

**Ambulatory LVN Skills**

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Adult Respiratory Assessment (Ambulatory)	DAHS-NSCAMBARA		
Anterior Nares Specimen Collection	DAHS-NSCANSC		
Applying a Compression Wrap/Unna Boot (Ambulatory): Performs per <a href="#">UC Davis Health Policy 4102, Lower Extremity Compression Wraps</a>	DAHS-NSCAMBACWUB		
Blood Draws Skills Checklist	DAHS-NSCBD14		
Blood Pressure (Ambulatory)	DAHS-NSCAMBPB		
Bronchoscope Culturing (Ambulatory): Performs per <a href="#">Clinical Policy 11001, Culturing of Endoscopic Instruments</a>	DAHS-NSCAMBBC		
Cervical Loop Electrocautery Excisional Procedure (LEEP), assisting with (Ambulatory): Performs per <a href="#">UC Davis Health Obstetrics &amp; Gynecology Policies/Clinic Policies &amp; Procedures: Assisting with Cervical Loop Electrocautery Excisional Procedure (LEEP)</a>	DAHS-NSCAMBCLEEP		
<b>Collaboration &amp; Communication Core Skill</b>	DAHS-NCCCAC12		
Incident Report Skills Checklist	DAHS-NSCIR15		
Nurse Patient Relationship Skills Checklist	DAHS-NSCNPR15		
Nursing Report Skills Checklist	DAHS-NSCNR15		
SBAR Communication Skills Checklist	DAHS-NSCSBARC15		
Colposcopy, assisting with (Ambulatory)	DAHS-NSCAMBCAW		
Covid Anterior Nares Antigen Testing Skills Checklist	DAHS-NSCCANAT		
Crutch Fitting and Crutch Walking (Ambulatory): Performs per <a href="#">Elsevier Clinical Skills: Assistive Device Training: Crutches (Rehabilitation Therapy)</a>	DAHS-NSCAMBCFCW		
<b>Cultural Sensitivity/Patient-Centered Care Core Skill</b>	DAHS-NCCCSPCC12		
Cystourethroscopy, assisting with (Ambulatory)	DAHS-NSCAMBCTAW		
Cystoscope Culturing (Ambulatory): Performs per <a href="#">Clinical Policy 11001, Culturing of Endoscopic Instruments</a>	DAHS-NSCAMBCC		

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Fall Prevention: Completes e-module: "Fall Prevention Program for MAs and LVNs" DAHS-NGNFPPMA10 and performs per <a href="#">Clinical Policy 4005 Patient at Risk for Falling</a> (Ambulatory section)	DAHS-NSCFPFRN		
GI Endoscope Culturing with Internal Channels (Ambulatory): Performs per <a href="#">Clinical Policy 11001: Culturing of Endoscopic Instruments</a>	DAHS-NSCAMBGIECIC		
Holter Monitor (Ambulatory)	DAHS-NSCAMBHMA		
<b>Infection Prevention Core Skill</b>	DAHS-NCCIP12		
Blood Culture Collection Adult Skills Checklist	DAHS-NSCBCCA15		
Hand Hygiene Skills Checklist: Performs per <a href="#">UC Davis Health Policy 11023: Hand Hygiene</a>	DAHS-NSCHH15		
Isolation Precautions Skills Checklist: Performs per <a href="#">Clinical Policy 11025: Standard and Transmission Based Precautions for Infection Prevention</a>	DAHS-NSCIP15		
Urethral Catheter Insertion: Performs per <a href="#">UC Davis Health Policy 9010: Urethral Catheter Insertion, Maintenance, and Removal</a>	DAHS-NGNUCI		
Injections: Intramuscular (IM), Subcutaneous (SQ), Z-Track Method (Ambulatory): and checklist for credit	DAHS-NSCAMBIIMSZ		
Intradermal Skin Test Placement (Ambulatory)	DAHS-NSCAMBISTP		
Intrauterine device (IUD) Insertion, assisting with (Ambulatory)	DAHS-NSCAMBIUDIAW		
Irrigating the Ear Canal (Ambulatory): Performs per <a href="#">Clinical Policy 4093: Irrigating the External Auditory Canal</a> and <a href="#">Elsevier Clinical Skills: Ear Irrigations - CE</a>	DAHS-NSCAMBIEC		
Liquid Nitrogen Safety	DAHS-NSCLNS		
<b>Medication Safety Core Skill</b>	DAHS-NCCMS12		
BD Alaris IV Infusion System Skills Checklist	DAHS-NSCBD18-ALARIS		
MDI with Spacer Skills Checklist	DAHS-NSCMDIS14		
Methotrexate Administration IM for Non-Cancer Patients	DAHS-NSCMAIMNCP14		

