

Adult Acute/Telemetry Care Skills

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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
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Adult Respiratory Assessment Skills Checklist #DAHS-NSCARA14			
Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT15 OR: ECG Challenge Test #DAHS-NGNECG-TEST (or complete an ECG Interpretation class)			
Bi-PAP Skills Checklist #DAHS-NSCBP14			
Blood Draws Skills Checklist #DAHS-NSCBD14			
Cardiac Pain Assessment & Management Skills Checklist #DAHS-NSCCPAM14			
Cardiac Tamponade Skills Checklist #DAHS-NSCCT14			
Carotid Artery Blowout Skills Checklist #DAHS-NSCAB14			
Cervical Collar Skills Checklist #DAHS-NSCCC14			
Chest Tube Skills #DAHS-NSCCT13: Performs per policy 17002 Chest Tube Management			
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			
Gastrostomy Tube Skills Checklist #DAHS-NSCGT14			
Halo Vest Skills #DAHS-NSCHV14: Performs per policy 15002 Care of the Patient in a Halo Vest			
Intravenous Chemotherapy Administration Skills Checklist #DAHS-NSCIVCA14			
Intravenous Heparin Infusion Skills Checklist #DAHS-NSCIVHI14			
Laryngectomy Care Skills Checklist #DAHS-NSCLC15			

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Lumbar Puncture and/or Drain Skills Checklist #DAHS-NSCLPD14			
MDI with Spacer Skills Checklist #DAHS-NSCMDIS14			
Methotrexate Administration IM for Non-Cancer Patients Skills Checklist #DAHS-NSCMAIMNCP14			
Nurse Swallow Screen in Patients with Stroke Skills #DAHS-NSCNSSPS15: Performs per policy 15017 Dysphagia (Swallow) Screen for Adult Patients with Stroke			
Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCOLE14			
Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14			
Tracheostomy Care Skills Checklist #DAHS-NSCTC15			
Universal Protocol and Pre-Procedures Online Module Only #DAHS-NGNUPPC14			
Wound & Drain Care After Head & Neck Surgery Skills Checklist #DAHS-NSCWVT14			
Wound VAC Therapy Skills Checklist #DAHS-NSCWVT14			

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SIGNATURE PAGE:

Signature and Printed Name of Verifier (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 UC Davis Health Policies 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.

Printed Name	Signature

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Adult Respiratory Assessment Skills Checklist #DAHS-NSCARA14

References:		
Note type of oxygen delivery system, method of airway management and/or mode of ventilation.		
Make general observation of patient's overall status.		
Observe for rate, depth, pattern, symmetry, and effort of respirations. Observe for use of accessory muscles.		
Observe for color and pallor of skin and mucous membranes.		
Observe for color, quantity, odor and consistency of secretions.		
Observe position of trachea.		
Auscultate in an orderly manner all lung fields and describe lung sounds appropriately.		
Palpate neck, chest, and shoulders to assess for the presence of subcutaneous air.		
Monitor and document oxygen saturations and End Tidal CO2 levels when appropriate.		
Describe/demonstrate method for contacting respiratory therapy.		
Have available in the patient's room, and know how to use, necessary respiratory equipment.		
Locate/describe emergency respiratory equipment.		
Document all pertinent information in the appropriate locations.		

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.		
Explain the waves and intervals of the normal EKG and their significance.		
Identify sinus dysrhythmia and discuss the causes/treatments.		
Identify atrial dysrhythmia and discuss the causes/treatments.		
Identify junctional dysrhythmia and discuss the causes/treatments.		

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Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT15 (Continued)

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.		

Bi-PAP Skill Checklist #DAHS-NSCBP14

References:

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.		

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.		

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Blood Draws Skills Checklist #DAHS-NSCBD14 (Continued)		
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.		
Cardiac Pain Assessment & Management Skills Checklist #DAHS-NSCCPAM14		
References:		
<ol style="list-style-type: none"> 1. Advanced Cardiac Life Support (ACLS) Provider Manual, 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. UC Davis Health Standardized Procedure II-22: 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: <ol style="list-style-type: none"> 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 cardiac labs. 		
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.		

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Cardiac Tamponade Skills Checklist #DAHS-NSCCT14

References:

1. Critical Care Nursing, second edition. Cloochesy, Breu, Cardin, Whittaker and Rudy
2. Thelan's Critical Care Nursing fifth edition. Urdenm Stacy, and Lough
3. Cardiac Nursing fifth edition. Woods, Froelicher, Motzer, Bridges
4. Textbook of Medical Physiology. Guyton and Hall.
5. The ICU Book, second edition. Paul Marino.

