

UNIVERSITY BIRTHING CENTER & WOMENS PAVILION SKILLS PACKET

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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
Blood Draws Skills Check #DAHS-NSCBD14			
Car Seat Challenge Test Skills Check #DAHS-NSCCSCT14			
Cardiac Pain Assessment & Management Skills Check #DAHS-NSCCPAM14			
Care of the Obstetric Patient with Epidural Analgesia Skills Checklist #DAHS-NSCCPVCNSMDSAP14			
Cervical Collar Skills Check #DAHS-NSCCC14			
Chest Tube Skills #DAHS-NSCCT13: Performs per policy 17002 Chest Tube Management			
Epidural Catheter Care and Maintenance Skills Check #DAHS-NSCECCM14			
Hugs System Training Online Module #DAHS-NCHHST08			
Intravenous Heparin Infusion Skills Check #DAHS-NSCIVHI14			
Lumbar Puncture and/or Drain Skills Check #DAHS-NSCLPD14			
MDI with Spacer Skills Check #DAHS-NSCMDIS14			
Neonatal Hearing Screen Program at UCDH Skills Check #DAHS-NSCNHSPAU14			
Neonatal Pain Assessment Skills Check #DAHS-NSCNPS14			
Newborn Car Seat Safety Skills Checklist #DAHS-NSCNCSS12			
Newborn IV Therapy and Blood Withdraw Stick Sheet #DAHS-NSCNIVTRNSS07			
Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCOLE14			

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Precipitous Delivery Skills Checklist #DAHS-NSCPD14			
Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14			
Telephone Triage Registered Nurse Skills Checklist #DAHS-NSCTELTTRN17			
Wound VAC Therapy Skills Check #DAHS-NSCWVT14			

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SIGNATURE PAGE:

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

Initial:	Print Name:	Signature:

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UC Davis Health Policies and Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

Printed Name	Signature
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Blood Draws Skills Check #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. UC Davis Health 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.		

Car Seat Challenge Skills Checklist #DAHS-NSCCSCT14

References:

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

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

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Cardiac Pain Assessment & Management Skills Check #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.		
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.		

Care of the Obstetric Patient with Epidural Analgesia Skills Checklist #DAHS-NSCCPVCNSMDSAP14

References:

List the people to be notified when a patient requests a labor epidural.		
State the equipment necessary for the placement and maintenance of a labor epidural.		
List the type of patients who would be candidates for epidural anesthesia/analgesia.		
List the interventions necessary prior to the infusion of epidural agents.		
List the interventions necessary during insertion of epidural catheter.		
List the interventions necessary following the insertion of an epidural catheter and infusion of the agents.		
List two potential complications following the placement of an epidural.		
Correctly document all interventions necessary during and following insertion of an epidural.		

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Cervical Collar Skills Check #DAHS-NSCCC14

References:

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.		

Epidural Catheter Care and Maintenance Skills Check #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.		
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.		
Describe purpose of sedation score.		
State when sensory level and motor block assessments are required and demonstrate how to do them.		
Explain why hypotension is a risk following local anesthetic administration via the catheter.		
Place "Caution: Epidural in Place" signs appropriately.		
Describe assessment of catheter site the dressing and related interventions		

CATHETER REMOVAL

Explain the importance of verifying patient is not anticoagulated prior to catheter removal.		
Describe procedure for removal of catheter.		

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

DOCUMENTATION

List specific monitoring/documentation requirements for: <ul style="list-style-type: none"> • Insertion of catheter • After boluses • 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.		

Hugs System Training Online Module #DAHS-NCHHST08

Completed Hugs System Training Online Module#DAHS-NCHHST08		
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Intravenous Heparin Infusion Skills Check #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.		
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.		
Complete heparin infusion worksheet.		

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Lumbar Puncture and/or Drain Skills Check #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.		
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.		

MDI with Spacer Skills Check #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.		

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

References:

1. Hearing Screener Manual/information sheets for the NATUS ALGO and the Biological ABAer/OAE Collection System.
2. California Children's Services Manual of Procedures - dated January 2002.
3. American Academy of Pediatrics Policy Statement on Newborn and Infant Hearing Loss: Detection and Intervention - dated February 1999.
4. Standards of the California Department of Health Services statewide comprehensive Newborn Hearing Screening Program.

