

Nurse Swallow Screen in Patients with Stroke Skills Checklist #DAHS-NSCNSSPS15

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Name:	Employee ID#:
Unit:	Title:
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.	

References: Policy 15017: Dysphagia (Swallow) Screen for Patients with Stroke		
	Date Completed	Verifier Initials
Performs per Policy 15017		

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

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UC Davis Health Policies/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	Date
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