

**Action Nurse Skills**

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Name:		Employee ID #:
Unit:		Title:
Due Date:	New hire: prior to end of unit orientation period: / / .	
	Current Staff:	

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Skill/Learning Not all skills are applicable to all Nursing areas – if not applicable mark as N/A	Completed Online Module	Date Completed (or N/A)	Verifier Initials
Alteplase Administration and Monitoring for Acute Ischemic Strokes Skills Checklist #DAHS-NSCAAMAS14			
Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT15 OR: ECG Challenge Test #DAHS-NGNECG-TEST (or complete an ECG Interpretation class)			
Belmont Fluid Management System Skills Checklist #DAHS-NSCBFM16			
Bi-PAP Skills Checklist #DAHS-NSCBP14			
Blood Draws Skills Checklist #DAHS-NSCBD14			
Burn Resuscitation Skills Checklist #DAHS-NSCBBR14			
Cardiac Pain Assessment & Management Skills Checklist #DAHS-NSCCPAM14			
Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System, Adult, and Peds Skills Checklist #DAHS-NSCCPVCNSMDSAP14			
Cervical Collar Skills Checklist #DAHS-NSCCC14			
Chest Tube Skills #DAHS-NSCCT13: Performs per policy <a href="#">17002 Chest Tube Management</a>			
Endotracheal Intubation and Mechanical Ventilation Skills Checklist #DAHS-NSCEIMV14			
End-tidal Carbon Dioxide Monitoring Skills Checklist #DAHS-NSCETCDM15			
Epidural and Subdural Drains Skills Checklist #DAHS-NSCESD14			
Epidural Catheter Care and Maintenance Skills Checklist #DAHS-NSCECCM14			
Flolan Skills Checklist #DAHS-NSCF14			
Fluid Resuscitation Skills Checklist #DAHS-NSCFR14			
Halo Vest Skills #DAHS-NSCHV14: Performs per policy <a href="#">15002 Care of the Patient in a Halo Vest</a>			

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Hemodynamic Monitoring Skills Checklist #DAHS-NSCHDM14			
Level 1® Rapid Infuser Skills Checklist #DAHS-NSCLTU16			
Lumbar Puncture and/or Drain Skills Checklist #DAHS-NSCLPD14			
Neuromuscular Blocking Agents (NMBA) Skills Checklist #DAHS-NSCNBA14			
Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCOLE14			
Recovery, Post-Surgical Skills Checklist #DAHS-NSCRPS14			
Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14			
Temporary Transvenous /Epicardial Pacemaker Skills Checklist #DAHS-NSCTTEP14			
Tracheostomy Care Skills Checklist #DAHS-NSCTC15			
Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist #DAHS-NSCTCCPPDS14			
Vasoactive Cardiac Medications, Parental Administration Skills Checklist #DAHS-NSCVCMPA14			
Wound VAC (Vacuum Assisted Closure) Therapy Skills Checklist #DAHS-NSCWVT14			



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**Alteplase Administration and Monitoring for Acute Ischemic Strokes Skills Checklist #DAHS- NSCAAMAI14**

**References:**

1. UC Davis Health Policy <a href="#">15019</a> : Acute Management of Ischemic Stroke		
States the "golden hour" for evaluating and treating acute stroke and the time frame for starting alteplase administration with eligible patients.		
Identify when the patient was last seen without stroke symptoms.		
Ensures a thorough assessment, including a complete history and physical examination, and ensured that a non-contrast head CT scan or other appropriate radiographic study was performed and interpreted		
Assess the patient for specific contraindications to receiving alteplase and advised the practitioner accordingly.		
Assess blood glucose and treated hypoglycemia if present.		
Articulates when and where to obtain a consent form for alteplase if requested by MD.		
Provides routine stroke care as prescribed		
Establish at least two IV access sites		
Establish continuous cardiac monitoring		
Demonstrates proper calculation, preparation and infusion of alteplase bolus., Identified the correct alteplase dose based on the patient's weight. Ensured that the total dose did not exceed 90 mg of alteplase.		
States importance of and frequency of vital signs, neurological checks and other assessments before, during and post infusion of alteplase.		
Instituted fibrinolytic bleeding precautions and verbalizes what actions to take if adverse reaction(s) noted (neurological changes, BP, bleeding, etc.) with alteplase administration.		
Discusses patient/caregiver education to prepare alteplase administration.		
States the most common complications encountered during alteplase therapy.		
States the desired systolic and diastolic BP for patients undergoing treatment for an acute ischemic stroke.		
Documents all pertinent data accurately.		