List rationale for performing a hearing screen on all newborns.		
Assess the infant and environment for appropriateness for screening.		
State what form must be signed before a hearing screen is performed.		
Demonstrate the ability to verify date and time on the Natus Algo (for SCN nurses only).		
Demonstrate the ability to perform an OAE screen (for newborn nurses only).		
Demonstrate the ability to perform an ABR screen.		
Demonstrate how to print out results.		
Demonstrate how to retrieve hearing screen results from the screener.		
State what to do when PASS results are obtained.		
State what to do when REFER results are obtained after first inpatient screen.		
State what to do when REFER results are obtained after second inpatient screen in		
State what to do when REFER results are obtained after second inpatient screen in SCN.		
State what to do when parents decline hearing screen.		
State what to do if infant is transferred to another hospital before hearing screen is done.		
State what to do if you discover a missed screen on a discharged infant.		
State significance of REFER results and potential causes of those results.		
State significance of PASS results.		
Identify parental information needs.		

Neonatal Pain Assessment Skills Check #DAHS-NSCNPS14

References:

1. Lawrence J Alcock D et al. The development of a tool to assess neonatal pain. Neonatal Network. 1993; 12 (6 September): 59-66.

Identifies timing of pain assessment.		
Identifies indications and timing for pain re-assessment.		

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Neonatal Pain Assessment Skills Check #DAHS-NSCNPS14 (Continued)

Codes facial expression.		
Codes cry.		
Codes breathing patterns.		
Codes arm characteristics.		
Codes leg characteristics.		
Codes state of arousal.		
Identifies level of pain as no pain, mild pain, moderate pain or severe pain.		
Documents pain score in EMR, including pharmacological and non-pharmacological interventions and response to interventions.		

Newborn Car Seat Safety Skills Checklist #DAHS-NSCNCSS12

References:

1. UC Davis Health Policy [4018](#): Child Passenger Safety
2. Elsevier Skills Module

Securing the Newborn		
Perform a Car Seat Challenge if ordered per UC Davis Health Policy 4018		
Securing the Car Seat		

Newborn IV Therapy and Blood Withdraw Sticksheet #DAHS-NSCNIVTRNSS07

The above named person is verified to start and administer intravenous fluids, and venipuncture for blood withdrawal at UC Davis Health System facilities under guidelines of the UCDH Policies Manual. **Starts and dressing techniques must be supervised by verified personnel.**

Completed Newborn IV Online Module #DAHS-NCHNIVTBW16 (only if required for nursing area) - Passing score of 85% on test		
Complete three (3) sticks observed by verified personnel		
Location:		
Location:		
Location:		

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.		
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Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCOLE14 (Continued)

Place patient supine and provide for patient privacy.		
Enter patient data prior to obtaining 12-lead ECG.		
Cleanse the skin areas to be used, if needed.		
Correctly place leads, ensure that there is no tension on the cable.		
Obtain 12-lead reading, trouble-shooting artifact.		
Recognize proper 12-lead tracings.		
Disconnect equipment and clean as necessary.		
Document all pertinent data, and notify appropriate staff of results		

Precipitous Delivery Skills Checklist #DAHS-NSCPD14

References:

1. UC Davis Health Policy [16001](#): Birth Outside of Labor and Delivery
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.		

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 O2 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.		

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

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.		

Telephone Triage Registered Nurse Skills Checklist #DAHS-NSCTELTRN17

DATA COLLECTION / INFORMATION GATHERING

Demonstrates systematic, logical data collection.		
Uses available resources (e.g. computer, interpreter, chart, shadow file, family member).		
Gathers comprehensive, pertinent data: s/s problem identification, and supplemental data (e.g. age, allergies, meds, pregnancy status, past medical history). Is able to navigate in EMR to find pertinent patient info.		
Involves caller in self-assessment process.		
Verifies subjective information by asking appropriate questions		
Uses open-ended questions at appropriate times.		
Uses facilitating behavior to encourage more information when appropriate.		
Uses direction to focus the caller.		
Clarifies information when unsure of what is said.		
Reviews significant symptoms, problems, as necessary.		
Determines emergency situations and acts accordingly.		
Demonstrates proper use of 911.		
Able to staff message in EMR.		

