

Stroke Program Coordinator 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
Adult Respiratory Assessment Skills Checklist #DAHS-NSCARA14			
Alteplase Administration and Monitoring for Acute Ischemic Strokes Skills Checklist #DAHS-NSCAAMAS14			
Arterial Pressure Monitoring Skills Checklist #DAHS-NSCAPM14			
Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT15			
Basic Stroke Recognition and Treatment for all Nursing Staff Online Module Only #DAHS-NGNBSRT13			
Cardiac Pain Assessment & Management Skills Checklist #DAHS-NSCCPAM14			
Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System, Adult and Peds Skills Checklist #DAHS-NSCCPVCNSMDSAP14			
Capnography: A Standard of Care for Procedural Sedation monitoring Online Module #DAHS-NADCSCPSM-HLC			
Cervical Collar Skills Checklist #DAHS-NSCCC14			
Discharge Online Module Only #DAHS-NGNDSC-ECS			
Endotracheal Intubation and 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			
Hemodynamic Monitoring Skills Checklist #DAHS-NSCHDM14			
Lumbar Puncture and/or Drain Skills Checklist #DAHS-NSCLPD14			

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Mechanical Ventilation: Volume and Pressure Modes Online Module Only #DAHS-NAD48-ECS			
Nurse Swallow Screen in Patients with Stroke Skills # DAHS-NSCNSSPS15: Performs per policy 15017 Dysphagia (Swallow) Screen for Adult Patients with Stroke and completion of online module #DAHS-NGNNSS17			
Neuromuscular Blocking Agents (NMBA) Skills Checklist #DAHS-NSCNBA14			
Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCOLE14			
Children's Hospital Pediatric Critical Care Airway Management Skills Checklist #DAHS-NSCCHPCCAM14			
Children's Hospital Pediatric Critical Care Respiratory Assessment Skills Checklist #DAHS-NSCCHPCCRA14			
Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14			
Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist #DAHS-NSCTCCPPDS14			
Vasoactive Cardiac Medications, Parenteral Administration Skills Checklist #DAHS-NSCVCPA14			

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Adult Respiratory Assessment Skills Checklist #DAHS-NSCARA14

<u>References:</u>		
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- NSCAAMAS14

<u>References:</u>		
1. UC Davis Health Policy 15019 : 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 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.		

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Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT15

References:		
<ol style="list-style-type: none"> 1. Cardiovascular Nursing Practice, Jacobson, C. et. al., CNEA, 2007. 2. Elsevier Skills for review: Cardiac Monitor Setup and Lead Placement <ul style="list-style-type: none"> • 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.		

Basic Stroke Recognition and Treatment for all Nursing Staff Online Module Only #DAHS-NGNBSRT13

Completed Basic Stroke Recognition and Treatment for all Nursing Staff Online Module #DAHS-NGNBSRT13 - <i>Passing score of 85% on test</i>		
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Cardiac Pain Assessment & Management Skills Checklist #DAHS-NSCCPAM14

References:		
<ol style="list-style-type: none"> 1. Advanced Cardiac Life Support (ACLS) Provider Manuel, 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.		
Diagnostics and Interventions: <ol style="list-style-type: none"> a) Place patient on cardiac, pulse oximetry and automatic BP monitor. b) Obtain/review 12-lead ECG during chest pain episode. c) Assess for signs of hypoxemia; administer oxygen therapy as indicated. d) Establish IV and draw and review cardiac labs. 		
Administer medications as MD ordered: Nitroglycerin sublingual or spray; IV Nitroglycerin infusion; Morphine Sulfate IV, ASA, and beta-blockers, if stable. State the rationale of the above treatment and the patient monitoring requirements.		

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

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.		

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

References:

- Kochanek, P.M. and others. (2012). Guidelines for the acute medical management of severe traumatic brain injury in infants, children, and adolescents—second edition. Pediatric Critical Care Medicine, 13(Suppl. 1), S1-S82.)
- Thompson, H.J. (Ed). (2011). Care of the patient undergoing intracranial pressure monitoring/external ventricular drainage or lumbar drainage. AANN Clinical Practice Guideline Series.