**Basic Dysrhythmia Detection and Treatment Skills Checklist DAHS-NSCBDDT15**

**References:**

1. Cardiovascular Nursing Practice, Jacobson, C. et. al., CNEA, 2007.
2. Elsevier Skills for review:
  - Cardiac Monitor Setup and Lead Placement
3. Elsevier Nursing Consult - Clinical Updates CE:
  - Differentiating Dysrhythmias Part 1: Recognizing and Treating Atrial Dysrhythmias

**Successful completion of CPPN EKG Interpretation Course #DAHS-NADEKGI17-ANCC OR [ECG Challenge Test #DAHS-NGNECG-TEST](#) may be in place of this skill checklist. This skill does not replace completing the EKG Interpretation Course.**

Describe the electrical conduction system of the heart.	Date	Verifier Initials
Explain the waves and intervals of the normal EKG and their significance.		

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<b>Basic Dysrhythmia Detection and Treatment Skills Checklist DAHS-NSCBDDT15 (Continued)</b>		
Identify sinus dysrhythmia and discuss the causes/treatments.		
Identify atrial dysrhythmia and discuss the causes/treatments.		
Identify junctional dysrhythmia and discuss the causes/treatments.		
Identify supraventricular dysrhythmias and discuss the causes/treatments.		
Identify ventricular dysrhythmias and discuss the causes/treatment.		
Identify Torsade de pointes and discuss the causes/treatments.		
Identify life-threatening dysrhythmias and discuss the causes/treatments.		
Identify heart blocks and discuss the causes/treatments.		

**Belmont Fluid Management System Skills Checklist #DAHS-NSCBFM16**

<b>References:</b>		
1. UC Davis Health Policy <a href="#">13012</a> : Administration of Blood and Blood Components		
States indications for use		
Properly installs disposable set to Belmont FMS 2000 fluid management system (rapid infuser)		
Demonstrates turning power on, priming system/patient line and connecting system to patient		
Demonstrates how to adjust infusion rate		
States when to replace reservoir chamber		
Identifies operational, heating, and internal system fault alarms and troubleshooting; refers to Operator's Manual or Quick Reference Guide as needed		

**Bi-PAP Skills Checklist #DAHS-NSCBP14**

<b>References:</b>		
Describe BiPAP.		
Identify the most common indications for BiPAP use.		
State contraindications for BiPAP use.		
State patient characteristics for successful use of BiPAP.		
Monitor the patient and assess for possible complications.		
Identify criteria to discontinue BiPAP.		
Identify the most common reasons for alarms.		
Document all necessary information.		

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**Blood Draws Skills Checklist #DAHS-NSCBD14**

- References:**
1. UC Davis Health Policy [13027](#): Blood Draw from Central Venous Catheters
  2. UC Davis Health Policy [13029](#): Venipuncture Verification and Blood Withdrawal
  3. NCCLS (CLSI) clinical laboratory guideline
  4. UC Davis Health Laboratory Users Guide

State the importance of correct serum lab specimen collection.		
Select appropriate blood specimen tubes, obtain correct labels.		
Choose method of blood draw: venipuncture, arterial puncture, central or arterial line draw.		
Verify identity of patient.		
Explain the procedure to the patient.		
Obtain specimen per patient care standards. Observe standard precautions and use appropriate safety devices.		
Handle specimen appropriately.		
Compare lab results to normal values and the patient's previous results.		
Documentation on electronic record flowsheet.		

