# CNA HealthPro and Nurses Service Organization
# Risk Control Self-assessment Checklist for Nurses

| Self-assessment Criteria | Yes | No | Action(s) I Need to Implement to Reduce Risks |
|---|---|---|---|
| **Self-assessment Related to My Clinical Specialty** | | | |
| I work in an area that is consistent with my training and experience. | | | |
| My competencies (including experience, training, education and skills) are consistent with the needs of my assigned patients and/or patient care unit. | | | |
| I understand the risk of caring for patients within my clinical specialty. | | | |
| When I am floated or asked to cross-cover, I ensure that my competencies and experience are appropriate for the assignment. | | | |
| I am provided with or request orientation whenever I am assigned to a different clinical care unit or different level of care. | | | |
| I obtain education and training on an ongoing basis to maintain my competencies in my clinical specialty. | | | |
| I decline an assignment if my competencies are not consistent with patient needs. | | | |
| **Self-assessment Related to Scope of Practice** | | | |
| I know my Nurse Practice Act and read it at least annually to ensure I understand the legal scope of practice in my state. | | | |
| I decline to perform a requested service that is outside my legal scope of practice and immediately notify my supervisor or the director of nursing. | | | |
| I contact the risk management department or the legal department regarding patient or practice issues, if necessary. | | | |
| I contact the Board of Nursing and request an opinion or position statement on nursing practice issues, if necessary. | | | |
| **Self-assessment Related to Patient Assessment** | | | |
| I assess and **document** the following upon admission, with a change in treatment, or with a change in a patient's condition or response to treatment: | | | |
| - Presenting problem(s) | | | |
| - Fall risk | | | |
| - Co-morbidities affecting the patient's status | | | |
| - Patient's understanding of his/her condition and plan of treatment/care | | | |
| - Mobility status, including the use of mobility aids | | | |
| - Medications | | | |
| - Elopement/abduction risk | | | |
| - Skin/wound status including any wounds or lesions | | | |
| - Pain management | | | |
| - Restraint use | | | |
| - Behaviors | | | |
| - Cognition | | | |
| - Nutrition/hydration | | | |
| - Vital signs | | | |
| - Lab values | | | |
| I notify all appropriate parties of assessment results. | | | |

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| **Self-assessment Related to Patient Monitoring** | | | |
| I perform and **document** the results of specific patient-monitoring activities according to practitioner orders and as indicated by the patient's condition, including: | | | |
| ▪ Vital signs, blood pressure, oxygen saturation | | | |
| ▪ Blood sugar | | | |
| ▪ INR/clotting times/bruising | | | |
| ▪ Blood and diagnostic test results (notifing the practitioner of abnormal results) | | | |
| ▪ Clinical signs of bleeding or hemorrhage | | | |
| ▪ Effectiveness of pain management | | | |
| ▪ Signs of infection and/or inflammation | | | |
| ▪ Restraint protocol compliance | | | |
| ▪ Nutritional intake | | | |
| ▪ Oral and intravenous fluid intake and output | | | |
| ▪ Output – urine, stool, wound drainage | | | |
| ▪ Wound status – measurement, treatment and response to treatment | | | |
| ▪ Behaviors | | | |
| ▪ Cognition | | | |
| ▪ Patient concerns/complaints | | | |
| ▪ Change in condition | | | |
| ▪ Response to medication/treatment, including change in behavior, cognition and potential increased risk for falls | | | |
| ▪ Patient safety – current environment | | | |
| I notify all appropriate parties of findings from monitoring activities. | | | |
| **Self-assessment Related to Treatment and Care** | | | |
| I provide and **document** patient treatment and care, including: | | | |
| ▪ Timely implementation of approved/standardized protocols | | | |
| ▪ Timely contacting the practitioner to obtain orders | | | |
| ▪ Timely implementation of practitioner orders | | | |
| ▪ Medication administration, as ordered (i.e., ensuring correct medication, patient, dose, route, and time; checking the reason for administering medication; and noting if the problem was lessened or alleviated, etc.) | | | |
| ▪ Patient/family education related to treatment and verification of their understanding | | | |
| ▪ Practitioner notification of change in condition/symptoms/patient concerns and practitioner's response and/or orders | | | |
| ▪ Practitioner notification of complications and adverse response to medication or treatment and practitioner's response and/or orders | | | |
| ▪ Supervision of non-professional caregivers | | | |
| ▪ Provision of nutrition and hydration (assisting patient as needed) | | | |
| ▪ Oversight/scheduling of referrals/tests/diagnostic procedures | | | |
| ▪ Tracking of test results/consultation reports | | | |
| ▪ Practitioner notification of test/consultation results and practitioner's response and/or orders | | | |
| ▪ Participation in accurate and complete hand-offs between assigned caregivers, units and shifts | | | |
| ▪ Practitioner notification of delays and issues encountered in carrying out orders | | | |

