

# THE LILIES LTD

## RMN COMPETENCY CHECK LIST

**NAME** \_\_\_\_\_

**PIN** \_\_\_\_\_

**LEVEL OF EXPERIENCE**

*No knowledge*

*Understand procedure but no experience*

*I am familiar with this procedure but would need supervision*

*I am familiar with this procedure and can perform independently*

| <b>MENTAL HEALTH ACT</b>  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>COMMENTS</b> |
|---|----------|----------|----------|----------|-----------------|
| Implementation of Sectioning Procedure For Sections 2,3,4 and 4(4), 5(2) of Mental Health Act |          |          |          |          |                 |

| <b>ADMISSION ASSESSMENT</b>              | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>COMMENTS</b> |
|--|----------|----------|----------|----------|-----------------|
| Car Planning and documentation in kardex |          |          |          |          |                 |
| Care programme approach                  |          |          |          |          |                 |
| Discharge planning                       |          |          |          |          |                 |

| <b>ADMINISTRATION OF MEDICATION</b>                  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>COMMENTS</b> |
|--|----------|----------|----------|----------|-----------------|
| Oral   |          |          |          |          |                 |
| Intra muscularly (I/M)                               |          |          |          |          |                 |
| - depot  |          |          |          |          |                 |
| - acute management                                   |          |          |          |          |                 |
| Awareness & management of side effects of medication |          |          |          |          |                 |

| <b>ALTERED STATE OF REALITY</b>  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>COMMENTS</b> |
|--|----------|----------|----------|----------|-----------------|
| Assessment of client with an altered state i.e. in mood or altered state of reality e.g. psychosis |          |          |          |          |                 |
| Communication with client with altered state of reality  |          |          |          |          |                 |

| <b>ASSESSMENT &amp; MANAGEMENT OF ACTS OF SELF HARM</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>COMMENTS</b> |
|---|----------|----------|----------|----------|-----------------|
| Cutting   |          |          |          |          |                 |
| Overdosing  |          |          |          |          |                 |
| Self strangulation                                      |          |          |          |          |                 |

| <b>MENTAL HEALTH ACT 1984</b>   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>COMMENTS</b> |
|---|----------|----------|----------|----------|-----------------|
| ASSESSMENT OF RISK TO SELF e.g. suicide and/or others, aggressive behaviour |          |          |          |          |                 |

| <b>SAFETY</b>                         | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>COMMENTS</b> |
|---------------------------------------|----------|----------|----------|----------|-----------------|
| Implementation of safety observations |          |          |          |          |                 |
| Implementation of safe restraint      |          |          |          |          |                 |
| Use of breakaway techniques           |          |          |          |          |                 |

