

Children's Hospital Critical Care Skills

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

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

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			
Children's Hospital Car Seat Challenge Test Skills Checklist #DAHS-NSCCSCT14			
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 <i>(Completion of online module #DAHS-NCHPFACS12 and checklist required for credit)</i>			
Suicide Risk Screening for RNs Online Module Only #DAHS-NGNSRS19.			
Children's Hospital Recovery, Post-Surgical Skills Checklist #DAHS-NSCCHRPS14			
Children's Hospital Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist #DAHS-NSCCHTCCPPDS14			
Children's Hospital Pediatric IV and Fluid Management Skills Checklist #DAHS-NSCCHPIVFM14			
Children's Hospital Arterial Pressure Monitoring Skills Check #DAHS-NSCCHAPM14			
Hemodynamic Monitoring Skills Checklist #DAHS-NSCHDM14			
Children's Hospital Pediatric Critical Care Fluid Resuscitation Skills Checklist #DAHS-NSCCHPCCAM14			
Capnography: A Standard of Care for Procedural Sedation Monitoring Online Module Only #DAHS-NADCSCPSM-HLC			
Children's Hospital Pediatric Nutritional Assessment and Support Skills Checklist #DAHS-NSCPNAS14			
Children's Hospital Gastrostomy Tube Skills Checklist #DAHS-NSCCHNGT			

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Children's Hospital Epidural Catheter Care and Maintenance Skills Checklist #DAHS-NSCCHECCM14			
Children's Hospital Neuromuscular Blocking Agents (NMBAs) in the PICU Skills Checklist #DAHS-NSCCHNBAP14			
Children's Hospital Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCCHBDDT15			
Children's Hospital Bi-PAP Skills Checklist #DAHS-NSCCHBP14			
Children's Hospital Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System Pediatric Skills Checklist #DAHS-NSCCHCPVCNSMDSAP14			
Children's Hospital Cervical Collar Skills Checklist #DAHS-NSCCHCC14			
Children's Hospital Chest Tube Skills Checklist #DAHS-NSCCHCT13: Performs per UC Davis Health Policy 17002			
Children's Hospital Epidural and Subdural Drains Skills Checklist #DAHS-NSCCHESD14			
Children's Hospital High Frequency Oscillating Ventilator Skills Checklist #DAHS-NSCCHHFOV14			
Children's Hospital Lumbar Puncture and/or Drain Skills Checklist #DAHS-NSCCHLPD14			
Children's Hospital MDI with Spacer Skills Checklist #DAHS-NSCCHMDIS14			
Children's Hospital Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCCHOLE14			
Children's Hospital Pediatric Critical Care Airway Management Skills Checklist #DAHS-NSCCHPCCAM14			
Children's Hospital Pediatric Critical Care Mechanical Ventilation Skills Checklist #DAHS-NSCPCCMV14			
Children's Hospital Pediatric Critical Care Respiratory Assessment Skills Checklist #DAHS-NSCCHPCCRA14			
Children's Hospital Tracheostomy Care Skills Checklist #DAHS-NSCCHTC15			
Children's Hospital Extracorporeal Life Support Skills Checklist #DAHS-NSCCHEL14			
Children's Hospital Intravenous Chemotherapy Administration Skills Checklist #DAHS-NSCCHIVCA14			
Children's Hospital Breast Milk Usage Skills Checklist #DAHS-NSCCHBMU			

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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 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.

Printed Name	Signature
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Children's Hospital Developmental Pediatric Coping Skills Checklist #DAHS-NSCCHDPC14

References:		
<ol style="list-style-type: none"> 1. PLS: Age Specific Care of Infants 2. PLS: Age Specific Care of Toddlers 3. PLS: Age Specific Care of Preschoolers 4. PLS: Age Specific Care of School Age 5. PLS: Age Specific Care of Adolescents 6. PLS: Developmental Care of the Newborn 7. PLS: Family Centered Care in the ICU 		
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"> • Infant • Toddler • Preschool • School-age • Adolescent 		
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

References:		
<ol style="list-style-type: none"> 1. Fact sheets from Safe Kids Coalition with annual reports of childhood injury. (http://www.safekids.org/) 2. Review of safety and car seat videos 3. UC Davis Health Policy 3302: HUGS Infant/Child Security Program 4. PLS: Caring for the Behaviorally Challenged PLS: Health Care Advanced Directives: Communicating Wishes 		
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

References:		
<ol style="list-style-type: none"> 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 		
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.		