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Minor procedures, assisting with (Ambulatory)	DAHS-NSCAMBMPAW		
Monkeypox Specimen Collection	DAHS-NSCMPSC22		
Nasopharyngeal Swabbing Skills Checklist	DAHS-NSCNS		
Nebulizer, Pulmo-Aide and O2 Tank Method for Medication (Ambulatory)	DAHS-NSCAMPNP02TMM		
Obtaining a 12-Lead ECG Skills Checklist	DAHS-NSCOLE14		
Orthostatic Vital Signs (Ambulatory): Performs per <a href="#">Elsevier Clinical Skills: Assessment: Orthostatic Vital Signs - CE</a>	DAHS-NSCAMBOVS		
Peak Flow Meter (Ambulatory)	DAHS-NSCAMPFM		
<b>Patient Rescue Core Skill</b>	DAHS-NCCPR12		
Code Management (Ambulatory): Performs per <a href="#">Clinical Policy 6006 Responding to Medical Emergency Situations (Including Code Blue)</a> and <a href="#">Elsevier Clinical Skills: Code Management</a>	DAHS-NSCAMBCM		
Nasal Cannula or Oxygen Mask Application Skills Checklist	DAHS-NSCNCOMA15		
Oxygen Therapy and Oxygen Delivery Principles Skills Checklist	DAHS-NSCOTODP15		
<b>Patient Safety Core Skill</b>	DAHS-NCCPS12		
Falls Prevention Program for MAs and LVNs	DAHS-NGNFPPMA10		
Pediatric Comfort Restraint (Ambulatory)	DAHS-NSCAMPBPCR		
Seizure Precautions (Ambulatory)	DAHS-NSCAMPBSP		
Suicide Risk Skills Checklist: Performs per UC Davis Health Policy <a href="#">4016 Identification and Management of Patients at Risk for Suicide</a>	DAHS-NSCSRA-17		

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Steam Sterilization (Ambulatory): Performs per clinic autoclave operating manual and <a href="#">UC Davis Health Policy 1253, Steam Sterilization in Ambulatory Clinics.</a>	DAHS-NSCAMBSS		
Transcutaneous Bilirubin Readings (Ambulatory): Performs per <a href="#">Elsevier Clinical Skill Bilirubin Meter: Transcutaneous Monitoring (Maternal-Newborn) - CE</a>	DAHS-NSCAMBTBR		
Transnasal Endoscope Culturing (Ambulatory): Performs per <a href="#">Clinical Policy 11001 Culturing of Endoscopic Instruments</a>	DAHS-NSCAMBTEC		
Urethral Catheterization (Ambulatory): Performs per <a href="#">Clinical Policy 9010: Urethral Catheter Insertion, Maintenance, and Removal</a>	DAHS-NSCAMBUC		
Urodynamics, assisting with (Ambulatory)	DAHS-NSCAMBUAW		
Visual Acuity (Ambulatory)	DAHS-NSCAMBVA		
Wound VAC (Vacuum Assisted Closure) Therapy Skills Checklist: Performs per <a href="#">UC Davis Health Policy 12014 Application of Negative Pressure Wound Therapy</a>	DAHS-NSCWVT14		
Zoll AED Plus (Automated External Defibrillator)	DAHS-NSCZAEDP		