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.		
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.		

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

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

Discharge Online Module Only #DAHS-NGNDSC-ECS

Completed Discharge Online Module #DAHS-NGNDSC-ECS		
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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 breath 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 • End-Tidal Carbon Dioxide Measurement: Continuous Monitoring 		
Elsevier Skills for reference only		
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.		

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		
State contraindications of placing an epidural		

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

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

DOCUMENTATION

List specific monitoring/documentation requirements for:

– Insertion of catheter or after boluses or infusion rate change

– Epidurals with opioids

– Local anesthetics

– Pediatrics

– Prior to first ambulation

Describe procedure for wasting unused opioid.

Demonstrate documentation of epidural infusion in EMR.

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.

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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		

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

References:		
State the different types of drainage management protocols.		
Identify the clinical indications for a lumbar puncture or a lumbar drain.		
Assemble the necessary equipment for insertion.		
Position the patient in the lateral knee-chest position with the neck flexed toward the chest or in a sitting position curled over a bedside table or pillow roll.		
Drain CSF as ordered by physician.		
Demonstrate how to collect cerebral spinal fluid (CSF) specimens and change lumbar drainage bag.		
State how to manage a break in the system or catheter, loss of waveform or decreased CSF drainage, and excessive CSF drainage.		
State possible complications of a lumbar drain.		
Document neurological assessment, amount, color, clarity of CSF drainage, level of drainage and condition of site/dressing.		

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

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.		

Mechanical Ventilation: Volume and Pressure Modes Online Module Only #DAHS-NAD48-ECS

Completed Mechanical Ventilation: Volume and Pressure Modes Online Module # DAHS-NAD48-ECS		
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Neuromuscular Blocking Agents (NMBA) Skills Checklist #DAHS-NSCNBA14

References:

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

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.		

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 Respiratory Assessment Skills Checklist #DAHS-NSCCHPCCRA14

References:		
1. American Heart Association, 2017 – Pediatric Advanced Life Support		
2. PLS: Basic Principles of Oxygen Therapy, Specialty Gases and Noninvasive Ventilation		
3. 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.		

Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14

References		
1. UC Davis Health Policy 13035 : Administration of Medications for Rapid Sequence Intubation in Adults		
2. UC Davis Health Policy 17020 : Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant)		
3. Textbook of Advanced Cardiac Life Support, 2006		
4. Wells and Murphy, Manual of Emergency Airway Management, 2004		
5. Textbook of Advanced Cardiac Life Support, 2006		
Demonstrate ability to regulate oxygen flow via thumbscrew controller of O ₂ flow meter; identify types of patients likely in need of O ₂ administration.		

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Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14 (Continued)

Describe use of and demonstrates proficiency in use of O2 equipment.		
Demonstrate setup for endotracheal intubation including equipment and drugs commonly used and state indication for ET intubation. (See UC Davis Health Policy 13035)		
Identify basic concepts of what alarms indicate and rationale for <u>never</u> turning alarms off.		
Describe or demonstrate preparation of a patient for emergent cricothyrotomy or tracheostomy; locates essential equipment;		
Successfully demonstrate ET tube, tracheal and nasal/oral suctioning of airways using correct equipment and technique.		
Describe or demonstrate preparation of patient for a thoracentesis including obtaining necessary equipment; state indications for procedure and function.		
Document all respiratory treatments, medications, related procedures, assessments, interventions, and the effects of each. Re-assess patient's status PRN as indicated by the patient's condition. Obtain MD order for paralytics and sedatives in order to maintain control of patient, patient's airway, and patient's comfort.		
Demonstrate use of pulse oximetry for monitoring patient.		

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

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.		

Vasoactive Cardiac Medications, Parenteral Administration Skills Checklist #DAHS-NSCVCPA14

References:		
1. 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.		