

Main Hospital Pre-op/PACU 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
Adult Respiratory Assessment Skills Checklist #DAHS-NSCARA14			
Arterial Pressure Monitoring Skills Checklist #DAHS-NSCAPM14			
Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT15 OR: ECG Challenge Test #DAHS-NGNECG-TEST (or complete an ECG Interpretation class)			
Bi-PAP Skills Checklist #DAHS-NSCBP14			
Blood Draws Skills Checklist #DAHS-NSCBD14			
Cardiac Pain Assessment & Management Skills Checklist #DAHS-NSCCPAM14			
Cardiac Tamponade Skills Checklist #DAHS-NSCCT14			
Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System, Adult and Peds Skills Checklist #DAHS-NSCCPVCNSMDSAP14			
Carotid Artery Blowout Skills Checklist #DAHS-NSCAB14			
Cervical Collar Skills Checklist #DAHS-NSCCC14			
Chest Tube Skills #DAHS-NSCCT13: Performs per policy 17002 Chest Tube Management			
Critical Lab Value Documentation Online Module Only #DAHS-NGNCLVD08			
Endotracheal Intubation & Mechanical Ventilation Skills Checklist #DAHS-NSCEIMV14			
End-tidal carbon dioxide monitoring Skills Checklist #DAHS-NSCETCDM15			
Epidural and Subdural Drains Skills Checklist #DAHS-NSCESD14			
Epidural Catheter Care and Maintenance Skills Checklist #DAHS-NSCECCM14			
Fluid Resuscitation Skills Checklist #DAHS-NSCFR14			

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Gastrostomy Tube Skills Checklist #DAHS-NSCGT14			
Halo Vest Skills #DAHS-NSCHV14: Performs per policy 15002 Care of the Patient in a Halo Vest			
Hemodynamic Monitoring Skills Checklist #DAHS-NSCHDM14			
ICU Eye Care Assessment Skills Checklist #DAHS-NSCICUECA14			
Innominate Artery Rupture Skills Checklist #DAHS-NSCIAR14			
Intravenous Heparin Infusion Skills Checklist #DAHS-NSCIVHI14			
Lidocaine for Intradermal Use Administration Skills Checklist #DAHS-NGNLFUUA11-2. Completion of Online Module DAHS-NGNLFUUA11 and performed per UC Davis Health Standardized Procedure II-1			
Lumbar Puncture and/or Drain Skills Checklist #DAHS-NSCLPD14			
MDI with Spacer Skills Checklist #DAHS-NSCMDIS14			
Neuromuscular Blocking Agents (NMBA) Skills Checklist #DAHS-NSCNBA14			
Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCOLE14			
Pericardial Catheter Management: Completion of online module DAHS-NGNPCM10 and Skills Checklist #DAHS-NSCPCM			
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			

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Universal Protocol and Pre-procedures Online Module Only #DAHS-NGNUPPC14			
Vascular Surgery-Vascular Assessment for Critical Care In-patients on Vascular Service Skills Checklist #DAHS-NSCVSVACCIPCS14			
Vasoactive Cardiac Medications, Parenteral Administration Skills Checklist #DAHS-NSCVCMPIA14			
Wound & Drain Care After Head & Neck Surgery Skills Checklist #DAHS-NSCWDCAHNS14			
Wound VAC (Vacuum Assisted Closure) Therapy Skills Checklist #DAHS-NSCWVT14			
Main Hospital Pediatric Pre-op and PACU			
Developmental Pediatric Coping Skills Checklist #DAHS-NSCDPC14			
Hugs System Training Online Module and Test #DAHS-NCHHST08			
Pediatric Critical Care Airway Management Skills Checklist #DAHS-NSCPCCAM14			
Pediatric Critical Care Fluid Resuscitation Skills Checklist #DAHS-NSCPCCFR14			
Pediatric Critical Care Mechanical Ventilation Skills Checklist #DAHS-NSCPCCMV14			
Pediatric Critical Care Respiratory Assessment Skills Checklist #DAHS-NSCPCCRA14			
Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention Skills Checklist #DAHS-NSCPHMESSIP14			
Pediatric Holds for Injection and Procedures Skills Checklist #DAHS-NSCPHIP14			
Pediatric IV and Fluid Management Skills Checklist #DAHS-NSCPIVFM14			
Pediatric Nutritional Assessment and Support Skills Checklist #DAHS-NSCPNAS14			

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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.		