**Burn Resuscitation Skills Checklist #DAHS-NSCBR14**

- References:**
1. UC Davis Health Policy [12003](#): Circumferential Burn

Prevent additional burns to patient.		
Keep patient warm.		
Assess respiratory and cardiovascular status.		
Assess for any life-threatening major trauma.		
Assess percentage of TBSA burn and location.		
Determine appropriate need and site for IV access.		
Determine the appropriate type of IV fluid.		
Calculate the correct IV fluid rate.		
Establish catheter and monitor urine output hourly.		
Establish nasogastric tube to low wall suction. <b>Do not use tape on burnt face; instead, secure with twill tie.</b>		
Assess status of tetanus immunity.		

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<b>Cardiac Pain Assessment &amp; Management Skills Checklist #DAHS-NSCCPAM14</b>		
<b>References:</b>		
1. Advanced Cardiac Life Support (ACLS) Provider Manuel, 2010 Edition 2. Frishman, William H., & Sica, Domenic A., Cardiovascular Pharmacotherapeutics. 3rd Edition, Cardiotext Publishing, May, 2011. 3. Davis, L. 2004. Cardiovascular Nursing Secrets. Elsevier. 4. JCAHO Core Measures 2011 5. Standardized Procedure <a href="#">II-22</a> : Nursing Intervention in the Event of Certain Medical Emergencies in Adult Patients		
Assess the chest pain to determine if it is cardiac ischemic in origin. Utilize the 0-10 pain scale and the PQRST scale.		
Diagnostics and Interventions: a) Place patient on cardiac, pulse oximetry and automatic BP monitor. b) Obtain/review 12-lead ECG during chest pain episode. c) Assess for signs of hypoxemia; administer oxygen therapy as indicated. d) Establish IV and draw and review cardiaclabs.		
Administer medications as MD ordered: Nitroglycerin sublingual or spray; IV Nitroglycerin infusion; Morphine Sulfate IV, ASA, and beta-blockers, if stable. State the rationale of the above treatment and the patient monitoring requirements.		
Provide continuous ECG monitoring to evaluate ST, T-wave changes and detect dysrhythmia development.		
State the overall goals of treatment in the management of pain related to myocardial ischemia.		
Assess level of anxiety and indicate means to alleviate it.		
Reassess patient after each intervention. Alert MD if no improvement.		
Anticipate other medications and interventions that might be indicated.		
Document all assessments, interventions, medications and responses.		

<b>Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System, Adult and Peds Skills Checklist #DAHS-NSCCPVCNSMDSAP14</b>		
<b>References:</b>		
1. Kochanek, P.M. and others. (2012). Guidelines for the acute medical management of severe traumatic brain injury in infants, children, and adolescents—second edition. <i>Pediatric Critical Care Medicine</i> , 13(Suppl. 1), S1-S82.) 2. Thompson, H.J. (Ed). (2011). Care of the patient undergoing intracranial pressure monitoring/external ventricular drainage or lumbar drainage. <i>AANN Clinical Practice Guideline Series</i> .		
Identify the clinical indications for ventriculostomy placement.		
Identify the correct location of a ventriculostomy.		
Demonstrate proper assembly and placement of monitor and drainage device.		
Demonstrate collection of CSF specimen for low/normal CSF output, infected CSF		
Correctly level and calibrate device.		
Document the intracranial pressure (ICP) and the cerebral perfusion pressure (CPP) every hour, or as ordered, and with changes in the patient's neurological status.		

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**Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System, Adult and Peds Skills Checklist #DAHS-NSCCPVCNSMDSAP14 (Continued)**

Briefly describe the Monroe-Kellie hypothesis and brain compliance.		
Identify the intracranial component most effective for controlling volume and pressure.		
Identify four therapeutic interventions that can alter ICP compliance.		
Based upon the pediatric Total Brain Injury Management guidelines, list anticipated therapeutic interventions, in order of priority that can alter intracranial dynamics. (Peds Only)		
Drain the CSF as directed by the physician.		
Maintain a closed ventricular monitoring system and intact occlusive dressing.		
Correctly document all pertinent data.		

**Cervical Collar Skills Checklist #DAHS-NSCCC14**

**References:**

Demonstrate proper placement of cervical collar, changing collar, and skin assessment.		
Describe procedure for skin care, including care of pressure or other high-risk areas and proper documentation.		
State when and how to obtain a hard cervical collar.		
Demonstrate how to change a hard cervical collar and replace pads.		
Document all necessary information.		

