

**Children's Hospital Acute Care 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
Children's Hospital Developmental Pediatric Coping Skills Checklist #DAHS-NSCCHDPC14			
Children's Hospital Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention Skills Checklist #DAHS-NSCCHPHMESSIP14			
Children's Hospital Blood Draws Skills Checklist #DAHS-NSCCHBD14			
Hugs System Training Online Module Only #DAHS-NCHHST08			
Children's Hospital Intravenous Heparin Infusion Skills Checklist #DAHS-NSCCHIVHI14			
Pediatric Falls Assessment using the Cummings Scale Online Module & Skills Checklist #DAHS-NSCPFACS12 (Completion of online module #DAHS-NCHPFACS12 and checklist required for credit)			
Children's Hospital Pediatric IV and Fluid Management Skills Checklist #DAHS-NSCCHPIVFM14			
Children's Hospital Pediatric Nutritional Assessment and Support Skills Checklist #DAHS-NSCPNAS14			
Children's Hospital Gastrostomy Tube Skills Checklist #DAHS-NSCCHNGT			
<b>Pediatric Pain Assessment and Management</b>			
Children's Hospital Epidural Catheter Care and Maintenance Skills Checklist #DAHS-NSCCHECCM14			
Children's Hospital Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System Pediatric Skills Checklist #DAHS-NSCCHPCVPCNSMDSAP14			
<b>Pediatric Physical Assessment</b>			
Children's Hospital Cervical Collar Skills Checklist #DAHS-NSCCHCC14			
Children's Hospital Chest Tube Skills Checklist #DAHS-NSCCHCT13: Performed per UC Davis Health Policy <a href="#">17002</a> Chest Tube Management			
Children's Hospital Lumbar Puncture and/or Drain Skills Checklist #DAHS-NSCCHLPD14			
Children's Hospital MDI with Spacer Skills Checklist #DAHS-NSCCHMDIS14			

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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
Children's Hospital Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCCHOLE14			
Children's Hospital Tracheostomy Care Skills Checklist #DAHS-NSCCHTC15			
Children's Hospital Intravenous Chemotherapy Administration Skills Checklist #DAHS-NSCCHIVCA14			
Neonatal Hearing Screen Program at UCDH Skills Checklist #DAHS-NSCNHSPAU14			



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**Children's Hospital Developmental Pediatric Coping Skills Checklist #DAHS-NSCCHDPC14**

<b>References:</b>		
<ol style="list-style-type: none"> <li>1. PLS: Age Specific Care of Infants</li> <li>2. PLS: Age Specific Care of Toddlers</li> <li>3. PLS: Age Specific Care of Preschoolers</li> <li>4. PLS: Age Specific Care of School Age</li> <li>5. PLS: Age Specific Care of Adolescents</li> <li>6. PLS: Developmental Care of the Newborn</li> <li>7. PLS: Family Centered Care in the ICU</li> </ol>		
Assesses the child's and family's coping and makes referrals as needed.		
Involves parents or caregiver in care.		
Implements developmentally appropriate nursing interventions which can assist in alleviating stress and minimizing the effect of hospitalization. <ul style="list-style-type: none"> <li>• Infant</li> <li>• Toddler</li> <li>• Preschool</li> <li>• School-age</li> <li>• Adolescent</li> </ul>		
Provides information and support to prepare the child and parents/caregiver for procedures and/or surgery.		

**Children's Hospital Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention Skills Checklist #DAHS-NSCCHPHMESSIP14**

<b>References:</b>		
<ol style="list-style-type: none"> <li>1. Fact sheets from Safe Kids Coalition with annual reports of childhood injury. (<a href="http://www.safekids.org/">http://www.safekids.org/</a>)</li> <li>2. Review of safety and car seat videos</li> <li>3. UC Davis Health Policy <a href="#">3302</a>: HUGS Infant/Child Security Program</li> <li>4. PLS: Caring for the Behaviorally Challenged</li> <li>5. PLS: Health Care Advanced Directives: Communicating Wishes</li> </ol>		
Provide age appropriate health screening and maintenance that promotes child/family health.		
Provide a developmentally safe and sensitive environment for the hospitalized child.		
Provide injury prevention and general safety information that is developmentally appropriate to the individual need of the child/family.		

**Children's Hospital Blood Draws Skills Checklist #DAHS-NSCCHBD14**

<b>References:</b>		
<ol style="list-style-type: none"> <li>1. UC Davis Health Policy <a href="#">13027</a>: Blood Draw from Central Venous Catheters</li> <li>2. UC Davis Health Policy <a href="#">13029</a>: Venipuncture Verification and Blood Withdrawal</li> <li>3. NCCLS (CLSI) clinical laboratory guideline</li> </ol>		
State the importance of correct serum lab specimen collection.		
Select appropriate blood specimen tubes, obtain correct labels.		