Arterial Pressure Monitoring Skills Checklist #DAHS-NSCAPM14

References:		
1. UC Davis Health Policy 13010 : Peripheral Arterial Line Management		
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.		

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Arterial Pressure Monitoring Skills Checklist #DAHS-NSCAPM14 (Continued)

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		
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.		

Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT15

References:

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

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

Describe the electrical conduction system of the heart.		
Explain the waves and intervals of the normal EKG and their significance.		
Identify sinus dysrhythmia and discuss the causes/treatments.		
Identify atrial dysrhythmia and discuss the causes/treatments.		
Identify junctional dysrhythmia and discuss the causes/treatments.		
Identify supraventricular dysrhythmias and discuss the causes/treatments.		
Identify ventricular dysrhythmias and discuss the causes/treatment.		
Identify Torsade de pointes and discuss the causes/treatments.		
Identify life-threatening dysrhythmias and discuss the causes/treatments.		
Identify heart blocks and discuss the causes/treatments.		

Bi-PAP Skills Checklist #DAHS-NSCBP14

References:

Describe BiPAP.		
Identify the most common indications for BiPAP use.		
State contraindications for BiPAP use.		

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Bi-PAP Skills Checklist #DAHS-NSCBP14 (Continued)

State patient characteristics for successful use of BiPAP.		
Monitor the patient and assess for possible complications.		
Identify criteria to discontinue BiPAP.		
Identify the most common reasons for alarms.		
Document all necessary information.		

Blood Draws Skills Checklist #DAHS-NSCBD14

References:

1. UC Davis Health Policy [13027](#): Blood Draw from Central Venous Catheters
2. UC Davis Health Policy [13029](#): Venipuncture Verification and Blood
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 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.		

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. Elsevier.
4. JCAHO Core Measures 2011
5. 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.		
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Cardiac Pain Assessment & Management Skills Checklist #DAHS-NSCCPAM14 (Continued)

Diagnostics and Interventions: <ul style="list-style-type: none"> Place patient on cardiac, pulse oximetry and automatic BP monitor. Obtain/review 12-lead ECG during chest pain episode. Assess for signs of hypoxemia; administer oxygen therapy as indicated. Establish IV and draw and review cardiaclabs. 		
Administer medications as MD ordered: Nitroglycerin sublingual or spray; IV Nitroglycerin infusion; Morphine Sulfate IV, ASA, and beta-blockers, if stable. State the rationale of the above treatment and the patient monitoring requirements.		
Provide continuous ECG monitoring to evaluate ST, T-wave changes and detect dysrhythmia development.		
State the overall goals of treatment in the management of pain related to myocardial ischemia.		
Assess level of anxiety and indicate means to alleviate it.		
Reassess patient after each intervention. Alert MD if no improvement.		
Anticipate other medications and interventions that might be indicated.		
Document all assessments, interventions, medications and responses.		

Cardiac Tamponade Skills Checklist #DAHS-NSCCT14

References:		
<ol style="list-style-type: none"> Critical Care Nursing, second edition. Cloochesy, Breu, Cardin, Whittaker and Rudy. Thelan's Critical Care Nursing fifth edition. Urdenm Stacy, and Lough Cardiac Nursing fifth edition. Woods, Froelicher, Motzer, Bridges. Textbook of Medical Physiology. Guyton and Hall. 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?		

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

References:		
<ol style="list-style-type: none"> Kochanek, P.M. and others. (2012). Guidelines for the acute medical management of severe traumatic brain injury in infants, children, and adolescents—second edition. <i>Pediatric Critical Care Medicine</i>, 13(Suppl. 1), S1-S82.) Thompson, H.J. (Ed). (2011). Care of the patient undergoing intracranial pressure monitoring/external ventricular drainage or lumbar drainage. <i>AANN Clinical Practice Guideline Series</i>. 		
Identify the clinical indications for ventriculostomy placement.		
Identify the correct location of a ventriculostomy.		

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

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.		
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.		

Carotid Artery Blowout Skills Checklist #DAHS-NSCAB14

References:

1. Policy 4060: Carotid Precautions/Carotid Rupture

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

Cervical Collar Skills Checklist #DAHS-NSCCC14

References:

Demonstrate proper placement of cervical collar, changing collar, and skin assessment.		
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Cervical Collar Skills Checklist #DAHS-NSCCC14 (Continued)

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.		

Critical Lab Value Documentation Online Module #DAHS-NGNCLVD08

Completed Critical Lab Value Documentation Online Module #DAHS-NGNCLVD08		
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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.		