**Endotracheal Intubation and Mechanical Ventilation Skills Checklist #DAHS-NSCEIMV14**

**References:**

Identify indications for endotracheal intubation and mechanical ventilation.		
Assemble the necessary equipment for the insertion of the ETT.		
State nursing responsibilities during intubation.		
Confirm ETT placement		
Assess proper cuff inflation.		
Describe various modes/methods of ventilation.		
Perform ventilator checks and breath sound auscultation every two hours and document appropriately.		
Perform alarm checks for all ventilation parameters.		
Auscultate breath sounds and vital signs every two hours.		



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**Endotracheal Intubation and Mechanical Ventilation Skills Checklist #DAHS-NSCEIMV14 (Continued)**

Suction patient as needed.		
Monitor for changes in oxygenation saturations.		
Properly and safely stabilize airway.		
Administer paralytics and sedatives as ordered.		
State conditions to be reported to physician.		
Describe screening criteria for SBT.		
Monitor patient carefully during SBT.		
Assemble equipment necessary for extubation.		
Perform extubation.		
Assess the patient after extubation and initiate post-extubation care.		
Document all pertinent data.		

**End-Tidal Carbon Dioxide Monitoring Skills Checklist #DAHS-NSCETCDM15**

<b>References:</b>		
1. Elsevier Skills <ul style="list-style-type: none"> <li>• Capnometry and Capnography</li> <li>• End-Tidal Carbon Dioxide Measurement: Continuous Monitoring</li> </ul>		
Elsevier Skills for reference only		
If the patient was not intubated, applied the ETCO2-nasal cannula and connected it to the capnograph.		
If the patient is intubated, assembled the airway adapter, and connected it to the patient circuit as close as possible to the patient's ventilator connection.		
Observed waveform for quality.		

**Epidural and Subdural Drains Skills Checklist #DAHS-NSCESD14**

<b>References:</b>		
Identify the clinical applications of epidural and subdural drains.		
Maintain a closed system.		
Maintain the head of the bed at the ordered degree of elevation.		
Secure the subdural drain at the level directed by the physician.		

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<b>Epidural and Subdural Drains Skills Checklist #DAHS-NSCESD14 (Continued)</b>		
Assess the color and amount of drainage.		
Document all pertinent information.		
<b>Epidural Catheter Care and Maintenance Skills Checklist #DAHS-NSCECCM14</b>		
<b>References:</b>		
1. American Society for Pain Management Nursing (ASPMN). 2007. Registered Nurse Management and Monitoring of Analgesia by Catheter Techniques. Lenexa, KS: American Society for Pain Management Nursing (ASPMN).		
<b>PRE-INSERTION</b>		
Describe the epidural space		
State contraindications of placing an epidural		
Specify equipment that should be assembled at bedside by nursing staff		
<b>PATIENT ASSESSMENT</b>		
Describe the differences between epidural morphine and fentanyl concerning delayed respiratory depression		
Demonstrate sensory level and motor block assessments and state frequency.		
Explain why hypotension is a risk following local anesthetic administration via the catheter.		
Place "Caution: Epidural in Place" signs appropriately		
<b>CATHETER REMOVAL</b>		
Explain the importance of verifying patient is not anticoagulated prior to catheter removal		
Describe procedure for removal of catheter		
<b>DOCUMENTATION</b>		
List specific monitoring/documentation requirements for:		
– Insertion of catheter or after boluses or infusion rate change		
– Epidurals with opioids		
– Local anesthetics		
– Pediatrics		
– Prior to first ambulation		
Describe procedure for wasting unused opioid.		
Demonstrate documentation of epidural infusion in EMR.		

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**Flolan Skills Checklist #DAHS-NSCF14**

- References:**
1. Micromedex Drug Points System
  2. Product Information Flolan
  3. PAH (Pulmonary Arterial Hypertension) -Vasodilator Therapy Trial AdmissionOrders

Verbalize indications for Flolan therapy and know the pharmacological actions of the drug.		
Verbalize hemodynamic effects of Flolan and the goal for therapy.		
Verbalize side effects/adverse reactions and know proper MD to call regarding serious side effects.		
Review physician order set for PAH-Vasodilator therapy trial.		
Verbalize appropriate place of transfer for Flolan patients.		