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Children's Hospital Blood Draws Skills Checklist #DAHS-NSCCHBD14 (Continued)

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.		

Children's Hospital Car Seat Challenge Test Skills Checklist #DAHS-NSCCSCT14

References:

1. Equipment Manual: Safety Seats
2. UC Davis Health Policy [4018](#): Child Passenger Safety

Identifies the infant requiring a Car Seat Challenge Test (ordered by attending physician)		
Selects safety seat based on weight.		
Attaches monitor and pulse oximeter to infant.		
Places infant in safety seat at a 45° angle, secures harnesses & places padding as needed.		
Observes infant for no more than 90 minutes for apnea, bradycardia, or O2 desaturation. Parameters should include heart rate and oxygen saturation limits specific to the infant's diagnosis/disease process.		
Identifies when to stop test, who to notify & where to document results.		
Identifies when to test in a car bed & where to find car bed.		

Hugs System Training Online Module Only #DAHS-NCHHST08

Completed Hugs System Training Online Module #DAHS-NCHHST08		
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Children's Hospital Intravenous Heparin Infusion Skills Checklist #DAHS-NSCCHIVHI14

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.		

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Children's Hospital Intravenous Heparin Infusion Skills Checklist #DAHS-NSCCHIVH14 (Continued)

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.		

Pediatric Falls Assessment using the Cummings Scale Online Module & Skills Checklist #DAHS-NSCPFACS12

References:

Completed Pediatric Falls Assessment using the Cummings Scale Online Module #DAHS-NCHPFACS12		
Assess fall score and implement appropriate clinical practice guideline and patient safety measures		

Suicide Risk Screening for RNs Online Module Only #DAHS-NGNSRS19.

Completed Suicide Risk Screening for RNs Online Module #DAHS-NGNSRS19.		
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Children's Hospital Recovery, Post-Surgical Skills Checklist #DAHS-NSCCHRPS14

References:

- [SICU Structure Standards](#)
- Performance Standards for Clinical Nurses-PACU
- Elsevier - Postoperative Care: Immediate Recovery Period (Pediatric)

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.		

Children's Hospital Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist #DAHS-NSCCHTCCPPDS14

References:

- [PCS Critical Care Structure Standards](#)

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.		
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.		

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

References:		
<ol style="list-style-type: none"> 1. UC Davis Health Policy 13024: Peripheral Intravenous Line Care and Maintenance 2. PLS: Pediatric Peripheral IV care and Management 3. PLS Management of PIV complications in the pediatric patient 4. PLS: Fluid & Electrolytes Imbalance: Dehydration 5. PLS: Fluid & Electrolytes: Laboratory Assessment of Imbalances 6. PLS: Fluid & Electrolytes: Physiological Differences 7. PLS: Fluid & Electrolytes: Replacement Therapy 8. PLS: Fluid & Electrolytes: Water Intoxication and Fluid Shift 		
Implement developmentally appropriate procedural preparation, IV site cannulation, and fluid administration to children.		
<ul style="list-style-type: none"> • General pediatrics • Infant • Toddler • Preschool • School-age • Adolescent 		
Evaluate fluid needs, recognize fluid disturbances, and be able to initiate fluid resuscitation.		

Children's Hospital Arterial Pressure Monitoring Skills Check #DAHS-NSCCHAPM14

References:		
<ol style="list-style-type: none"> 1. UC Davis Health Policy 13046: Drawing Laboratory Specimens via the Arterial Line 2. PLS: Hemodynamic Monitoring 		
State indications for arterial pressure monitoring.		
Identify the common sites of insertion.		
Assemble the necessary equipment for arterial line insertion.		
Place the air-fluid interface of the transducer system at the level of the phlebostatic axis.		
Zero the transducer to atmospheric pressure prior to insertion, and PRN.		
Assist with the insertion of the arterial catheter after an Allen's test has been performed.		
Identify the normal arterial waveform and trouble-shoot deviations as necessary.		
Compare the invasive arterial blood pressure measurement (direct), with the indirect method of sphygmomanometry (BP cuff).		
Monitor circulation, sensation, and motor function distal to the insertion site Q2 hrs and document findings in the EMR.		
Observe for blanching of the skin at the insertion site or distally, during flushing of the line.		
Obtain blood samples from the arterial line according to UC Davis Health Policy 13046 Drawing laboratory specimens via the arterial line.		