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<b>SIGNATURE PAGE:</b>		
<b>Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:</b>		
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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<b>Adult Respiratory Assessment Skills Checklist DAHS-NSCAMBARA</b>		
Completion of online module "Assessment: Respirations" DAHS-NGN353-ECS		
Note if patient has an oxygen delivery system and what type of system it is.		
Make general observation of patient's overall mentation and appearance.		
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, and consistency of secretions.		
Observe the position of the trachea.		
Auscultate in an orderly manner, starting with the anterior chest and moving to the posterior chest, all lung fields. Describe lung sounds appropriately.		
Palpate the 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 a higher level of care.		
Have available in the room, or know how to locate and use, necessary emergency respiratory equipment.		
Document all pertinent information in the appropriate locations.		

<b>Anterior Nares Specimen Collection Skills Checklist DAHS-NSCANSC</b>		
<b>References:</b>		
<ol style="list-style-type: none"> <li><a href="#">Standardized Procedure 501: COVID-19 Testing of Employees and Ambulatory Patients with a Standing Order</a></li> <li><a href="#">Centers for Disease Control and Prevention Training Document: How to Collect an Anterior Nasal Swab Specimen for COVID-19 Testing</a></li> <li><a href="#">UC Davis Health Policy 11023: Hand Hygiene</a></li> <li><a href="#">UC Davis Health Policy 11025: Standard and Transmission Based Precautions</a></li> <li><a href="#">UC Davis Health Policy 18004: Specimen Labeling for Laboratory Processing</a></li> <li><a href="#">UC Davis Health Policy 2111: Disinfection in Patient Care Areas</a></li> </ol>		
Perform hand hygiene, don PPE, identify patient using two patient identifiers, explain procedure to patient		
Assist patient into a neutral relaxed position		
Insert entire swab tip into the nostril—approximately ½ to ¾ inch (1-1.5 centimeters)		
Rotate swab firmly against nasal wall in a circular path at least 4 times, taking about 15 seconds. Collect any drainage that may be present		
Use the same swab to repeat the process in the other nostril		

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**Anterior Nares Specimen Collection, DAHS-NSCANSC, continued**

Place swab, tip first, into the transport tube provided.

Label specimen, place in biohazard bag on ice, and send to lab

Doff PPE as needed, perform hand hygiene, and disinfect patient area

**Blood Draws Skills Checklist #DAHS-NSCBD14**

**References:**

1. [UC Davis Health Policy 13001: Vascular Access Policy \(Adult/Pediatric\)](#)
2. [UC Davis Health Policy 13029: Venipuncture Verification and Blood](#)
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.

**Blood Pressure Skills Checklist DAHS-NSCAMPB**

**References:**

[Elsevier Clinical Skills Blood Pressure: Upper Extremity](#) or [Elsevier Clinical Skills Blood Pressure: Lower Extremity](#)

Completion of online module "Blood Pressure: Upper Extremity" DAHS-NGN677-ECS

Performs initial blood pressure at the end of the rooming process, and is able to verbalize why this is important

Performs per [Elsevier Clinical Skills Blood Pressure: Upper Extremity](#) or [Elsevier Clinical Skills Blood Pressure: Lower Extremity](#)

If initial BP is 140/90 or greater if needed, repeats after 5 minutes of quiet waiting time. Informs provider if second reading is 140/90 or greater. Documents additional BP readings in proper place in EMR

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**Colposcopy, assisting with Skills Checklist DAHS-NSCAMBCAW**

**References:**

1. [Clinical Policy 18004, Specimen Labeling for Laboratory Processing](#)
2. [Elsevier Clinical Skill: Sterile Field Preparation.](#)
3. [Clinical Policy 4019, Universal Protocol](#)
4. [Clinical Policy 11025 Standard and Transmission Based Precautions for Infection Prevention](#)
5. [UC Davis Health Policy 2111, Disinfection in Patient Care Areas](#)
6. [Handling of Reusable Instruments-Outpatient](#)
7. [UC Davis Health Policy 2005: Medical Waste Management](#)