**Fluid Resuscitation Skills Checklist #DAHS-NSCFR14**

- References:**
1. ATLS, Advanced Trauma Life Support for Doctors, 8th Ed., 2008
  2. TNCC, Trauma Nursing Core Course, Provider Manual, 6th Ed., 2007

Assess for signs/symptoms of hypovolemia.		
Notify charge nurse and MD of evidence of hypovolemia.		
Administer fluids as ordered. State rationale, volume and rate for each. (Crystalloids, Colloids, Blood Products)		
Obtain and review any additional hemodynamic, lab, and diagnostic assessments.		

**Hemodynamic Monitoring Skills Checklist #DAHS-NSCHDM14**

- References:**
1. UC Davis Health Policy [13039](#): Pulmonary Artery Thermodilution Catheter Management

Assemble necessary equipment for pulmonary artery catheter insertion.		
Place the air-fluid interface of the transducer system at the level of the phlebostatic axis, with the patient supine		
Zero the transducer to atmospheric pressure prior to insertion and PRN		
Ensure that a stat chest radiograph is performed and interpreted after catheter insertion.		
Identify and describe the use of each type of catheter, each lumen, and the computation constant.		
Identify the RA & RV waveforms, the PCW waveform, the normal pressures in the heart and describe their relationship to one-another.		
Measure pressures per physician orders and unit standard. (If no physicians order a minimum of every 6 hours and PRN).		
Monitor and identify hemodynamic trends and abnormal hemodynamic values and how correlates it to the patient's condition.		
Observe for inappropriate waveforms and pressure readings and appropriately trouble shoot.		

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**Hemodynamic Monitoring Skills Checklist #DAHS-NSCHDM14 (Continued)**

Monitor the patient for line disconnection or the development of a venous air embolism. Identify correct positioning of patient with suspected air embolism.		
Assess the catheter for blood return.		
Obtain blood samples from right atrial or PA catheter per hospital policy.		
State what the SQI is on the Vigilance machine, state the normal values and trouble shoot abnormal values		

**Level 1@ Rapid Infuser #DAHS-NSCLTU16**

**References:**  
 1. UC Davis Health Policy [13012](#): Administration of Blood and Blood Components  
 2. Level 1@ Rapid Infuser Instructor Manual

States indications for use		
Demonstrates turning power on, priming system/patient line and connecting system to patient		
Demonstrates steps to run fluids using pressure		
States mechanism to avert large infusions of air into patient		
States when tubing needs to be changed		
Identifies operational, internal system fault alarms and troubleshooting – refers to Operator’s Manual as needed		
Documents use of Level 1@ Rapid Infuser		

**Lumbar Puncture and/or Drain Skills Checklist #DAHS-NSCLPD14**

**References:**

State the different types of drainage management protocols.		
Identify the clinical indications for a lumbar puncture or a lumbar drain.		
Assemble the necessary equipment for insertion.		
Position the patient in the lateral knee-chest position with the neck flexed toward the chest or in a sitting position curled over a bedside table or pillow roll.		
Drain CSF as ordered by physician.		
Demonstrate how to collect cerebral spinal fluid (CSF) specimens and change lumbar drainage bag.		
State how to manage a break in the system or catheter, loss of waveform or decreased CSF drainage, and excessive CSF drainage.		
State possible complications of a lumbar drain.		
Document neurological assessment, amount, color, clarity of CSF drainage, level of drainage and condition of site/dressing.		

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**Lumbar Puncture and/or Drain Skills Checklist #DAHS-NSCLPD14 (Continued)**

Document patient/family education.		
Maintain a closed system, with an intact occlusive dressing.		
Describe necessary steps for ensuring patient safety if the lumbar drain is accidentally discontinued.		

