

**Emergency Department Adult Skills**

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

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<b>Skill/Learning</b> Not all skills are applicable to all Nursing areas – if not applicable mark as N/A	<b>Completed Online Module</b>	<b>Date Completed (or N/A)</b>	<b>Verifier Initials</b>
Adult Respiratory Assessment Skills Checklist #DAHS-NSCARA14			
Alteplase Administration and Monitoring for Acute Ischemic Strokes Skills Checklist #DAHS-NSCAAMAI14			
Arterial Pressure Monitoring Skills Checklist #DAHS-NSCAPM14			
Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT15			
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-NSCBR14			
Cardiac Pain Assessment & Management Skills Checklist #DAHS-NSCCPAM14			
Cardiac Tamponade Skills Checklist #DAHS-NSCCT14			
Central Venous Pressure Monitoring in the Emergency Department Skills Checklist #DAHS-NSCCVPMED16			
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			
Fluid Resuscitation Skills Checklist #DAHS-NSCFR14			
Gastrostomy Tube Skills Checklist #DAHS-NSCGT14			
HOTLINE® Fluid Warmer Equipment Skills Checklist #DAHS-NSCHFWE16			
Intravenous Heparin Infusion Skills Checklist #DAHS-NSCIVHI14			

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Intoximeter Skills Checklist # DAHS-NGNISC18			
Lumbar Puncture and/or Drain Skills Checklist #DAHS-NSCLPD14			
HeartMate II VAD Aware Training Online Module Only #DAHS-NGNVADA15			
MDI with Spacer Skills Checklist #DAHS-NSCMDIS14			
Mechanical Ventilation: Volume and Pressure Modes Online Module Only #DAHS-NAD48-ECS			
Neuromuscular Blocking Agents (NMBA) Skills Checklist #DAHS-NSCNBA14			
Nurse Swallow Screen in Patients with Stroke Skills #DAHS-NSCNSSPS15: Performs per policy <a href="#">15017 Dysphagia (Swallow) Screen for Adult Patients with Stroke</a> and completion of online module #DAHS-NGNNS17			
Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCOLE14			
Organ Procurement (Adult) Skills Checklist #DAHS-NSCOPA14			
Precipitous Delivery Skills Checklist #DAHS-NSCPD14			
Rapid Sequence Intubation (RSI) in the ED Skills Checklist #DAHS-NSCRSIED			
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			
Universal Protocol and Pre-procedures Online Module Only #DAHS-NGNUPPC14			
Using the Clipper Skills Checklist #DAHS-NSCUTC17			
Vasoactive Cardiac Medications, Parental Administration Skills Checklist #DAHS-NSCVCMPA14			
Zoll R Series ALS Skills Checklist #DAHS-NSCRSALS17			

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**SIGNATURE PAGE:**

**Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:**

<b>Initial:</b>	<b>Print Name:</b>	<b>Signature:</b>

**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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**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.		

**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		

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***Alteplase Administration and Monitoring for Acute Ischemic Strokes Skills Checklist #DAHS- NSCAAMAS14 (Continued)***

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.		

**Arterial Pressure Monitoring Skills Checklist #DAHS-NSCAPM14**

**References:**

1. UC Davis Health Policy [13010](#): Peripheral Arterial Line Management
2. UC Davis Health Policy [13046](#): Drawing Laboratory Specimens via the Arterial Line

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 <a href="#">13046</a> Drawing Laboratory Specimens via the Arterial Line.		
Change the dressing, tubing, and flush solution according to UC Davis Health Policy <a href="#">13010</a> : 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.		

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**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
  - 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.		
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 #DAHS-NSCBFM16**

**References:**

1. UC Davis Health Policy [13012](#): Administration of Blood and Blood Components

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		

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

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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 the most common reasons for alarms.		
Identify criteria to discontinue BiPAP.		

**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. UCDH 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.		

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**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. Do not use tape on burnt face; instead, secure with twill tie.		
Assess status of tetanus immunity.		

**Cardiac Pain Assessment & Management Skills Checklist # DAHS-NSCCPAM14**

**References:**

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. Mosby.
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: 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.		



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**Cardiac Pain Assessment & Management Skills Checklist # DAHS-NSCCPAM14 (Continued)**

Anticipate other medications and interventions that might be indicated.		
Document all assessments, interventions, medications and responses.		

