

Heel prick Competency

Author: East of England Practice Development Group

For use in: East of England Neonatal Units.

Name of person being assessed:	
Job Title	
Ward/Department:	
Directorate:	
Assessor:	

Objective:

To demonstrate competence in the skill named above. The staff member must achieve all the stated criteria at the level of competent practitioner (Benner taxonomy).

“Competent practitioners are consciously aware of long-term effects of their actions. They are able to plan the most satisfactory outcome of a situation, and take the appropriate action to achieve the planned aims. This requires conscious, abstract, analytical contemplation of the situation”.

Failure to achieve the level of competent practitioner will require the staff member to agree an action plan with the assessor or Ward Manager to be completed within an acceptable timeframe.

Learning objectives: Is the nurse safe to practice, can they?		Level 3 competence achieved Yes/No	N/A Not applicable
1.	Demonstrate understanding of the indications for a heel prick sample and which samples can be obtained via heel prick		
2.	Is aware of the contraindications for heel prick sampling		
3.	Identify recommended site for heel prick		
4.	Avoids medial plantar areas		
5.	Shows awareness of osteomyelitis		
6.	Identify which equipment (including lancet) to use		
7.	Adheres to local hand hygiene guidelines and uses PPE when required		
8.	Cleans the skin with water and avoids alcohol wipes		
9.	Avoids unnecessary force and subsequent bruising		
10.	Is aware of that the procedure can cause pain and discomfort and takes steps to mitigate this		
11.	Uses cotton wool to stop bleeding		
12.	Uses gauze rather than plaster post sampling in the preterm infant		
13.	Escalates concerns and asks for help appropriately		
14.	Documents procedure appropriately		

Competency Statement

_____ is assessed as competent/not competent* to practice the aforementioned skill.
(Delete as applicable)

Signed: _____ Assessor: _____ Date: _____

Signed: _____ Staff name: _____ Date: _____

If the user is assessed as not competent an action plan needs to be outlined below and agreed.

Action Plan

Criteria Number	Objective in which competence was not achieved	Actions to address competence	By whom	Date

The above action plan has been agreed between the Assessor and user to address areas of competence.

Signed: _____ Assessor: _____ Date: _____

Signed: _____ Staff name: _____ Date: _____

One copy of the completed competency assessment form should be held in the staff personnel record and one copy given to the employee for their portfolio.