**Neuromuscular Blocking Agents (NMBA) Skills Checklist #DAHS-NSCNA14**

**References:**

State indications for NMBAs.		
Describe mode of action. Also, for the commonly used NMBAs describe: dosage range, duration of action, interactions with other medications, adverse reactions.		
Perform systems assessment prior to initiation of paralytic.		
Post signs that patient is receiving neuromuscular blockade.		
Ensure that narcotics and/or sedatives are administered concurrently with neuromuscular blockade administration.		
Frequently repeat systems assessment, including use of peripheral nerve stimulator, per hospital protocol.		
Provide supportive nursing care as per hospital policy.		
Provide emotional support to patient and family.		
After discontinuing the paralytic, perform a systems assessment and compare to baseline assessment.		
Document all pertinent information and revise care plan.		

**Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCOLE14**

**References:**

<ol style="list-style-type: none"> <li>1. Structure Standards: Critical Care, Telemetry, Maternal Child Health</li> <li>2. GE Marquette Resting ECG Analysis System Operator's Manual</li> </ol>		
Demonstrate use of 12-lead ECG available in area.		
Place patient supine and provide for patient privacy.		
Enter patient data prior to obtaining 12-lead ECG.		
Correctly place leads, ensure that there is no tension on the cable.		
Obtain 12-lead reading, recognize proper tracing, trouble-shooting artifact.		
Disconnect equipment and clean as necessary.		
Document all pertinent data, and notify appropriate staff of results		

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**Recovery, Post-op Surgical Skills Checklist #DAHS-NSCRPS14**

- References:**
1. Patient Care Standards, SICU, General Issues
  2. Performance Standards for Clinical Nurses-PACU

Perform initial rapid assessment of cardiorespiratory systems		
Receive patient and report from anesthesia provider (e.g., anesthetic events, medications, vital signs, EBL, intake & output, lab values).		
Perform quick visual assessment, measure vital signs, assess LOC, and report abnormal findings to the anesthesia provider at the bedside.		
Monitor vital signs Q15 minutes X 6 or more frequently if unstable.		

**Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14**

- References**
1. UC Davis Health Policy [13035](#): Administration of Medications for Rapid Sequence Intubation in Adults
  2. UC Davis Health Policy [17020](#): Inhaled Pulmonary Drug Administration
  3. Textbook of Advanced Cardiac Life Support, 2006
  4. Wells and Murphy, Manual of Emergency Airway Management, 2004
  5. Textbook of Advanced Cardiac Life Support, 2006

Demonstrate ability to regulate oxygen flow via thumbscrew controller of O <sub>2</sub> flow meter; identify types of patients likely in need of O <sub>2</sub> administration.		
Describe use of and demonstrates proficiency in use of O <sub>2</sub> equipment.		
Demonstrate setup for endotracheal intubation including equipment and drugs commonly used and state indication for ET intubation. (See policy <a href="#">13035</a> )		
Identify basic concepts of what alarms indicate and rationale for <u>never</u> turning alarms off.		
Describe or demonstrate preparation of a patient for emergent cricothyrotomy or tracheostomy; locates essential equipment;		
Successfully demonstrate ET tube, tracheal and nasal/oral suctioning of airways using correct equipment and technique.		
Describe or demonstrate preparation of patient for a thoracentesis including obtaining necessary equipment; state indications for procedure and function.		
Document all respiratory treatments, medications, related procedures, assessments, interventions, and the effects of each. Re-assess patient's status PRN as indicated by the patient's condition. Obtain MD order for paralytics and sedatives in order to maintain control of patient, patient's airway, and patient's comfort.		
Demonstrate use of pulse oximetry for monitoring patient.		

**Temporary Transvenous/Epicardial Pacemaker Skills Checklist #DAHS-NSCTTEP14**

- References:**
1. Medtronic Technical Manual Model #5388

Identify indications for temporary pacing.		
Set up equipment necessary for insertion of transvenous pacemaker.		

**Action Nurse Skills**

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**Temporary Transvenous/Epicardial Pacemaker Skills Checklist #DAHS-NSCTTEP14 (Continued)**

Prepare skin around insertion site.		
Assist physician with insertion of transvenous pacemaker.		
Initiation of temporary transvenous pacing.		
Initiation of temporary epicardial pacing.		
Determine the stimulation (capture) threshold (output/mA) once a shift and PRN.		
Determine the sensing threshold (sensitivity/mV) once a shift and PRN.		
Set the rate and the A-V interval (if A-V sequential).		
Monitor the patient's ECG for proper pacer functioning (troubleshoot for loss of capture, sensing or failure to fire).		
Monitor the patient's response to pacing.		
Document all pertinent information.		