Discuss the mechanism of cardiac tamponade. Identify who is at risk and why.		
Identify clinical signs and symptoms of cardiac tamponade.		
Discuss situations that would lead the nurse to suspect cardiac tamponade in the cardiac surgery patients. What measures should be instituted to confirm the diagnosis?		
What is the treatment for cardiac tamponade?		

Carotid Artery Blowout Skills Checklist #DAHS-NSCAB14

References:

1. UC Davis Health Policy [4060](#): Carotid Precautions/Carotid Rupture

Identify issues that can cause carotid artery exposure and potential rupture.		
Describe care to prevent or detect impending carotid rupture.		
State the care of the patient with exposed carotid artery.		
Equipment at bedside for carotid precautions.		
Nurses responsibility during a carotid rupture (Patient is Full Code).		
Nurses responsibility during a carotid rupture (Patient is No Code).		
Surgical intervention.		
Post-operative carotid rupture nursing care.		

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.		

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End-Tidal Carbon Dioxide Monitoring Skills Checklist #DAHS-NSCETCDM15		
<u>References:</u>		
If the patient is not intubated, applied the ETCO ₂ -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		
<u>References:</u>		
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.		
Assess the color and amount of drainage.		
Document all pertinent information.		
Epidural Catheter Care and Maintenance Skills Checklist #DAHS-NSCECCM14		
<u>References:</u>		
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).		
PRE-INSERTION		
Describe the epidural space.		
State contraindications of placing an epidural.		
Specify equipment that should be assembled at bedside by nursing staff.		

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Epidural Catheter Care and Maintenance Skills Checklist #DAHS-NSCECCM14 (Continued)

PATIENT ASSESSMENT

Describe the differences between epidural morphine and fentanyl concerning delayed respiratory depression.		
Describe purpose of sedation score.		
State when sensory level and motor block assessments are required and demonstrate how to do them.		
Explain why hypotension is a risk following local anesthetic administration via the catheter.		
Place "Caution: Epidural in Place" signs appropriately.		
Describe assessment of catheter site the dressing and related interventions		

CATHETER REMOVAL

Explain the importance of verifying patient is not anticoagulated prior to catheter removal.		
Describe procedure for removal of catheter.		

DOCUMENTATION

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.		

Gastrostomy Tube Skills Checklist #DAHS-NSCGT14

References:
1. UC Davis Health Policy [8011](#): Enteral Tube Feeding Management

Assess gastrostomy tube and provide site care.		
Demonstrate how to correctly administer medications and feedings.		
Identify medications that may not be given via gastrostomy tube		

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Intravenous Chemotherapy Administration Skills Checklist #DAHS-NSCICA14

References:		
1. UC Davis Health Standardized Procedure XIV-03 : Anaphylactic Shock/Adverse Drug Reaction Procedure by Registered Nurses		
States indications for chemotherapy administration.		
Verify height and weight and re-calculate BSA or mg/kg needed for dosing. 2 nurses must independently verify the drug names and dose including all the calculations, the route, the rate, the time of administration, the compatible IV fluid, the expiration date, and the patient identification with the MD order. Verifies all lab parameters in order have been met.		
Determines the vesicant or irritant potential of the drugs. Determines the appropriate access site for type of agent and evaluates access site for signs for infiltration/infection.		
Ascertain patency of IV access by flushing with 10-30 ml of IV solution and verifying blood return.		
Reminds patient to notify nurse should any pain, stinging or discomfort occur at the IV site or if the patient develops any signs of infusion or anaphylactic reaction to the medication at any time during the treatment paying particular attention during administration of chemotherapeutic agents. (See UC Davis Health Standardized Procedure XIV-03 .)		
Ascertain blood backflow prior to administration of any chemotherapeutic agent as well as during and after administration of a vesicant drug. Directly observes site at peripheral vesicant administration.		
Flushes site post-administration with at least 10ml of IV solution.		
Disposes of all items that have potentially come in contact with chemotherapeutic drugs appropriately.		
Documents all pertinent information.		