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

Assemble equipment necessary for extubation.		
Perform extubation.		
Assess the patient after extubation and initiate post-extubation care.		
Document all pertinent data.		

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

References:		
1. Elsevier Skills <ul style="list-style-type: none"> • Capnometry and Capnography 		
2. End-Tidal Carbon Dioxide Measurement: Continuous Monitoring		
Elsevier Skills for reference only		
If the patient was not intubated, applied the ETCO ₂ -nasal cannula and connected it to the capnograph.		
If the patient is intubated, assembled the airway adapter, and connected it to the patient circuit as close as possible to the patient's ventilator connection.		
Observed waveform for quality.		

Epidural and Subdural Drains Skills Checklist #DAHS-NSCESD14

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.		

Epidural Catheter Care and Maintenance Skills Checklist #DAHS-NSCECCM14

References:		
1. American Society for Pain Management Nursing (ASPMN). 2007. Registered Nurse Management and Monitoring of Analgesia by Catheter Techniques. Lenexa, KS: American Society for Pain Management Nursing (ASPMN).		
PRE-INSERTION		
Describe the epidural space		

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

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		

Fluid Resuscitation Skills Checklist #DAHS-NSCFR14

References:		
1. ATLS, Advanced Trauma Life Support for Doctors, 8th Ed., 2008		
2. TNCC, Trauma Nursing Core Course, Provider Manual, 6th Ed., 2007		
Assess for signs/symptoms of hypovolemia.		
Notify charge nurse and MD of evidence of hypovolemia.		
Administer fluids as ordered. State rationale, volume and rate for each. (Crystalloids, Colloids, Blood Products)		
Obtain and review any additional hemodynamic, lab, and diagnostic assessments.		

Gastrostomy Tube Skills Checklist #DAHS-NSCGT14

References:		
1. UC Davis Health Policy 8011 : Enteral Tube Feeding Management		
Assess gastrostomy tube and provide site care.		
Demonstrate how to correctly administer medications and feedings.		
Identify medications that may not be given via gastrostomy tube		

Hemodynamic Monitoring Skills Checklist #DAHS-NSCHDM14

References:		
1. Policy 13039 : Pulmonary Artery Thermodilution Catheter Maintenance		
Assemble necessary equipment for pulmonary artery catheter insertion.		

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Hemodynamic Monitoring Skills Checklist #DAHS-NSCHDM14 (Continued)

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		

ICU Eye Care Assessment Skills Checklist #DAHS-NSCICUECA14

References:		
1. UC Davis Health Standardized Procedure III-46 : ICU Eye Care Assessment Tool for Adult Patients		
Using the ICU Eye Care Assessment Tool, assess and score the patient's eyes every shift and PRN changes that may affect the eyes.		
Based on highest score obtained with the tool, initiate corresponding treatment plan.		

Innominate Artery Rupture Skills Checklist #DAHS-NSCIAR14

References:		
1. UC Davis Health Policy 4060 : Carotid Precautions/Carotid Rupture		
Identify situations that can cause innominate artery rupture.		
State measures taken to prevent or correct impending innominate artery rupture.		

Intravenous Heparin Infusion Skills Checklist #DAHS-NSCIVHI14

References:		
1. UC Davis Health Policy 13011 : Heparin Infusion, Low Molecular Weight Heparin, Fondaparinux, or Direct Thrombin Inhibitors for Prevention or Treatment of Thromboembolism		
Describe the process for prescribing heparin		
Identify baseline blood tests before initiating IV heparin therapy.		

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

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.		

Lidocaine for Intradermal Use Administration Skills Checklist #DAHS-NGNLFUA11-2

<u>References:</u>		
1. Standardized Procedure II-1 : Use of Lidocaine Injection By A Certified Registered Nurse		
Completed Lidocaine for Intradermal Use Administration Online Module #DAHS-NGNLFUA11		
Please see Standardized Procedure II-1 : Use of Lidocaine Injection By A Certified Registered Nurse, Attachment 1 : Certification Form – Use of Lidocaine for individual checklist.		

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

<u>References:</u>		
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.		