Obtains patient's vital signs, last menstrual period, and allergies		
Positions patient in the lithotomy position. Show patient colposcope; explain that it will not be inserted into the vagina.		
Observes <a href="#">Clinical Policy 11025 Standard and Transmission Based Precautions for Infection Prevention</a>		
Opens sterile pack and appropriately uses sterile technique as needed, per <a href="#">Elsevier Clinical Skill: Sterile Field Preparation.</a>		
Performs procedural pause per <a href="#">Clinical Policy 4019 Universal Protocol</a>		
Assists provider with exam		
Label any specimens collected per <a href="#">Clinical Policy 18004, Specimen Labeling for Laboratory Processing</a>		
Performs post procedure vital signs and pain assessment.		
Provides patient with feminine napkin at procedure end as needed		
Provides patient with discharge instructions. Inform the patient they may have slight vaginal bleeding if specimens were taken. Suggest wearing a sanitary pad until the bleeding subsides. Provide emotional support and allow patient to voice any concerns related to procedure or findings.		
Disinfects room and exam table per <a href="#">UC Davis Health Policy 2111, Disinfection in Patient Care Areas</a>		
Prepares soiled instruments for processing per <a href="#">Handling of Reusable Instruments-Outpatient</a>		
Appropriately disposes of sharps as applicable per <a href="#">UC Davis Health Policy 2005: Medical Waste Management</a>		
Documents in EMR.		

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<b>Collaboration &amp; Communication Core Skill #DAHS-NCCCAC12</b>	
Expected Outcome: The nurse will function effectively within nursing role and interprofessional teams.	
Demonstrates consistent performance in precepted experience of professional collaboration and communication.	
<b>Incident Report Skills Checklist #DAHS-NSCIR15</b>	
<b>References:</b>	
1. <a href="#">UC Davis Health Policy 1466: Incident Reports</a>	
Completes all sections of the incident report form.	
If incident involved an injury, takes steps to restore individual's safety such as stabilizing patient's position after a fall and assessing for further injuries.	
Notifies appropriate personnel for patient, staff or visitor injury.	
Documents appropriately in patient record for injury/incident.	
<b>Nurse Patient Relationship Skills Checklist #DAHS-NSCNPR15</b>	
Verifies correct patient using two identifiers	
Creates a climate of warmth and acceptance	
Uses appropriate nonverbal behaviors (e.g., good eye contact, open relaxed position, sitting eye level with patient)	
Uses therapeutic communication skills such as restating, reflecting and paraphrasing to identify and clarify strategies for attainment of mutually agreed-upon goals.	
Uses effective communication skills to discuss discharge and termination issues and to guide discussion related to specific changes in patient's thoughts and behaviors.	
Summarizes and restates with patient what was discussed during interaction, including goal achievement	
<b>Nursing Report Skills Checklist #DAHS-NSCNR15</b>	
For each patient, includes background information, assessment data, nursing diagnoses, interventions, outcomes, and evaluation, family information, discharge plan, and current priorities.	
Asks the nurse from oncoming shift if they have any questions regarding information provided.	
<b>SBAR Communication Skills Checklist #DAHS-NSCSBARC15</b>	
Contacts the primary practitioner directly responsible for making care decisions for the specific patient or the person receiving the patient communication hand-off.	
Initiates SBAR communication, introduced self, and provided the name of the patient to the recipient of the information. Included situation, background information, assessment findings and observations of current condition and insights offered recommendations to correct problem.	