DATA ANALYSIS

Categorizes problems correctly.		
Selects appropriate protocol.		
Demonstrates use of on-line protocols.		

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Telephone Triage Registered Nurse Skills Checklist #DAHS-NSCTELTRN17 (Continued)

Uses all available data in analysis of problem.		
Demonstrates use of nursing/medical diagnoses.		
Demonstrates decision making/problem solving.		
Follows protocol.		
Involves caller in interventions.		
Offers alternative interventions if appropriate.		
Books appointments appropriately or transfers calls to appropriate person or department.		
Refers to appropriate person as needed (e.g., MD, social worker, pharmacist)		
Routes calls to providers through EMR when necessary.		
Prioritizes calls appropriately.		

TEACHING

Adapts teaching techniques to telephone.		
Assesses understanding of teaching.		
Identifies plan to overcome barriers (e.g., uses interpreter).		
Teaches at appropriate learning level.		
Uses resources when teaching (e.g., Patient Ed Protocols, handouts, triage protocols).		
Provides callers with other resources as appropriate (Health Call, national organizations).		

DOCUMENTATION

Documents clinic/ service specific elements in EMR.		
Begins documentation as soon as call begins.		
Documents throughout call.		
Documentation is clear, accurate and complete.		
Appropriate forms are used for documentation.		
Uses chart co-sign function in EMR.		
Documents teaching and any barriers to learning.		

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Telephone Triage Registered Nurse Skills Checklist #DAHS-NSCTELTTRN17 (Continued)

COMMUNICATION / INTERVIEWING SKILLS AND QUALITY OF SERVICE

Speaks slowly, acts professionally at all times (even when stressed).		
Uses medical terminology appropriately / uses layman's terms when necessary.		
Paces the interview so the caller can sufficiently disclose necessary information in a timely manner.		
Demonstrates empathy, is non-judgmental.		
Exhibits assertive, not aggressive behavior.		
Greets caller appropriately.		
Asks caller if he/she minds being placed on hold or transferred and waits for answer.		
Checks to see if it is an emergency before asking permission to be placed on hold.		
Ends conversation appropriately.		
Adheres to Ambulatory Customer Service Principles, at all times.		
Projects warmth, interest and competence.		
Realistically assures caller.		
Demonstrates empathy, is non-judgmental.		
Disagrees diplomatically and with tact.		
Respects caller's opinion.		

PERFORMANCE IMPROVEMENT

Aware of ambulatory care standards.		
Follows up appropriately on critical calls.		
Recommends appropriate disposition.		
Documents signed by MD in timely manner.		
Appropriately prioritizes calls, walk-ins, admissions, messages, etc.		
Reviews ACD data as it is made available.		
Utilizes breaks appropriately (work vs. personal).		

INDEPENDENT FUNCTION

Able to make independent, appropriate decisions without preceptor.		
Refers to appropriate person(s) when appropriate (e.g., MD, referral coordinator).		

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Telephone Triage Registered Nurse Skills Checklist #DAHS-NSCTELTRN17 (Continued)

Demonstrates knowledge of internal and external resources.		
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COMPUTER SKILLS

Demonstrates knowledge of Scheduling appointments-GNAT, RNAT, Rescheduling appointments and Canceling appointments, if applicable.		
Able to display schedules and print schedules, if applicable.		
Able to access patient results.		

TELEPHONE SKILLS

Knowledge of telephone: ACD, My lines (login/off, break, trouble line, call waiting light, voice mail light, speed dial, frequent #s, etc., as applicable.		
Demonstrates procedure for transferring calls.		
Demonstrates procedure for making conference calls.		
Demonstrates procedure for contacting Interpreter Services.		
Demonstrates ability to access Voicemail.		
Demonstrates ability to use paging system		

MISCELLANEOUS SKILLS (Clinic-Specific)

Manages medication problems and refills.		
Liaison to Home Health/Hospice and other community agencies.		

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Wound VAC (Vacuum Assisted Closure) Therapy Skills Check #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.		