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

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

MDI with Spacer Skills Checklist #DAHS-NSCMDIS14

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

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

References:		
1. UC Davis Health Policy 13036 Monitoring and Care of the Adult ICU Patient on Neuromuscular Blocking Agent		
2. UC Davis Health Policy 13036, Attachment 1 , Peripheral Nerve Stimulator		
State indications for NMBAs.		
Describe mode of action. Also, for the commonly used NMBAs describe: dosage range, duration of action, interactions with other medications, adverse reactions.		
Perform systems assessment prior to initiation of paralytic.		
Post signs that patient is receiving neuromuscular blockade.		
Ensure that narcotics and/or sedatives are administered concurrently with neuromuscular blockade administration.		
Frequently repeat systems assessment, including use of peripheral nerve stimulator, per hospital protocol.		
Provide supportive nursing care as per hospital policy.		
Provide emotional support to patient and family.		
After discontinuing the paralytic, perform a systems assessment and compare to baseline assessment.		
Document all pertinent information and revise care plan.		

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

References:		
1. Structure Standards: Critical Care, Telemetry, Maternal Child Health		
2. GE Marquette Resting ECG Analysis System Operator's Manual		
Demonstrate use of 12-lead ECG available in area.		
Place patient supine and provide for patient privacy.		
Enter patient data prior to obtaining 12-lead ECG.		
Correctly place leads, ensure that there is no tension on the cable.		
Obtain 12-lead reading, recognize proper tracing, trouble-shooting artifact.		
Disconnect equipment and clean as necessary.		
Document all pertinent data, and notify appropriate staff of results		

Pericardial Catheter Management Skills Checklist #DAHS-NSPCPM

References:		
UC Davis Health Policy 5009 : Pericardial Catheter Management		
Completed of Pericardial Catheter Management Online Module #DAHS-NGNPCM10		
State indication for use of pericardial catheter.		
Assemble the necessary equipment.		
Determine that all connections in the drainage system are tight.		
Place the drainage system lower than the catheter insertion.		
Empty the pericardial drainage bag every 8 hours.		
Change the dressing and tubing according to hospital policy.		
Demonstrate aspiration of pericardial fluid according to hospital policy.		
Demonstrate management of pericardial catheter blockage according to hospital policy.		
Demonstrate appropriate care of pericardial catheter insertion site.		
Demonstrate infusion of medications through pericardial catheter.		
Verbalize patient monitoring and care according to hospital policy.		
Report to the physician and document all pertinent information.		

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Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14

References		
1. UC Davis Health Policy 17020 : Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant)		
2. Textbook of Advanced Cardiac Life Support, 2006		
3. UC Davis Health Policy 13035 : 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 ₂ equipment		
Demonstrate setup for endotracheal intubation including equipment and drugs commonly used and state indication for ET intubation. (See Policy 13035)		
Identify basic concepts of what alarms indicate and rationale for <u>never</u> turning alarms off.		
Describe or demonstrate preparation of a patient for emergent cricothyrotomy or tracheostomy; locates essential equipment;		
Successfully demonstrate ET tube, tracheal and nasal/oral suctioning of airways using correct equipment and technique.		
Describe or demonstrate preparation of patient for a thoracentesis including obtaining necessary equipment; state indications for procedure and function.		
Document all respiratory treatments, medications, related procedures, assessments, interventions, and the effects of each. Re-assess patient's status PRN as indicated by the patient's condition. Obtain MD order for paralytics and sedatives in order to maintain control of patient, patient's airway, and patient's comfort.		
Demonstrate use of pulse oximetry for monitoring patient.		

Temporary Transvenous/Epicardial Pacemaker Skills Checklist #DAHS-NSCTTEP14

References:		
1. Medtronic Technical Manual Model #5388		
Identify indications for temporary pacing.		
Set up equipment necessary for insertion of transvenous pacemaker.		
Prepare skin around insertion site.		
Assist physician with insertion of transvenous pacemaker.		
Initiation of temporary transvenous pacing.		
Initiation of temporary epicardial pacing.		
Determine the stimulation (capture) threshold (output/mA) once a shift and PRN.		
Determine the sensing threshold (sensitivity/mV) once a shift and PRN.		
Set the rate and the A-V interval (if A-V sequential).		

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

Monitor the patient's ECG for proper pacemaker functioning (troubleshoot for loss of capture, sensing or failure to fire).		
Monitor the patient's response to pacing.		
Document all pertinent information.		

Tracheostomy Care Skills Checklist #DAHS-NSCTC15

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

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

References:		
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.		