**Tracheostomy Care Skills Checklist #DAHS-NSCTC15**

<b>References:</b>		
1. Elsevier Skills – Tracheostomy Care		
Elsevier Skills for reference only		
State process of tracheostomy and related patient assessment		
Demonstrate tracheostomy care for patients		
Verbalize frequency of tracheostomy care		
Identify differences in care of new tracheostomy versus established tracheostomy		
Name mandatory bedside equipment for tracheostomy patients and rationale		
Verbalize emergency complication interventions for tracheostomy		

**Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist #DAHS-NSCTCCP**

<b>References:</b>		
1. Critical Care Structure Standards: XI-A Governing Rules for Critical Care-Patient Transports		
2. Critical Care Nurse 2010 Vol 30, No. 4, Keeping Patients Safe during Intrahospital Transport.		
3. Critical Care Medicine 2004 Vol 32, No. 1 Guidelines for the Inter- and Intrahospital transport of the critically ill patients.		
4. Critical Care Nurse 2010 Vol 30, No. 4, Keeping Patients Safe during Intrahospital Transport.		
Identify the circumstances, which may prohibit the transport of a patient or require physician attendance.		
Contact the procedure area and all personnel needed to coordinate the transport.		

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**Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist #DAHS-NSCTCCP (Continued)**

Assemble the necessary equipment and medications for transport, including patient's chart		
Ensure that all IV lines, catheters, tubes and wires are secure.		
Accompany the patient during transport and continually monitor the patient.		

**Vasoactive Cardiac Medications, Parental Administration Skills Checklist #DAHS-NSCVCMPA14**

**References:**  
 1. UC Davis Health Policy [13033](#): Administration of Adult and Pediatric IV Medications  
 2. Micromedex (Healthcare Series)

Identify indications, mode of action, contraindications, and adverse reactions of common parenteral vasoactive cardiac medications.		
Determine the concentration and rate of medication infusion. State the therapeutic range of the infusion.		
Administer medication via an infusion pump. Infuse via a central venous line whenever possible.		
Perform systemic assessment prior to initiation and during administration of medication.		
Continuously monitor the ECG and frequently monitor the arterial pressure.		
Titrate the infusion to obtain the desired hemodynamic or cardiac effects.		

**Wound & Drain Care After Head & Neck Surgery Skills Checklist #DAHS-NSCWDCAHNS14**

**References:**  
 1. UC Davis Health Policy [12009](#): Free Flap, Pedicle Flap and Skin Graft Care for the Otolaryngology Patient  
 2. Policy [12010](#): Closed-Suction Drain Care for the Otolaryngology Patient

Identify different types of flaps.		
Perform wound and flap care and assessment.		
Describe split thickness skin graft (STSG) and care of donor site.		
Identify lymph and chylous drainage.		
Perform drain care and assessment.		



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**Wound VAC (Vacuum Assisted Closure) Therapy Skills Checklist #DAHS-NSCWVT14**

**References:**

1. VAC Therapy Clinical Guidelines. A Reference Source for Clinicians. KCI. 776/2003.

Describe the principles and benefits of VAC therapy.		
Identify types of patients who would benefit from VAC.		
Describe the precautions and contraindications of VAC.		
Describe how to order VAC disposables and pump unit.		
Demonstrate application of a VAC dressing.		
Demonstrate operation of VAC unit with attention to the following: <ul style="list-style-type: none"> <li>• Verify physician order for amount of suction and whether therapy is continuous or intermittent</li> <li>• Duration of VAC therapy</li> <li>• Vacuum pressure</li> <li>• Changing canister</li> <li>• Alarms</li> </ul>		
Describe the different types of foam and their uses.		
Observe the condition of the wound and periwound skin for changes and make wound measurements.		
Describe when to discontinue VAC therapy.		
Describe wound care if VAC therapy is interrupted or must be discontinued for longer than two hours.		
Describe possible solutions when troubleshooting slowed or absent progress in wound healing.		
State documentation to be included.		