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**Covid Anterior Nares Antigen Testing Skills Checklist #DAHS-NSCANSC**

**References:**

1. [Inpatient COVID Antigen Testing Update](#)

Don full PPE (N95, face shield, gown and gloves)		
Identify patient using name and DOB		
Mark label with your initials and the time of collection		
Open a sterile swab package		
Have patient tilt their head back to 70 degrees		
Insert the swab ½ to ¾ of an inch into the patient's naris. Rotate the swab, coming into contact with the mucus membranes for 15 seconds. Remove swab and repeat in opposite naris.		
Insert the swab inside the vial of medium and swirl 5 times while pressing the swab tip against the vial wall.		
Let the swab sit in the solution for 1 minute.		
Roll the swab 5 more times while pressing the swab tip against the vial wall.		
Remove and discard the swab; securely re-cap the vial tube. Ensure vial is correctly labeled before sending to the lab		
Remove PPE and perform hand hygiene		

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**Cystourethroscopy, assisting with Skills Checklist DAHS-NSCAMBCTAW**

<b>References:</b>		
2. <a href="#">Clinical Policy 11028 High Level Disinfection of Endoscopic Instruments</a>		
3. <a href="#">Clinical Policy 4019, Universal Protocol</a>		
4. <a href="#">UC Davis Health Policy 2111, Disinfection in Patient Care Areas</a>		
5. <a href="#">Clinical Policy 11027, Cleaning Endoscopes Prior to Cold Sterilization/High Level Disinfection</a>		
Utilizes equipment user manual and follows operating instructions		
Disinfects cystoscope equipment per <a href="#">Clinical Policy 11028 High Level Disinfection of Endoscopic Instruments</a> . Documents date/time in disinfection log.		
Documents any new symptoms, allergies, etc. and the presence, if any, of artificial joints or mitral valve prolapse		
If using Cidex OPA for scope processing, screen patient for history of bladder cancer as this is a significant contraindication		
Document with use of cystoscopy dot phrase		
UROLOGY – Obtain clean catch urine sample if patient is symptomatic for urinary tract infection (UTI). GYN - Obtains clean catch urine specimen with and without symptoms of UTI or straight cath per provider		
As applicable, perform POC Urine Dipstick and advise provider of results		
UROLOGY - Sets up IV pole with 500ml sterile normal saline. GYN - Sets up IV pole with 1000ml sterile water		
Verifies equipment, light source, and paper (as applicable) are operating correctly.		
Prepares patient for procedure.		
Performs procedural pause per <a href="#">Clinical Policy 4019, Universal Protocol</a>		
Assists provider during cystourethroscopy.		
Provides patient instructions. Mild dysuria and transient hematuria should disappear within the first 48 hours after the procedure. The patient usually should be able to void normally after a routine cystoscopic examination, although some burning may be experienced.		
Provides post procedure medications as ordered by provider		
Cleans and reprocesses cystoscope equipment per <a href="#">Clinical Policy 11027, Cleaning Endoscopes Prior to Cold Sterilization/High Level Disinfection</a> and <a href="#">Clinical Policy 11028 High Level Disinfection of Endoscopic Instruments</a> .		
Documents date/time and disinfection log (if department uses Cidex).		
Documents patient MRN in disinfection log (if department uses Cidex).		
Disinfects room and exam table per <a href="#">UC Davis Health Policy 2111, Disinfection in Patient Care Areas</a>		

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**Holter Monitor Skills Checklist DAHS-NSCAMBHMA**

**References:**

- [Clinical Policy 11025, Standard and Transmission Precautions for Infection Prevention](#)

