

LVN IV Skills # DAHS-NGNLVNIV10-2

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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.	

Prerequisite Learning	Date Completed	Verifier Initials
References: UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric)		
Reviews associated policy		
Completes online test # DAHS-NGNLVNIV: LVN IV Module, passing score of at least 80%		

Perform/Complete	Date Completed	Verifier Initials
Successfully places three (3) intravenous catheters, observed by verified personnel		
Location:		
Location:		
Location:		

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