



Australian Government

HLTENN020 Conduct clinical assessments

Release: 1

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Modification History

Release	Comments
Release 1	This version was released in <i>HLT Health Training Package release 3.0</i> and meets the requirements of the 2012 Standards for Training Packages. Significant changes to the elements and performance criteria. New evidence requirements for assessment, including volume and frequency requirements. Significant change to knowledge evidence. Supersedes HLTEN606B

Application

This unit describes the skills and knowledge required to recognise the need for assessment, perform physical examinations and make clinical judgments using critical analysis and specialised knowledge of pathophysiology and clinical assessment processes.

This unit applies to enrolled nurses, registered with the Nursing and Midwifery Board of Australia, seeking specialisation in enrolled nurse work that is carried out in consultation and collaboration with registered nurses and under direct or indirect supervisory arrangements aligned to the Nursing and Midwifery Board of Australia regulatory authority legislative requirements.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.

Elements and Performance Criteria

ELEMENT

PERFORMANCE CRITERIA

Elements define the essential outcomes

Performance criteria describe the performance needed to demonstrate achievement of the element.

1. Recognise the need for clinical assessment

1.1 Apply specialised knowledge of pathophysiology of body systems to make informed judgement on a person's actual and potential health problems

1.2 Source and interpret a person's presenting clinical health data to identify homeostasis imbalance indicating abnormal functioning of body systems

1.3 Use interviewing and active listening skills to

ELEMENT**PERFORMANCE CRITERIA**

Elements define the essential outcomes

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identify, clarify and confirm health information with the person or carer prior to assessment

2. Perform physical examinations

2.1 Prepare the person for examination according to the procedure being performed and obtain consent to proceed

2.2 Perform a systematic head-to-toe physical body examination using established assessment tools and techniques

2.3 Respect client dignity and potential sensitivities and seek feedback on comfort levels

2.4 Use ongoing questioning to gain further information from the person as examination proceeds

2.5 Recognise a person's alteration in condition and potential for deterioration and immediately communicate concerns to registered nurse

3. Make clinical judgements

3.1 Use a process of critical questioning and diagnostic reasoning to make links between the person's clinical presentation and possible health condition or illness or injury

3.2 Recognise the need for specific clinical interventions based on information from examination

3.3 Establish priorities of care, based on assessment outcomes and judgements made

3.4 Document assessment outcomes according to organisation procedures and provide information to those involved in ongoing care of the person

4. Communicate assessment outcomes

4.1 Use language and terminology that the person will understand when providing results of clinical assessment

4.2 Use questioning techniques to confirm with the person that the health information has been understood and address any unresolved issues with person

4.3 Assess the impact of information on the person and take action accordingly

ELEMENT**PERFORMANCE CRITERIA**

Elements define the essential outcomes

Performance criteria describe the performance needed to demonstrate achievement of the element.

4.4 Communicate outcomes and proposed actions to the registered nurse and use a collaborative approach for follow up with interdisciplinary team

Foundation Skills

The Foundation Skills describe those required skills (language, literacy, numeracy and employment skills) that are essential to performance.

Foundation skills essential to performance are explicit in the performance criteria of this unit of competency.

Unit Mapping Information

No equivalent unit.

Links

Companion Volume implementation guides are found in VETNet -

<https://vetnet.gov.au/Pages/TrainingDocs.aspx?q=ced1390f-48d9-4ab0-bd50-b015e5485705>

Assessment Requirements for HLTENN020 Conduct clinical assessments

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Performance Evidence

The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role. There must be evidence that the candidate has:

- undertaken nursing work in accordance with Nursing and Midwifery Board of Australia professional practice standards, codes and guidelines
- demonstrated the capacity to analyse changes in a person's health status, perform physical examinations and make sound clinical judgements for at least 3 different people presenting with a complex condition, illness or injury
- assessed health status using the following clinical assessment tools and techniques:
 - neurological examination, including sensory function and motor responses, reflexes
 - peripheral vascular system examination
 - respiratory auscultation and percussion
 - chest auscultation and percussion
 - abdomen auscultation and palpation
 - heart sounds check
- interpreted the person's blood test results for abnormal findings indicating changes in health status.

Knowledge Evidence

The candidate must be able to demonstrate essential knowledge required to effectively complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the work role. This includes knowledge of:

- communication strategies that underpin assessment and communication with the person and other health professionals, including:
 - appropriate modes of communication for the information being provided
 - range of interviewing skills
 - information technology and health technologies to capture clinical data for responsive coordination and dissemination to relevant members of the interdisciplinary health care team
 - factors for consideration when communicating with people with:
 - communication-related disabilities
 - mental health conditions
 - pharmacological and alcohol addiction or misuse
 - adverse behavioural responses to unfamiliar environments
 - person under stress due to situations to themselves or others such as trauma, death and life threatening situations
- advanced concepts underpinning human maintenance systems including immunity and homeostasis imbalance causing physical changes associated with:
 - acidosis/alkalosis
 - diabetes (hypoglycaemia, hyperglycaemia)
 - nutrition and hydration/dehydration
 - cancer treatment
 - thermostasis (thermoregulation)
 - infections
 - poisoning
 - sepsis
- clinical assessment techniques and tools used in a head-to-toe physical body examination:
 - inspection – uses of the sense of sight to identify specific characteristics of the individual
 - palpation – utilises use of the sense of touch to determine physical signs.
 - percussion – use of tapping on an individual's body to evaluate location and density of underlying structures.
 - auscultation – listening to sounds created by the body using stethoscope
- processes for the neurological examination of the sensory function and motor responses including:
 - cranial nerves
 - inspection, looking for subtle weakness e.g. tremors, pronator drift
 - gait abnormalities including scissors, spastic, stoppage and waddling
 - stance including posture, lordosis, kyphosis and scoliosis
 - muscular response and muscle strength
 - dermatomes and related spinal nerves
 - peripheral neuropathies