Pre-program monitor, pre-fill patient financial responsibility form and diary		
Set up monitor: Pre-program monitor for 24 hours, 48 hours, 7 days or 21 days as ordered with patient name, medical record number, DOB via recorder entry or computer program with HL7 interface using order number. Place new battery in monitor and attach wires. Attach electrodes to wires.		
Review patient financial responsibility form with patient; have patient sign.		
Review diary and instructions with patient. Explain importance of filling out diary		
Inform patient they can perform daily activities except for tub bathing, showering, or swimming		
Instruct patient to avoid swinging or bumping the monitor. The battery should not be removed under any circumstances.		
Observe <a href="#">Clinical Policy 11025, Standard and Transmission Based Precautions for Infection Prevention</a>		
Prep Skin: <ol style="list-style-type: none"> <li>Shave areas as needed</li> <li>Cleanse the area with a prep pad</li> <li>Gently abrade the skin with the abrasive pad</li> </ol>		
Attach the wire to the electrode before putting on the patient's chest. Place the electrodes in the anatomical locations, pressing on the outside of the electrode to make sure it is attached to the chest, not pushing the center of the electrode.		
Locate proper anatomical landmarks: White lead- right mid-clavicle of the sternum Red lead- left anterior axillary line 6th rib (v5) Black lead- left mid-clavicle of the sternum Brown lead- 1 inch right of the sternum 4th rib space (v5) Blue lead-center of manubrium Orange lead- left mid-clavicular line 6th rib (v4) Green lead-lower right margin over bone		
Tape the electrode cable wires on the electrodes with a stress loop allowing the wires to hang free		
Attach the monitor to the belt or shoulder/neck pouch		
Document Holter monitor placement in the patient's EMR.		
After the recording is completed, the patient returns the monitor with the diary.		
Remove the battery and disconnect the wires. Clean the wires and Holter monitor as directed by the manufacturer.		

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<b>Holter Monitor Skills Checklist, continued DAHS-NSCAMBHMA</b>	<b>Date</b>	<b>Verifier Initials</b>
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Demonstrate proper downloading of recording to the Heart Station.		
Document in the patient's EMR record the Holter monitor was returned and recording sent to Heart Station via download.		
Fax diary to Heart Station. Send diary hard copy and financial responsibility form to Heart Station in Heart Station interoffice bag.		

**Infection Prevention Core Skill #DAHS-NCCIP12**

Expected Outcome: The nurse will utilize current evidence and standards of care in prevention, recognition, and treatment of patient infection.

Demonstrates consistent performance in precepted experience of using infection prevention standards of care.

<b>Blood Culture Collection Adult Skills Checklist #DAHS-NSCBCCNP15</b>		
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**References:**

- [UC Davis Health Policy 13015: Drawing Blood Cultures](#)

Completed of the Blood Culture Collection <b>Online Module</b> (Adult Populations Only) # DAHS-NGNBCC19		
States the clinical importance of proper blood culture collection.		
Prepares supplies and work area.		
Identifies patient & explain the procedure to patient and/or caregiver.		
States the importance of choosing the right sites for culture: venipuncture or central line.		
Obtains specimen per <a href="#">UC Davis Health Policy 13015</a> . Demonstrates aseptic technique and use of appropriate safety devices.		
States the correct volume of blood to be drawn for culture, the amounts to be placed in each culture bottle, and the rationales for these volumes.		
States the reasons for collecting two sets of blood culture specimens.		
Demonstrates the EMR multi-step process for specimen collection & proper labeling of specimen bottles.		
Demonstrates the steps to send specimen to the lab.		