**Cardiac Tamponade Skills Checklist # DAHS-NSCCT14**

**References:**

1. Critical Care Nursing, second edition. Cloochesy, Breu, Cardin, Whittaker and Rudy.
2. Theelan'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?		

**Central Venous Pressure Monitoring in the Emergency Department #DAHS-NSCCVPMED16**

**References:**

Identify 4 indications in which a central venous pressure (CVP) line might be indicated/used		
List the equipment needed for setting up and monitoring CVP through a non-tunneled infusion central venous catheter		
State where above equipment is located in the emergency department		
Identify 4 locations a non-tunneled infusion central venous catheter can be inserted to effectively monitor CVP		
Identify which port is used to monitor the CVP on a non-tunneled infusion central venous catheter		
Demonstrate/Explain the setup of the CVP line and indications for calibrating (zeroing) the line, and correct placement level of the transducer		
Identify a CVP waveform on the monitor		
Discuss the expected normal values for CVP and what abnormal values may indicate.		

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

<u>References:</u>		
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**

<u>References</u>		
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 breathe sound auscultation every two hours and document appropriately.		
Perform alarm checks for all ventilation parameters.		
Auscultate breath sounds and vital signs every two hours.		
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.		

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<b>Endotracheal Intubation and Mechanical Ventilation Skills Checklist #DAHS-NSCEIMV14 (Continued)</b>		
Assess the patient after extubation and initiate post-extubation care.		
Document all pertinent data.		

<b>End-Tidal Carbon Dioxide Monitoring Skills Checklist #DAHS-NSCETCDM15</b>		
<b>References:</b>		
1. Elsevier Skills <ul style="list-style-type: none"> <li>• Capnometry and Capnography</li> </ul>		
2. End-Tidal Carbon Dioxide Measurement: Continuous Monitoring		
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.		

<b>Fluid Resuscitation Skills Checklist #DAHS-NSCFR14</b>		
<b>References:</b>		
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.		

<b>Gastrostomy Tube Skills Checklist #DAHS-NSCGT14</b>		
<b>References:</b>		
1. UC Davis Health Policy <a href="#">8011</a> : Enteral Nutrition for Adult Patients		
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		

<b>HeartMate II VAD Aware Training Online Module #DAHS-NGNVADA15</b>		
Completion of HeartMate II VAD Aware Training <b>Online Module #DAHS-NGNVADA15</b>		

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**HOTLINE® Fluid Warmer Equipment Checklist #DAHS-NSCHFWE16**

<b>References:</b>		
1. HOTLINE® Blood and Fluid Warmer Operator's Manual		
Check fluid reservoir, ensure level of fluid is above minimum indicator (add recirculating solutions to the reservoir through the fill port if required).		
Plug in HOTLINE® - does not contain batteries		
Remove the reflux plug from socket on right side of HOTLINE® Warmer		
Plug the twin-Tube Connector on the HOTLINE® Fluid Warming Set into the socket		
Turn ON the power switch (green operating LED illuminates, the recirculating temperature display will begin to increase, the recirculating solution path in the HOTLINE® will automatically prime). Ensure recirculating path is fully primed before connecting to IV fluid.		
Remove the end cap of warming set and inspect tubing; confirm integrity of the IV pathway. Ensure there is no breach between the recirculating solution path and the patient's IV path		
Connect the IV fluid and IV administration set to the HOTLINE® Fluid Warming Set		
Fully prime the IV administration set, the HOTLINE® Fluid Warming Set, and patient extension set (if used)		
Connect the distal end of the HOTLINE® Fluid Warming Set to the patient's IV access site without entrapping air		
<b>WARNINGS;</b>		
1. Remove all air in lines		
2. Do not stick the HOTLINE® Fluid Warming Set with needles		
3. Do not use if temperature rises above 42°C		
4. Do not use with pressure devices generating over 300 mmHg. See Operator's Manual for additional information		
After Use: Turn OFF power switch, insert reflux plug into socket, dispose of blood tubing, wipe down external surfaces with mild liquid detergent soap and warm tap water and soft cloth		

**Intravenous Heparin Infusion Skills Checklist #DAHS-NSCIVHI14**

<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.		
State the expectation for patient monitoring.		
Describe the responsibilities of a nurse in response to a heparin overdose.		
State when to notify the physician.		

