome: Overview		
Noninvasive Pressure Ventilation (NIPV)		
Preventing Ventilator-Associated Pneumonia (VAP)		
Therapeutic Hypothermia after Cardiac Arrest		
Vasopressors		