Universal Protocol and Pre-procedures Online Module #DAHS-NGNUPPC14

Completed Universal Protocol and Pre-procedures Online Module #DAHS-NGNUPPC14		
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Vascular Surgery-Vascular Assessment for Critical Care In-patients on Vascular Service Skills Checklist #DAHS-NSCVSVACCIPCS14

References:		
Perform an initial and q1h vascular assessments.		
State the rationale for strict q1h vascular assessments for first 24 hours as warranted by patients' conditions.		
State what changes in vascular status are to be reported immediately to the MD on call.		
State the rationale for not using a doppler for pulse checks and indicate the exception when a doppler may be used.		
Upon admission of a vascular surgery patient, do hands-on check of the effected extremity pulse with the MD.		
At change of shift, check vascular assessment with the oncoming nurse.		
State rationale for heparin drip in some vascular patients and importance of monitoring the PTT or anti-Xa as ordered.		

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

References:		
1. UC Davis Health Policy 13033 : Administration of Adult and Pediatric IV Medications with attachments		
2. Micromedex (Healthcare Series)		
Identify indications, mode of action, contraindications, and adverse reactions of common parenteral vasoactive cardiac medications.		
Determine the concentration and rate of medication infusion. State the therapeutic range of the infusion.		
Administer medication via an infusion pump. Infuse via a central venous line whenever possible.		
Perform systemic assessment prior to initiation and during administration of medication.		
Continuously monitor the ECG and frequently monitor the arterial pressure.		
Titrate the infusion to obtain the desired hemodynamic or cardiac effects.		

Wound & Drain Care After Head & Neck Surgery Skills Checklist #DAHS-NSCWCAHNS14

References:		
1. SGNA Standards for Practice in the GI Endoscopy setting		
2. Olympus EVIS system user's guidebook		
Identify different types of flaps.		
Perform wound and flap care and assessment.		
Describe split thickness skin graft (STSG) and care of donor site.		
Identify lymph and chylous drainage.		
Perform drain care and assessment.		

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

References:		
1. VAC Therapy Clinical Guidelines. A Reference Source for Clinicians. KCI. 776/2003.		
Describe the principles and benefits of VAC therapy.		
Identify types of patients who would benefit from VAC.		
Describe the precautions and contraindications of VAC.		
Describe how to order VAC disposables and pump unit.		
Demonstrate application of a VAC dressing.		
Demonstrate operation of VAC unit with attention to the following: <ul style="list-style-type: none"> • Verify physician order for amount of suction and whether therapy is continuous or intermittent • Duration of VAC therapy • Vacuum pressure • Changing canister • Alarms 		
Describe the different types of foam and their uses.		
Observe the condition of the wound and periwound skin for changes and make wound measurements.		
Describe when to discontinue VAC therapy.		
Describe wound care if VAC therapy is interrupted or must be discontinued for longer than two hours.		
Describe possible solutions when troubleshooting slowed or absent progress in wound healing.		
State documentation to be included.		

Main Hospital Pediatric Pre-op and PACU

Developmental Pediatric Coping Skills Checklist #DAHS-NSCDPC14

References:		
1. Age specific skill through CPPN (Nursing Hospital Orientation)		
2. Children's Developmental Coping Skill Study Guide		
3. Hockenberry, M.J. (Ed.). (2005). Wong's Essentials of Pediatric Nursing (seventh edition). St. Louis:		
4. Maternal/Child Structure Standards: PICU Structure Standards; Pediatric Inpatient Structure Standards		
5. CPMRC Clinical Practice Guidelines (2009)		
a. Adjustment to Hospitalization/Illness/Injury/Treatment		
b. Coping, Compromised Individual		
6. Coping, Compromised Family		
Assesses the child's and family's coping and makes referrals as needed.		

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Developmental Pediatric Coping Skills Checklist #DAHS-NSCDPC14 (Continued)

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.		

Hugs System Training #DAHS-NCHHST08

Completed HUGS System Training Online Module #DAHS-NCHHST08		
Completed Online: Hugs Assessment #05964B		

Pediatric Critical Care Airway Management Skills Checklist #DAHS-NSCPCAM14

References:

1. PALS – Provider Manual American Heart Association, 2002, 2006p.38.
2. Care of the Critically Ill Child. Mary Fran Hazinski, p. 10, 290-291-587-592
3. PICU Intubation Checklist Version 2. Donal Grohosky, October 2010.
4. The STABLE Program. Kristine Karlson, 2006, p. 67. 5. TNCC 6th ed. ENA, 2007, p. 65,230-231.

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.		
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.		