Intravenous Heparin Infusion Skills Checklist #DAHS-NSCIVHI14

References:		
1. UC Davis Health Policy 13011 : Heparin Infusion, Low Molecular Weight Heparin, Fondaparinux, or Direct Thrombin Inhibitors for Prevention or Treatment of Thromboembolism		
Describe the process for prescribing heparin		
Identify baseline blood tests before initiating IV heparin therapy.		
Demonstrate the verification of heparin administration.		
Demonstrate use of required equipment.		
State the expectation for patient monitoring.		
State the signs/symptoms of bleeding.		
State the signs/symptoms of thrombosis.		
Describe the responsibilities of a nurse in response to a heparin overdose.		
State when to notify the physician.		

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Intravenous Heparin Infusion Skills Checklist #DAHS-NSCIVHI14 (Continued)

Describe proper documentation.		
Complete heparin infusion worksheet.		

Laryngectomy Care Skills Checklist #DAHS-NSCLC15

References:		
State components of patient assessment		
Demonstrate laryngectomy care and state frequency it should be done		
Describe anatomy of a laryngectomy and differences from normal anatomy and tracheostomy anatomy		
Identify differences in care of new laryngectomy versus established laryngectomy		
Name mandatory bedside equipment for laryngectomy patients and rational		
Verbalize emergency complication interventions for laryngectomy		
Verbalize Heat Moisture Exchange (HME) maintenance and monitoring		

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.		
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.		

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MDI with Spacer Skills Checklist #DAHS-NSCMDIS14

References:		
1. UC Davis Health Policy 17020 : Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant)		
Demonstrate knowledge of how the Pharmacy is notified for MDI.		
Verbalize how to administer MDI with Spacer correctly.		
Prior to and immediately after use of inhaled bronchodilators, antibiotics and steroids, the patient's pulse, respiratory rate and breath sounds are assessed. Also, any cough or mucous production may be noted.		
Verbalize when to notify Respiratory Therapy or Pharmacy.		
Demonstrate documentation of teaching.		

Methotrexate Administration IM for Non-Cancer Patients Skills Checklist #DAHS-NSCMAIMNCP14

References:		
Has read information sheet on Methotrexate (attached) and Methotrexate Administration IM for Non-Cancer Patients in UCDHS Clinics without Biological Safety Cabinet.		
Has safety equipment available in clinic.		
Uses safety equipment for all IM administration.		
Can state safety equipment required and reason for use.		

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

References:		
1. Structure Standards: Critical Care , Telemetry, Maternal Child Health		
2. GE Marquette Resting ECG Analysis System Operator's Manual		
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.		
Cleanse the skin areas to be used, if needed.		
Correctly place leads, ensure that there is no tension on the cable.		
Obtain 12-lead reading, trouble-shooting artifact.		
Recognize proper 12-lead tracings.		
Disconnect equipment and clean as necessary.		
Document all pertinent data, and notify appropriate staff of results		

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Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14

References		
1. UC Davis Health Policy 13035 : Administration of Medications for Rapid Sequence Intubations in Adults		
2. UC Davis Health Policy 17020 : Inhaled Pulmonary Drug Administration		
3. UC Davis Health Policy 17024 : Continuous Pulse Oximeter		
4. Textbook of Advanced Cardiac Life Support, 2006		
5. Wells and Murphy, Manual of Emergency Airway Management, 2004 Textbook of Advanced Cardiac Life Support, 2006		
Demonstrate ability to regulate oxygen flow via thumbscrew controller of O2 flow meter; identify types of patients likely in need of O2 administration.		
Describe use of and demonstrates proficiency in use of O2 equipment		
Demonstrate setup for endotracheal intubation including equipment and drugs commonly used and state indication for ET intubation. (UC Davis Health Policy 13035)		
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.		

Tracheostomy Care Skills Checklist #DAHS-NSCTC15

References		
Clinical Skills – Tracheostomy Care		
Clinical 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		

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Universal Protocol and Pre-procedures Online Module #DAHS-NGNUPPC14		
Complete eLearning module Universal Protocol and Pre-procedures Online Module #DAHS-NGNUPPC14		
Wound & Drain Care After Head & Neck Surgery #DAHS-NSCWVT14		
References:		
1. UC Davis Health Policy 12009 : Free Flap, Pedicle Flap, and Skin Graft Care for the Otolaryngology Patient		
2. UC Davis Health 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.		
Wound VAC (Vacuum Assisted Closure) Therapy #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"> • Verify physician order for amount of suction and whether therapy is continuous or intermittent • Duration of VAC therapy • Vacuum pressure • Changing canister • Alarms 		
Describe the different types of foam and their uses.		
Observe the condition of the wound and peri-wound 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.		