

Moderate and Deep Sedation RN Certification Skills Checklist - DAHS-NADMDS-2

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Name:	PPS#:
Unit:	Title:

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UCDMC Policy and Procedure.

Preceptor Verification of Skill: Method of Evaluation

O=Observation (in clinical setting)
RD=Return Demonstration in Simulated Experience

Knowledge and Skill Completion Requirements	Date Completed
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Moderate and Deep Sedation Checklist Completed - DAHS-NADMDS-2	
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Moderate and Deep Sedation Certification Module - DAHS-NADMDS-1	
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Capnography: A Standard of Care for Procedural Sedation Monitoring Module - DAHS-NADCSCPSM-HLC	
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Adult Completion Requirements	Date Completed	Pediatric Completion Requirements	Date Completed
ACLS Provider		PALS Provider	
		NRP Provider	

Signature and Printed Name of Preceptor or other verified personnel who have initialed on this form:

Initial:	Print Name:	Signature:

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UCDMC Patient Care Standards, Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

Name	Signature

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These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3 and 4 have been scanned and emailed to: hs-cppn@ucdavis.edu

Skillset – Pediatric Moderate and Deep Sedation	ADULT			Pediatric		
	Date	Initials	Method	Date	Initials	Method
Comply with Universal Protocol, perform hand hygiene and PPE as appropriate						
Perform/Complete Pre-Procedural Assessment	ADULT			Pediatric		
Review of medical history and physical examination, with special attention to any "high risk factors"						
Obtain baseline height, weight and vital signs.						
Confirm NPO status						
Verification of pregnancy test results, when applicable;						
Review of allergies and sensitivities to medications, latex, chemical agents, foods, and adhesives;						
Verification of consent;						
Review of present medication regimen, including substance, alcohol and tobacco use;						
Determine patient's ability to tolerate and maintain the required position for the duration of the planned procedure;						
Verification of a responsible adult caregiver to escort patient if discharged home.						
Confirm the patient has a functioning IV or saline lock if required.						
Review post-procedure instructions with the patient and/or accompanying adult prior to sedation						
Ensure required equipment for Patient size is set up. All Equipment Must Have Audible Alarms Enabled and Set Appropriately	ADULT			Pediatric		
Oral and nasopharyngeal airways						
Supplemental oxygen source						
Self-inflating resuscitation bag and mask system						
End tidal carbon dioxide (CO2)						
An emergency cart or first response bag						
Cardiac monitor with alarm; (alarms set based on age-appropriate limits)						
Pulse Oximeter;						
Pre-Procedure- Prior To The Start Of Sedation	ADULT			Pediatric		
Obtain baseline Aldrete Score (adapted) within 5 minutes of the beginning of the sedation						
Perform and record immediate pre-sedation assessment						
Ensure that all equipment is in place, monitors are attached and a final set of pre-procedure vitals are recorded.						
Follow Universal Protocol, per PCS IV-19.						
Perform surgical pause with site verification if appropriate.						
Identify the primary drugs or class of drugs used to achieve moderate sedation and potential side effects						
Label all medications, medication containers, and other solutions that are both on and off the sterile field						
Pediatric (or Neonatal) Emergency Drug Sheet at bedside – accurate for the patient's current weight in kilograms	N/A					

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Intra Procedure	ADULT			Pediatric		
	Date	Initials	Method	Date	Initials	Method
Document Start Time						
Blood pressure, Cardiac monitoring, heart rate, rhythm;						
Monitor sedation/consciousness level (SCL) & response to physical & verbal stimulation						
Capnography						
Oximetry with an audible pulse rate and alarms; (adjusted for age-appropriate vital signs)						
Observe for verbal or nonverbal evidence of pain and offer relief						
Ventilation monitored by direct observation and/or auscultation						
Administer medication as prescribed by the practitioner. Titrate medication doses based on patient's response						
IV access continuously maintained if required						
Vital signs recorded at least every 5 minutes						
Notify the physician of any changes in patient condition						
Identify signs & symptoms of respiratory distress or airway obstruction. Initiate bag-valve mask or the steps of basic life support if needed.						
Administer antagonists if needed						
Document End Time						
Recovery and Discharge	ADULT			Pediatric		
	Date	Initials	Method	Date	Initials	Method
The patient should be monitored at least every 15 minutes x 2 then every 30 minutes until the patient has returned to pre-sedation status via a repeated Aldrete score.						
Cardiac monitoring, heart rate and rhythm, blood pressure						
Level of consciousness;						
Oximetry with an audible pulse rate and alarms; and ventilation monitored by direct observation and/or auscultation						
At least 30 minutes elapsed since the last intravenous dose of a sedative, hypnotic or narcotic medication and stable vital signs over a 60 minutes' period (oxygen saturation (SpO2) of 92 percent or greater on room air or return to pre-sedation baseline						
Patient has an Aldrete score (adapted) of ≥ 11 , or equal to baseline						
Activity is consistent with baseline						
If patient received reversal agents, he/she must be observed for the appropriate time interval following administration (2 hours). Half-life of the reversal agents is shorter than the agents used.						
Patient has an Aldrete score (adapted) of ≥ 11 , or equal to baseline						
Activity is consistent with baseline						
If patient received reversal agents, he/she must be observed for the appropriate time interval following administration (2 hours). Half-life of the reversal agents is shorter than the agents used.						