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Pediatric Critical Care Fluid Resuscitation Skills Checklist #DAHS-NSCPCCFR14

References:		
1. American Heart Association for Cardiopulmonary Resuscitation and Emergency Cardiovascular, Part 12: Pediatric Advanced Life Support Circulation 2005; 112: IV-67- IV-187.		
2. Dellinger, RP, Levy, MM, Carlet, JM, Bion, J, Parker,MM, Jaeschke, R, Angus, DC, Brun-Buisson, C, Calandra, T, Dhainaut, JF, Gerlach, H, Harvy, M, Marin, JJ, Marshal, J, Ranieri, M, Ramsey, G, Servansky, J, Thompson, BT, Townsend, S., Vender, JS, Zimmerman, JL, Vincent, JL,. Surviving Sepsis International Guidelines for Management of Severe Sepsis and Shock: 2008. Intensive Care Medicine (Jan, 2008). 34(1).17-60		
3. Takayesa, JK & Lozner, AW. Pediatric Dehydration. Retrieved from www.eMedicine.com . Last Updated March 29, 2010.		
State indications for fluid resuscitation in Pediatric patients experiencing hypovolemia.		
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.		

Pediatric Critical Care Mechanical Ventilation Skills Checklist #DAHS-NSCPCCMV14

References:		
1. Servo-i Ventilator Manual V3.2		
2. Mosby's PDQ for Respiratory Care, 2010		
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 extubation.		

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Pediatric Critical Care Respiratory Assessment Skills Checklist #DAHS-NSCPCCRA14

References:

1. American Heart Association, 2010 – Pediatric Advanced Life Support
2. Arterial Blood Gas Module
3. Curley, Maloney-Harmon – Critical Care Nursing of Infants and Children, 2001, 2nd Ed.
4. MF Hazinski, Manual of Pediatric Critical Care, 1999

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 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.		

Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention Skills Checklist #DAHS-NSCPHMESSIP14

References:

1. Fact sheets from Safe Kids Coalition with annual reports of childhood injury. (<http://www.safekids.org/>)
2. AAP policy statements
3. Pediatric Inpatient Structure Standards
4. Community Car Seat Safety Class
5. Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention Study Guide
6. Maintain current UCDH CPR certification (biannual)
7. Review of safety and car seat videos
8. "HUGS System Training", Policy3302: HUGS Infant/Child Security Program with attachment, HUGS Procedure

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.		

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Pediatric Holds for Injection and Procedures Skills Checklist #DAHS-NSCPHIP14

References:

INFANT

Correctly identifies appropriate location for injection.

Provides proper instructions for parent / co-worker to hold infant.

TODDLER / PRE-SCHOOLER

Correctly identifies appropriate location for injection.

Provides proper instructions for parent / co-worker to hold child.

Assures the knee is flexed on affected leg.

Identifies appropriate distraction technique.

SCHOOL AGE

Correctly identifies appropriate location for injection.

Provides proper instructions for parent / co-worker to hold child.

Assures elbow is flexed on affected arm.

Identifies appropriate participatory techniques.

Identifies appropriate incentive techniques.

Pediatric IV and Fluid Management Skills Checklist #DAHS-NSCPIVFM14

References:

1. Pediatric IV and Fluid Management studyguide.
2. Pediatric Inpatient Structure Standards
3. Module: Neonatal and Pediatric IV Therapy.
4. Pediatric Advanced Life Support course
5. CPMRC Clinical Practice Guidelines (2009): Fluid Volume Deficit, Fluid Volume Excess

Implement developmentally appropriate procedural preparation, IV site cannulation, and fluid administration to children.

- General pediatrics
- Infant
- Toddler
- Preschool
- School-age
- Adolescent

Evaluate fluid needs, recognize fluid disturbances, and be able to initiate fluid resuscitation.

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Pediatric Nutritional Assessment and Support Skills Checklist #DAHS-NSCPNA14

References:

1. Breastfeeding and Human Milk” (2005). AAP Policy Statement. (Pediatrics 115: 496-506).
2. UC Davis Health Policy [4061](#): Aspiration (Oral and Enteral) Precautions
3. UC Davis Health Policy [8018](#): Neonatal and Pediatric Patient Receiving Enteral Tube Feeding
4. UC Davis Health Policy [16024](#): Breastmilk Collection, Thawing, Storage, and Delivery
5. Booklets (UC Davis Nutritional Education series. 1997. Pitcher,J. & Crandall,M.):
6. Feeding Assessment Skills, Normal Infant Assessment, Supporting Oral Intake, Oral Hypersensitivity, Nasogastric Feedings

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.		