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| ▪ Follow-up on delays and issues in obtaining test or test results | | | |
| ▪ Invoking of nursing and medical chains of command if there is a delay in response from practitioner or significant concern with practitioner action taken | | | |
| ▪ Practitioner notification of patient refusal of recommended healthcare (e.g., assessments, diagnosis and/or treatment interventions including medications) | | | |
| ▪ Reporting of any patient incident, injury or adverse outcome and subsequent treatment/response | | | |
| **Self-assessment Related to Patient Care Equipment and Supplies** | | | |
| I ensure that emergency and required patient care equipment is readily available and in good working order. | | | |
| I check all equipment before each use to ensure that it functions properly. | | | |
| I report broken/malfunctioning equipment, remove it from patient care use and obtain an appropriate replacement. | | | |
| I sequester broken/malfunctioning equipment that was involved in a patient incident to preserve its condition at the time of the event. | | | |
| I provide oral and written reports of broken/malfunctioning equipment to all appropriate parties. | | | |
| I perform all required monitoring, assessment and reporting activities. | | | |
| **Self-assessment Related to Professional Conduct** | | | |
| I speak to patients, families and staff in a respectful and dignified manner. | | | |
| I refrain from personal relationships with patients/families. | | | |
| I explain procedures and treatments to patients, including what touching they can anticipate during assessment, monitoring and treatment. | | | |
| I include a chaperone when indicated if intimate touching is required for the patient's treatment. | | | |
| I honor the patient's rights throughout the episode of care. | | | |
| I refrain from harsh physical touching or movement with patients at all times. | | | |
| I monitor the patient care environment to ensure patient safety. | | | |
| I remain aware of the need for ensuring a safe patient care environment, including unobstructed hallways, properly secured entrances and exits, and restricted access to hazardous substances. | | | |
| **Self-assessment Related to Documentation Practices** | | | |
| I document contemporaneously and never make a late entry unless it is appropriately labeled and is necessary for safe continued patient care. | | | |
| I never remove any portion of the patient's health information record. | | | |
| I never alter a record in any way. | | | |
| I refrain from subjective comments, including comments about colleagues and other members of the patient care team. | | | |
| I do not remove patient health records (paper or electronic) from the patient care unit, nor do I make entries from home or other inappropriate locations. | | | |
| If provided with a laptop, electronic pad or electronic PDA, I do not permit any other person access to that equipment and never share my passwords/access codes. | | | |
| If I have documentation concerns, I contact the risk manager or legal counsel for assistance prior to making an entry about which I am unsure. | | | |

This checklist is also available at **www.cna.com** and **www.nso.com**.

## CLAIM TIPS

Below are some proactive concepts and behaviors to include in your nursing custom and practice, as well as steps to take if you believe you may be involved in a legal matter related to your practice of nursing:

- Practice within the requirements of your state Nurse Practice Act, in compliance with organizational policies and procedures, and within the national standard of care.
- Document your patient care assessments, observations, communications and actions in an objective, timely, accurate, complete, appropriate and legible manner. Never alter a record for any reason or add anything to a record after the fact unless it is necessary for the patient's care. If it is essential to add information into the record, properly label the delayed entry as a late entry, but never add any documentation to a record for any reason after a claim has been made. If additional information related to the patient's care emerges after you become aware that legal action is pending, discuss the need for additional documentation with your manager, the organization's risk manager and legal counsel to determine appropriate actions.
- Immediately contact your personal insurance carrier if
  - you become aware of a filed or potential professional liability claim against you
  - you receive a subpoena to testify in a deposition or trial
  - you have any reason to believe that there may be a potential threat to your license to practice nursing
- If you carry your own professional liability insurance, report such matters to your insurance carrier, even if your employer advises you that it will provide you with an attorney and/or that it will cover you for a professional liability settlement or verdict amount.
- Refrain from discussing the matter with anyone other than your defense attorney or the claim professionals who are managing your claim.
- Promptly return calls from your defense attorney and the claim professionals assigned by your insurance carrier. Contact your attorney or claim professional before responding to calls, e-mail messages or requests for documents from any other party.
- Provide your insurance carrier with as much information as you can when reporting such matters, but at a minimum, include contact information for your organization's risk manager and the attorney assigned to the litigation by your employer.
- Never testify in a deposition without first consulting your insurance carrier or, if you do not carry individual liability insurance, without first consulting the organization's risk manager or legal counsel.
- Copy and retain the Summons & Complaint, subpoena and attorney letter(s) for your records.
- Maintain signed and dated copies of any employer contracts.

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In addition to this publication, CNA HealthPro has produced numerous studies and articles that provide useful risk control information on topics relevant to nurses. These publications are available by contacting CNA HealthPro at 1-888-600-4776 or at **www.cna.com**. Nurses Service Organization (NSO) also maintains a variety of online materials for nurses, including nurse survey results, articles, and useful clinical and risk control resources, as well as information relating to nurse professional liability insurance, at **www.nso.com**.



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