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Children's Hospital Arterial Pressure Monitoring Skills Check #DAHS-NSCCHAPM14 (Continued)

Change the dressing, tubing, and flush solution according to UC Davis Health Policy 13010 Peripheral Arterial Line Management. Assess the site for signs and symptoms of infection.		
Discontinue the arterial line when indicated or ordered and hold direct pressure over the site for five to ten minutes, or until bleeding stops.		
Report to physician and document all pertinent information.		

Hemodynamic Monitoring Skills Checklist #DAHS-NSCHDM14

References:		
1. UC Davis Health Policy 13039 : Pulmonary Artery Thermodilution Catheter Maintenance		
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.		
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		

Children's Hospital Pediatric Critical Care Fluid Resuscitation Skills Checklist #DAHS-NSCPCCAM14

References:		
1. AHA 2017 PALS		
2. Elsevier: Fluid Administration, Rapid: Pressure Bag Method (Pediatrics)		
3. Elsevier: Fluid Administration, Rapid: Pressure Infusion Device (Pediatrics)		
4. Elsevier: Fluid Administration, Rapid: Syringe Method (Pediatrics)		
5. Elsevier: Intraosseous Access		
State indications for fluid resuscitation in Pediatric patients experiencing hypovolemia.		

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Children's Hospital Pediatric Critical Care Fluid Resuscitation Skills Checklist #DAHS-NSCPCCAM14 (Continued)

State the objectives for fluid resuscitation in the Pediatric patient.		
State the signs/symptoms of hypovolemia.		
Notify charge nurse and physician of evidence of hypovolemia.		
State the appropriate type of fluid and volume administered during fluid resuscitation and the rationale for each.		
Identify the sites that can be used for rapid fluid administration during hypovolemic shock.		
Document pertinent data during fluid resuscitation.		
State additional considerations to safely fluid resuscitate your patient.		

Capnography: A Standard of Care for Procedural Sedation Monitoring Online Module #DAHS-NADCSCPSM-HLC

Completed Capnography: A Standard of Care for Procedural Sedation Monitoring Online Module #DAHS-NADCSCPSM-HLC		
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Children's Hospital Pediatric Nutritional Assessment and Support Skills Checklist #DAHS-NSCPNAS14

References:		
<ol style="list-style-type: none"> 1. UC Davis Health Policy 4061:Aspiration (Oral and Enteral) Precautions 2. UC Davis Health Policy 16024: Breastmilk Collection, Storage, Thawing, and Delivery 3. Booklets (UC Davis Nutritional Education series. 1997. Pitcher,J. & Crandall,M.): 4. Feeding Assessment Skills, Normal Infant Assessment, Supporting Oral Intake, Oral Hypersensitivity, Nasogastric Feedings 5. PLS: Pediatric Nutritional Overview 6. PLS: Nutrition in the Critically Ill Child 7. Elsevier: Feeding Tube: Enteral Nutrition Administration (Pediatric) 		
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

References:		
<ol style="list-style-type: none"> 1. UC Davis Health Policy 8018: Neonatal and Pediatric Patient Receiving Enteral Tube Feeding 		
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 Gtube		

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Pediatric Pain Assessment and Management

Children's Hospital Epidural Catheter Care and Maintenance Skills Checklist #DAHS-NSCCECCM14

References:

1. PLS: Pain Technologies: PCA and Epidural Analgesia
2. Elsevier: Epidural Catheter Insertion, Management and Removal

PRE-INSERTION

Describe the epidural space

State contraindications of placing an epidural

Specify equipment that should be assembled at bedside by nursing staff

PATIENT ASSESSMENT

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

CATHETER REMOVAL

Explain the importance of verifying patient is not anticoagulated prior to catheter removal

Describe procedure for removal of catheter

Children's Hospital Neuromuscular Blocking Agents (NMBAs) in the PICU Skills Checklist #DAHS-NSCCHNBAP14

References:

1. UC Davis Health Policy [13036](#): Monitoring And Care Of The Adult ICU Patient on Neuromuscular Blocking Agent
2. American College of Critical Care Medicine of the Society of Critical Care Medicine. Clinical practice guidelines for sustained neuromuscular blockade in the adult critically ill patient. Critical Care Medicine, 2002; Vol. 30, No. 1
3. Lange Clinical Anesthesiology, Neuromuscular Blocking Agents, Chapter 9. McGraw-Hill Companies, Inc. 2006
4. Elsevier: Peripheral Nerve Stimulator (Pediatric)

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.