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**Intoximeter Skills Checklist #DAHS-DAHS-NGNISC18**

<b>References:</b>		
Review education module.		
Demonstrate the Intoximeter device components and their function.		
Demonstrate proper use of the intoximeter device using the manual sampling method.		
Document result in the POCT section of the EMR		
State how to care for the device which includes cleaning, storage and changing the batteries (two AA)		

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

<b>References:</b>		
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**

<b>References:</b>		
1. UC Davis Health Policy <a href="#">17020</a> : 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.		

**Neuromuscular Blocking Agents (NMBA) Skills Checklist #DAHS-NSCNBA14**

<b>References:</b>		
1. UC Davis Health Policy <a href="#">13036</a> Monitoring and Care of the Adult ICU Patient on Neuromuscular Blocking Agent		
Describe mode of action. Also, for the commonly used NMBAs describe: dosage range, duration of action, interactions with other medications, adverse reactions.		
Post signs that patient is receiving paralytics.		
Ensure that narcotics and/or sedatives are administered concurrently with paralytic's administration.		
Frequently repeat systems assessment, including use of peripheral nerve stimulator.		
After DC of paralytic, perform a systems assessment and compare to baseline assessment.		

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

<b>References:</b>		
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.		
Correctly place leads, ensure that there is no tension on the cable.		
Obtain 12-lead reading, recognize proper tracing, trouble-shooting artifact.		

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**Organ Procurement (Adult) Skills Checklist #DAHS-NSCOPA14**

<b>References:</b>		
1. UC Davis Health Policy <a href="#">4090</a> : Organ Donation After Circulatory Death		
2. UC Davis Health Policy <a href="#">1562</a> : Anatomical Donations		
Identify the causes, clinical criteria and diagnostic tests for brain death.		
Identify potential donors.		
Describe how to notify the regional organ procurement center, the role of the transplant coordinator		
Identify, perform and document goals of management for the potential organ donor patient.		
Notify the physician of any changes in patient condition.		
Document all pertinent information.		

**Precipitous Delivery Skills Checklist #DAHS-NSCPD14**

<b>References:</b>		
1. UC Davis Health Policy <a href="#">16001</a> : Birth Outside of Labor and Delivery (L&D)		
2. Sheehy's Emergency Nursing. Principles and Practice, 6th edition, 2009		
Able to list people to be notified regarding a delivery.		
Assemble equipment needed for infant delivery.		
List equipment stocked on radiant warmer.		
List steps to follow if delivery occurs before physician arrival.		
State how to assess the APGAR.		
Place identification bands on infant and mother and designated other person.		

**Rapid Sequence Intubation (RSI) in the ED Skills Checklist #DAHS-NSCRSIED**

<b>References:</b>		
1. Complete RSI Skill Quiz		
2. ACLS and PALS Certified		
3. UC Davis Health Policy <a href="#">17003</a> : Airway Management for Adult Patients		
Ensures all appropriate size emergency equipment is available and functional. Place all monitoring equipment on the patient correctly.		
Administer medications as ordered by physician.		
Verify endotracheal tube placement (CO2 detector or capnography, symmetrical chest rise, bilateral breath sounds) and document all pertinent information.		
Demonstrate understanding of drugs used for RSI by passing Skill quiz with at least 80% accuracy.		

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

<b>References</b>		
1. UC Davis Health Policy <a href="#">17020</a> : Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant)		
2. Textbook of Advanced Cardiac Life Support, 2006		
3. UC Davis Health Policy <a href="#">13035</a> : Administration of Medications for Rapid Sequence Intubation in Adults		
4. Wells and Murphy, Manual of Emergency Airway Management, 2004		
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 O <sub>2</sub> equipment		
Demonstrate setup for endotracheal intubation including equipment and drugs commonly used and state indication for ET intubation. (See PCS XIII-35)		
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**

<b>References:</b>		
1. Medtronic Technical Manual Model #5388		
Identify indications for temporary pacing.		
Set up equipment necessary for insertion of transvenous pacemaker.		
Prepare skin around insertion site.		
Assist physician with insertion of transvenous pacemaker.		
Initiation of temporary transvenous pacing or 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).		



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

Monitor the patient's response to pacing.		
Document all pertinent information.		