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<b>Children's Hospital Blood Draws Skills Checklist #DAHS-NSCCHBD14 (Continued)</b>		
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 policy. 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.		

<b>Hugs System Training Online Module Only #DAHS-NCHHST08</b>		
Completed Hugs System Training <b>Online Module</b> #DAHS-NCHHST08		

<b>Children's Hospital Intravenous Heparin Infusion Skills Checklist #DAHS-NSCCHIVH14</b>		
<b>References:</b>		
1. UC Davis Health Policy <a href="#">13011</a> : 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.		
Describe proper documentation.		

<b>Pediatric Falls Assessment using the Cummings Scale Online Module &amp; Skills Checklist #DAHS-NSCPFACS12</b>		
Completed Pediatric Falls Assessment using the Cummings Scale <b>Online Module</b> #DAHS-NCHPFACS12		
Assess fall score and implement appropriate clinical practice guideline and patient safety measures		

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**Children's Hospital Pediatric IV and Fluid Management Skills Checklist #DAHS-NSCCHPIVFM14**

<b>References:</b>		
<ol style="list-style-type: none"> <li>1. PLS: Pediatric Peripheral IV care and Management</li> <li>2. PLS Management of PIV complications in the pediatric patient</li> <li>3. PLS: Fluid &amp; Electrolytes Imbalance: Dehydration</li> <li>4. PLS: Fluid &amp; Electrolytes: Laboratory Assessment of Imbalances</li> <li>5. PLS: Fluid &amp; Electrolytes: Physiological Differences</li> <li>6. PLS: Fluid &amp; Electrolytes: Replacement Therapy</li> <li>7. PLS: Fluid &amp; Electrolytes: Water Intoxication and Fluid Shift</li> </ol>		
Implement developmentally appropriate procedural preparation, IV site cannulation, and fluid administration to children.		
<ul style="list-style-type: none"> <li>• General pediatrics</li> <li>• Infant</li> <li>• Toddler</li> <li>• Preschool</li> <li>• School-age</li> <li>• Adolescent</li> </ul>		
Evaluate fluid needs, recognize fluid disturbances, and be able to initiate fluid resuscitation.		

**Children's Hospital Pediatric Nutritional Assessment and Support Skills Checklist #DAHS-NSCPNAS14**

<b>References:</b>		
<ol style="list-style-type: none"> <li>1. UC Davis Health Policy <a href="#">4061</a> Aspiration (Oral and Enteral) Precautions</li> <li>2. Elsevier skills - Central Parenteral Nutrition, Parenteral Nutrition Administration (Pediatric), Peripheral Parenteral Nutrition with Lipid (Fat) Emulsion Policy 16024: Breastmilk Collection, Thawing, Storage, and Delivery</li> <li>3. Booklets (UC Davis Nutritional Education series. 1997. Pitcher, J. &amp; Crandall, M.):</li> <li>4. Feeding Assessment Skills, Normal Infant Assessment, Supporting Oral Intake, Oral Hypersensitivity, Nasogastric Feedings</li> <li>5. PLS: Pediatric Nutritional Overview</li> <li>6. PLS: Nutrition in the Critical Ill Child</li> <li>7. Elsevier: Feeding Tube: Enteral Nutrition Administration (Pediatric)</li> </ol>		
Provide developmentally appropriate nutritional screening assessments and promote normal nutrition with children of varied age groups.		
Provide developmentally appropriate and safe parental nutritional to children of varied age groups.		
Implement developmentally appropriate and safe enteral nutritional to children of varied age groups.		

**Children's Hospital Gastrostomy Tube Skills Checklist #DAHS-NSCCHNGT**

<b>References:</b>		
1. UC Davis Health Policy <a href="#">8011</a> : 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		
Describe actions to take in case of accidental removal of G-tube		

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<b>Children's Hospital Epidural Catheter Care and Maintenance Skills Checklist #DAHS-NSCCHECCM14</b>		
<b>References:</b>		
1. PLS: Pain Technologies: PCA and Epidural Analgesia		
2. Elsevier: Epidural Catheter Insertion, Management and Removal		
<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>Children's Hospital Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System Pediatric Skills Checklist #DAHS-NSCCHCPVCNSMDSAP14</b>		
<b>References:</b>		
1. PLS: Intracranial Pressure Monitoring		
2. Elsevier: Intracranial Pressure Monitoring (Pediatrics)		
3. Elsevier: Intracranial Pressure Monitoring: External Ventricular Drain		
4. Elsevier: Cerebrospinal Fluid Sampling from Ventriculostomy Catheter or EVD		
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.		
Briefly describe the Monroe-Kellie hypothesis and brain compliance.		