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Children's Hospital Neuromuscular Blocking Agents (NMBAs) in the PICU Skills Checklist #DAHS-NSCCHNBAP14 (Continued)

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.		

Children's Hospital Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCCHBDDT15

References:

1. Elsevier Skills for review: Cardiac Monitor Setup and Lead Placemen
2. Elsevier Nursing Consult - Clinical Updates CE:
3. Differentiating Dysrhythmias Part 1: Recognizing and Treating Atrial Dysrhythmias
4. PLS Arrhythmia Recognition:
5. PLS Structure and Function of the Heart
6. PLS Arrhythmia Recognition: Electrophysiology
7. PLS Arrhythmia Recognition: Lines, waves and segments
8. PLS Arrhythmia Recognition: Analyzing the ECG Rhythm
9. PLS Arrhythmia Recognition: Sinus
10. PLS Arrhythmia Recognition: Atrial
11. PLS Arrhythmia Recognition: Junctional
12. PLS Arrhythmia Recognition: Atrioventricular Blocks
13. PLS Arrhythmia Recognition: Ventricular
14. PLS Arrhythmia Recognition: Channelopathies

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.		
Identify Supraventricular dysrhythmias and discuss the causes/treatments.		
Identify ventricular dysrhythmias and discuss the causes/treatment.		

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Children's Hospital Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCCHBDDT15 (Continued)

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.		

Children's Hospital Bi-PAP Skills Checklist #DAHS-NSCCHBP14

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.		

Children's Hospital Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System Pediatric Skills Checklist #DAHS-NSCCHCPVCNSMDSAP14

References:		
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 patients neurological status.		
Briefly describe the Monroe-Kellie hypothesis and brain compliance.		
Identify the intracranial component most effective for controlling volume and pressure.		

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

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.		

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

References:		
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 Epidural and Subdural Drains Skills Checklist #DAHS-NSCCHESD14

References:		
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.		

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Children's Hospital High Frequency Oscillating Ventilator Skills Checklist #DAHS-NSCCHFOV14

References:		
1. UC Davis Health Policy 17019 : High Frequency Oscillatory Ventilator (HFOV) –Adult		
2. PLS: High Frequency Ventilation		
3. Elsevier: Mechanical Ventilation: High Frequency Oscillatory Ventilation (Pediatrics)		
Verbalizes indication for the use of the HFOV.		
Notifies Respiratory Therapy and assembles any nursing equipment necessary.		
Demonstrates proper operation of the HFOV.		
Troubleshoots HFOV alarms.		
Verbalizes an understanding of the reset and start buttons and when to use them.		

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

References:		
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		
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.		

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Children's Hospital MDI with Spacer Skills Checklist #DAHS-NSCCHMDIS14

References:		
1. UC Davis Health Policy 17020 : 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.		

Children's Hospital Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCCHOLE14

References:		
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		

Children's Hospital Pediatric Critical Care Airway Management Skills Checklist #DAHS-NSCCHPCCAM14

References:		
1. PLS: Management of the Difficult Airway		
Identify 3 features that are unique to the pediatric airway.		
Demonstrate two methods of tactile stimulation used for an infant who is not breathing.		
Demonstrate proper positioning to open the pediatric airway.		
Describe proper mask sizing and select the appropriate size mask for children of different sizes.		

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Children's Hospital Pediatric Critical Care Airway Management Skills Checklist #DAHS-NSCCHPCCAM14 (Continued)

Demonstrate use of the two types (self-inflating & non-self-inflating) of pediatric resuscitation bags.		
Identify signs of optimal ventilation.		
List two possible solutions to resolve the inability to ventilate using bag-valve-mask ventilation.		
Describe how to select and use oropharyngeal and nasopharyngeal airways.		
Discuss the indications and procedure for a cricothyrotomy in the pediatric patient.		
Identify the indications for endotracheal intubation.		
Identify the equipment and medications needed to facilitate endotracheal intubation.		
State the nurse's role in airway management and assisting with endotracheal intubation.		