- sensory function testing: light touch, pain sensation, temperature, proprioception and tactile localisation
- stereognosis and graphaesthesia
- Romberg test
- deep tendon reflexes including how to position a person and use of reflex hammer and comparing left and right side responses
- superficial reflexes such as abdominal and cremasteric reflexes
- processes for respiratory system examination including
 - respirations – breathing effort, chest pain associated with breathing, movement of the rib cage for symmetrical or diaphragmatic breathing pattern
 - auscultation – systematic approach to determine if underlying lung tissue is filled with fluid, air or solid material checking lung fields for bilateral adventitious noises
 - percussion sounds including:
 - resonant: heard over the lung fields - air filled spaces - very hollow sound
 - tympany: heard over the gut area - duller sound - like tapping on a watermelon
 - dull: heard over bony areas - little transmission of sound
- processes for checking heart sounds including:
 - aortic, pulmonic, Erb's Point, tricuspid and mitral heart sounds
 - Sound 1 represents closure of the atrioventricular (mitral and tricuspid) valves during the beginning of systole
 - Sound 2 represents closure of the semilunar valves (aortic and pulmonic) valves during the end of systole and beginning of diastole
- processes for chest and abdomen examination including:
 - inspection – described by location (quadrant) visible abdominal masses, and the movement of the chest and abdominal wall
 - auscultation (for abdomen auscultation is before palpation and percussion) – detection of normal and altered bowel sounds in abdomen, bubbling; rubbing; grating; crackling or vascular bruits
 - palpation and percussion – depth of palpation (superficial or deep) using the fingertip or flat of the hand for examination of the abdomen for crepitus of the abdominal wall, for any abdominal tenderness, rebound tenderness or for abdominal masses
- processes for peripheral vascular system examination including:
 - inspection – colour of limbs (including when legs are hanging over the edge of the bed), hair loss, ulcers, scars and muscle wasting, lateral side foot and in-between toes
 - upper limb pulse – subclavian, carotid, brachial, radial, ulnar and capillary refill time
 - lower limb pulse – aorta, femoral, popliteal, posterior tibial, dorsalis pedis and anterior tibial
 - palpation of the amplitude of arterial pulses bounding, brisk diminished, absent or unable to palpate
 - checking peripheral pulse and apical pulse for consistency
 - Allen's test to determine patency of the radial and ulnar arteries
- processes for skin, hair and nails examination including:

- colour, texture, turgor, warmth, moisture distribution, the presence of any lesions or scars
- clubbing of the nail beds can be indicative of pulmonary disease
- reduced hair distribution on the lower legs can be indicative of cardiovascular disease (check with individual if they use hair removal treatments)
- effects of intrinsic factors (such as age, health) and extrinsic factors (such as environment, medications) on person's condition
- how to interpret common blood test results and their meanings as indicators of a health condition or illness including:
 - Albumin
 - Arterial Blood Gas (ABG)
 - Blood Sugar Level (BSL), haemoglobin A1C
 - Blood Urea Nitrogen (BUN)
 - Calcium
 - Cardiac Enzymes (CE)
 - Cholesterol
 - Coagulation Studies (Coags)
 - Erythrocyte Sedimentation Rate (ESR)
 - Electrolytes (EUC) (Sodium/Potassium/Chloride Urea/Creatinine)
 - Full Blood Count (FBC)
 - High-Density Lipoprotein (HDL)
 - Iron
 - Low-Density Lipo-protein (LDL)
 - Magnesium
 - Phosphorus
 - Triglycerides
 - Thyroid Stimulating Hormone (TSH)
 - Uric acid
- how to recognise subtle changes in a person's condition through knowledge of a person's patterns of responses and comparing responses over periods of time
- principles for recognising a deteriorating patient and raising issues of concern about a person's deterioration
- socio-economic, physiological, emotional and physical variables related to clinical presentation of a person.

Assessment Conditions

Skills must have been demonstrated in the workplace with the addition of simulations and scenarios where the full range of contexts and situations cannot be provided in the workplace. The following conditions must be met for this unit:

- use of suitable facilities, equipment and resources in line with the Australian Nursing and Midwifery Accreditation Council's Standards including:

- organisation policy and procedures on which the candidate bases the assessment process.

Assessors must satisfy the Standards for Registered Training Organisations (RTOs) 2015/AQTF mandatory competency requirements for assessors.

In addition, assessors must hold current registration as a Registered Nurse with Nursing and Midwifery Board of Australia.

Links

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