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<b>Children's Hospital Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System Pediatric Skills #DAHS-NSCCHCPVCNSMDSAP14 (Continued)</b>		
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.		

**Pediatric Physical Assessment**

**Children's Hospital Cervical Collar Skills Checklist #DAHS-NSCCHCC14**

<b>References:</b>		
1. Elsevier: Cervical Collar Application (Pediatrics)		
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.		

**Children's Hospital Lumbar Puncture and/or Drain Skills Checklist #DAHS-NSCCHLPD14**

<b>References:</b>		
1. Elsevier: Lumbar Puncture		
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.		
Describe necessary steps for ensuring patient safety if the lumbar drain is accidentally discontinued.		
Post LP asses vital signs, neuro status, site post 15 minutes, 30 minutes, 1 hours and q 4 hours x 24 hours		



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<b>Children's Hospital Lumbar Puncture and/or Drain Skills Checklist #DAHS-NSCCHLPD14 (Continued)</b>		
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.		

<b>Children's Hospital MDI with Spacer Skills Checklist #DAHS-NSCCHMDIS14</b>		
References: 1. UC Davis Health Policy <a href="#">17020</a> : Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant) 2. Elsevier: Medication Administration: Nebulizer (Pediatrics)		
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.		

<b>Children's Hospital Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCCHOLE14</b>		
<b>References:</b> 1. Structure Standards: Critical Care, Telemetry, Maternal Child Health 2. GE Marquette Resting ECG Analysis System Operator's Manual 3. Elsevier: Electrocardiogram 12-lead (Pediatrics)		
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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<b>Children's Hospital Tracheostomy Care Skills Checklist #DAHS-NSCCHTC15</b>		
<b>References:</b>		
1. UC Davis Health Policy <a href="#">17038</a> Pediatric and Neonatal Airway Policy		
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 rational		
Verbalize emergency complication interventions for tracheostomy		
Recognizes respiratory distress in children and intervenes appropriately.		
Monitors and documents non-invasive respiratory monitoring values (oxygen saturation, transcutaneous or ETCO2).		
Recognizes when an arterial blood gas is indicated to further evaluate respiratory status.		
Demonstrates ability to correlate ABG results with respiratory and/or patient findings.		
Prepares for potential respiratory emergency by having emergency respiratory equipment available in the patient's room.		
Notifies physician of changes in patient's respiratory status.		
Documents all pertinent information in the appropriate locations.		

<b>Children's Hospital Intravenous Chemotherapy Administration Skills Checklist #DAHS-NSCCHIVCA14</b>		
<b>References:</b>		
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 Standardized Procedure XIV-3.)		
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.		

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**Children's Hospital Intravenous Chemotherapy Administration Skills Checklist #DAHS-NSCCHIVCA14 (Continued)**

Disposes of all items that have potentially come in contact with chemotherapeutic drugs appropriately.		
Documents all pertinent information.		

**Neonatal Hearing Screen Program at UCDH Skills Check #DAHS-NSCNHSPAU14**

<b>References:</b>		
<ol style="list-style-type: none"> <li>1. Neonatal Units Structure Standard Attachment: HearingScreen.</li> <li>2. Hearing Screener Manual/information sheets for the NATUS ALGO and the Biological ABaer/OAE Collection System.</li> <li>3. California Children's Services Manual of Procedures – dated January 2002.</li> <li>4. American Academy of Pediatrics Policy Statement on Newborn and Infant Hearing Loss: Detection and Intervention - dated February 1999.</li> <li>5. Standards of the California Department of Health Services statewide comprehensive Newborn Hearing Screening Program.</li> </ol>		
List rationale for performing a hearing screen on all newborns.		
Assess the infant and environment for appropriateness for screening.		
State what form must be signed before a hearing screen is performed.		
Demonstrate the ability to verify date and time on the Natus Algo (for SCN nurses only).		
Demonstrate the ability to perform an OAE screen (for newborn nurses only).		
Demonstrate the ability to perform an ABR screen.		
Demonstrate how to print out results.		
Demonstrate how to retrieve hearing screen results from the screener.		
State what to do when PASS results are obtained.		
State what to do when REFER results are obtained after first inpatient screen.		
State what to do when REFER results are obtained after second inpatient screen in		
State what to do when REFER results are obtained after second inpatient screen in SCN.		
State what to do when parents decline hearing screen.		
State what to do if infant is transferred to another hospital before hearing screen is done.		
State what to do if you discover a missed screen on a discharged infant.		
State significance of REFER results and potential causes of those results.		
State significance of PASS results.		
Identify parental information needs.		