Children's Hospital Pediatric Critical Care Mechanical Ventilation Skills Checklist #DAHS-DAHS-NSCPCCMV14

References:		
1. PLS: Mechanical Ventilation: Introduction to Pediatric Practices		
2. PLS: Preventing Ventilator Associated Pneumonia		
Identify indications for mechanical ventilation.		
Describe various modes/methods of mechanical ventilation.		
Perform ventilator checks a minimum of every two hours and document appropriately.		
Assess the patient's need for suctioning.		
Discuss the use of sedation and/or paralytics to maintain optimal mechanical ventilation.		
Discuss the use of respiratory pharmacology in the management of a patient requiring mechanical ventilation.		
Assess reasons for changes in peak pressure, tidal volumes, breath sounds, oxygen saturation, and ETCO2 in the patient receiving mechanical ventilation.		
Describe ventilator changes needed based on ABG results or noninvasive blood gas monitoring.		
Assess a patient's readiness for mechanical ventilator weaning and/or extubating.		

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Children's Hospital Pediatric Critical Care Respiratory Assessment Skills Checklist #DAHS-NSCCHPCCRA14

References:		
<ol style="list-style-type: none"> American Heart Association, 2017 – Pediatric Advanced Life Support PLS: Basic Principles of Oxygen Therapy, Specialty Gases and Noninvasive Ventilation PLS: Understanding Abnormal Blood Gasses 		
Recognizes normal respiratory rates and pulmonary developmental findings for infants, children, and adolescents.		
Performs all aspects of respiratory assessment.		
Recognizes respiratory distress in children and intervenes appropriately.		
Monitors and documents non-invasive respiratory monitoring values (oxygen saturation, transcutaneous or ETCO ₂).		
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.		

Children's Hospital Tracheostomy Care Skills Checklist #DAHS-NSCCHTC15

References:		
<ol style="list-style-type: none"> PLS: Caring for a Child with a Tracheostomy Elsevier: Tracheostomy Elsevier: Tracheostomy Care and Suctioning: Home management education (Pediatric) Elsevier: Tracheostomy Tube: Decannulation: Advanced Practice (Pediatrics) Elsevier: Tracheostomy Tube: Change (Pediatrics) Elsevier: Tracheostomy Tube: Closed Suctioning (Pediatrics) Elsevier: Tracheostomy Tube: Open Suctioning (Pediatrics) Elsevier: Tracheostomy Tube: Stoma Care and Tie Change (Pediatrics) 		
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.		

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Children's Hospital Tracheostomy Care Skills Checklist #DAHS-NSCCHTC15 (Continued)

Monitors and documents non-invasive respiratory monitoring values (oxygen saturation, transcutaneous or ETCO ₂).		
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.		

Children's Hospital Extracorporeal Life Support Skills Checklist #DAHS-NSCHELS14

References:		
<ol style="list-style-type: none"> 1. UC Davis Health Policy 5001: Extracorporeal Life Support Program 2. ECMO, Extracorporeal Cardiopulmonary Support in Critical Care, 3rd Edition. Zwischenberger, Steinhorn, Bartlett. Extracorporeal Life Support Organization, 2005 3. ECMO Specialist Training Manual, 3rd Edition. Short, BL, Williams, L. Extracorporeal Life Support Organization, 2010. 4. Extracorporeal Life Support Guidelines, 2009. 		
Pass written examination with 90% accuracy.		
State the purpose of ECLS.		
State the difference between VA and VV ECLS.		
Identify components of the ECLS circuit.		
State roles and responsibilities of the attending ECLS Physician, ECLS Pump Nurse, and Bedside Nurse prior to initiation, during cannulation and during management of ECLS therapy.		
State indications for adjusting blood flow, sweep gas and blender FiO ₂ .		
State procedure for traveling with ECLS patient.		
Demonstrate priming of the circuit.		
Demonstrate initiation of ECLS blood flow; state goal pediatric and adult blood flows.		
Demonstrate ability to draw pump gases from ECLS Circuit.		
Demonstrate ability to remove air from ECLS circuit.		

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Children's Hospital Intravenous Chemotherapy Administration Skills Checklist #DAHS-NSCCHIVCA14

<u>References:</u>		
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.		
Disposes of all items that have potentially come in contact with chemotherapeutic drugs appropriately.		
Documents all pertinent information.		

Children's Hospital Breast Milk Usage Skills Checklist #DAHS-NSCCHBMU

<u>References:</u>		
State contraindications to using breast milk according to policy		
Describe qualifications for use of donor breast milk and the process for obtaining assent		
Correctly identify expiration of fresh breast milk, thawed breast milk, and breast milk with fortification		
Safely prepare and administer breast milk using correct labeling methods and in chronologic order		
Accurately log-in breast milk and log-out breast milk using the Breast Milk Storage Log		
Provide education to families regarding labeling and storing breast milk containers		