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

<b>References:</b>		
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		

**Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist #DAHS- NSCTCCPPDS14**

<b>References:</b>		
1. Critical Care Nurse 2010 Vol 30, No. 4, Keeping Patients Safe during Intrahospital Transport.		
2. Critical Care Medicine 2004 Vol 32, No. 1 Guidelines for the Inter- and Intrahospital transport of the critically ill patients.		
3. 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.		
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.		

**Using the Clipper #DAHS-NSCUTC17**

<b>References:</b>		
Describes the indications and contraindications for clipper use in the ED.		
Assesses patient's skin prior to clipping for skin tags, warts, moles or other skin anomalies.		
States the most common complications encountered during clipper use and the nursing interventions required.		
Demonstrates proper use of the clipper which includes cleaning and storage of the clipper.		

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**Vasoactive Cardiac Medications, Parental Administration Skills Checklist #DAHS-NSVCMPA14**

<b>References:</b>		
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.		

**Zoll R Series ALS Skills Checklist # DAHS-NSCRSALS17**

Completed the assigned ZOLL R Series ALS Defibrillator <b>Online Modules</b> in UC Learning.		
<b>TEST MODE</b>		
Successfully demonstrates 30 Joule defibrillator test.		
Can check and change paper.		
<b>AED/MANUAL MODE</b>		
Can turn on device and convert from AED to manual mode.		
<b>MONITOR MODE</b>		
Applies 3-lead or 12-lead ECG.		
Locates Recorder key and prints a strip.		
Access HR menu and demonstrate how to change settings.		
Locate NIBP soft key and activate manual BP measurement.		
Access NIBP menu and verbalize options.		
Demonstrate how to change NIBP alarm settings.		
Change NIBP mode from Manual to Automatic.		
Change Automatic mode intervals.		
Access SpO <sub>2</sub> menu and verbalize options.		

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**Zoll R Series ALS Skills Checklist # DAHS-NSCRSALS17 (Continued)**

Access CO <sub>2</sub> menu and verbalize options.		
<b>MANUAL DEFIBRILLATION</b>		
Locates multifunction cable.		
Confirms shockable rhythm.		
Selects defibrillator mode (red).		
Presses Energy Select or Charge button.		
Tells everyone to stand clear.		
Delivers shock at desired energy level.		
Defines and adjusts energy levels for Adults (120,150, 200J) and Pediatrics (2-4J/kg).		
<b>CPR FEEDBACK</b>		
Demonstrates steps to fill CPR Index™ – understands proper rate/depth.		
Shows that if rate is too slow, metronome beeps and <u>Rate</u> prompt appears.		
Speeds up to silence metronome and allow the <u>Rate</u> prompt to disappear.		
Shows that if depth is too shallow, the <u>Depth</u> prompt appears on the screen.		
Pushes hard to allow <u>Depth</u> prompt to disappear.		
Demonstrates understanding of See-Thru CPR® filtered ECG.		
<b>SYNCHRONIZED CARDIOVERSION</b>		
Puts device into SYNC mode.		
Selects desired energy.		
Presses charge button.		
Tells everyone to stand clear.		
Delivers synchronized shock.		
States and demonstrates that SYNC must be activated for each and every synchronous cardioversion.		
<b>PACING</b>		
Turns up pacing output (mA) until capture is achieved – identifies capture.		
Adjusts pace rate.		

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**Zoll R Series ALS Skills Checklist # DAHS-NSCRSALS17 (Continued)**

Understands pausing for visualizing patients underlying rhythm.		
<b>PADS</b>		
Connects OneStep™ pads to OneStep cable (or other pads/paddles if applicable).		
Opens OneStep packaging correctly		
Demonstrates proper pad placement for defibrillation, pacing, and cardioversion.		
Identifies CPR Sensor and explains its purpose.		
<b>INTERNAL PADDLES</b>		
Understands how to connect internal paddles to OneStep™ cable.		
Selects defibrillator mode (red).		
Understands 10J default energy level with range of 1 to 50 Joules.		
<b>SUPERUSER/TRAINER</b>		
Demonstrate how to use additional options (Mentor mode, Set the clock, etc.).		
Understands how to change parameter settings (NIBP, EtCO2, SpO2).		
Understands purpose of Code Marker.		
Can access data from the code (Print Chart, Print Log, or Transfer Data).		
User demonstrates sufficient understanding of device to train other users in its use.		