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<b>Injections: Intramuscular, Subcutaneous, and Z-Track Methods Skills Checklist DAHS-NSCAMBIIMSZ</b>		
<b>References:</b>		
<ol style="list-style-type: none"> <li><a href="#">Clinical Policy 4007: Intramuscular Medication Injection</a></li> <li><a href="#">Clinical Policy 4010: Subcutaneous Injection</a></li> <li><a href="#">Clinical Policy 11010: Medications/Solutions/Vaccines in Single and Multiple Dose Containers</a></li> <li><a href="#">Clinical Policy 4055: Medication Administration</a></li> <li><a href="#">Elsevier Clinical Skills: Injection Preparation from Ampules and Vials - CE</a></li> </ol>		
Completion of online module "Medication Administration: Intramuscular Injection" DAHS-NGNMAINTRAMI-ECS and "Medication Administration: Subcutaneous Injection" DAHS-NGNMASI-ECS		
Selects medication according to the Eight Rights of Medication Administration, <a href="#">Clinical Policy 4055: Medication Administration</a>		
Draws medication up into syringe per <a href="#">Clinical Policy 11010: Medications/Solutions/Vaccines in Single and Multiple Dose Containers</a> and <a href="#">Elsevier Clinical Skills: Injection Preparation from Ampules and Vials - CE</a>		
Performs IM injections per <a href="#">Clinical Policy 4007: Intramuscular Medication Injection</a> (Includes Z Track Method)		
Performs subcutaneous injections per <a href="#">Clinical Policy 4010: Subcutaneous Injection</a>		
<b>Intradermal Skin Test Placement and Reading Skills Checklist DAHS-NSCAMBISTP</b>		
<b>References:</b>		
<ol style="list-style-type: none"> <li><a href="#">Clinical Policy 4009: Tuberculosis Skin Test</a></li> <li><a href="#">Elsevier Clinical Skill: Medication Administration: Intradermal Injection and Allergy Skin Testing - CE</a></li> <li><a href="#">Standing Order for Administration of PPD Test by Licensed Nurses in UC Davis Health Clinics</a></li> </ol>		
Completion of online module "Medication Administration: Intradermal Injection and Allergy Skin Testing" DAHS-NGNMAINTRADI-ECS		
Completes Elsevier Skills Medication Administration: Intradermal Injection and Allergy Skin Testing Post-test with an 80% score or higher		
Places skin test per <a href="#">Clinical Policy 4009: Tuberculosis Skin Test</a> and <a href="#">Standing Order for Administration of PPD Test by Licensed Nurses in UC Davis Health Clinics</a>		
Reads a skin test: <ol style="list-style-type: none"> <li>Inspect and palpate site for induration</li> <li>Measure diameter of induration in millimeters transverse to the long axis of the forearm. (For mumps test, measure erythema)</li> <li>Document date, time, millimeters of induration (erythema for mumps)</li> <li>Document if test is positive or negative</li> <li>Communicate test result to ordering provider</li> </ol>		

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<b>IUD Insertion, assisting with Skills Checklist DAHS-NSCAMBIUDIAW</b>		
<b>References:</b>		
1. <a href="#">Clinical Policy 4019 Universal Protocol</a>		
2. <a href="#">UC Davis Health Policy 2111 Disinfection in Patient Care Areas</a>		
3. <a href="#">Handling of Reusable Instruments-Outpatient</a>		
4. <a href="#">UC Davis Health Policy 2005: Medical Waste Management</a>		
Obtains patient's vital signs, LMP, and allergies		
Confirms that authorization has been approved for specific IUD		
Performs <a href="#">POC pregnancy test</a> and records results in EMR.		
Properly positions patient (dorsal lithotomy).		
Performs surgical pause per <a href="#">Clinical Policy 4019 Universal Protocol</a>		
Appropriately uses sterile technique.		
Opens sterile pack and sterile IUD at appropriate time		
Assists provider with procedure as needed.		
Prepares for potential vasovagal response: Discontinue placement; Elevate patient's feet above the head (examination table to Trendelenburg position or simply hold patient's feet up). For prolonged bradycardia, oxygen and intramuscular atropine may be used. A vasovagal response may occur with a 10- or 15- minute delay; educate patients to sit down immediately if they become lightheaded after leaving the examination room.		
Provide patient with feminine napkin at end of procedure		
Performs post-procedure vital signs and pain assessment		
Reviews patient discharge instructions		
Disinfects room and exam table per <a href="#">UC Davis Health Policy 2111 Disinfection in Patient Care Areas</a>		
Prepares soiled instruments for processing per <a href="#">Handling of Reusable Instruments-Outpatient</a>		
Appropriately disposes of sharps as applicable per <a href="#">UC Davis Health Policy 2005: Medical Waste Management</a> .		
Documents appropriately in EMR including device lot number and expiration date.		

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**Liquid Nitrogen (LN2) Safety Skills Checklist #DAHS-NSCLNS**

**References:**

- [UC Davis Health Policy 1624: Safe Management of Cryogenic Liquids](#)
- [UC Davis Health Policy 1624, Attachment 1: Liquid Nitrogen Safety - Manual Filling of Dewars](#)

Inspects all PPE and cryogenic equipment prior to use		
Wears safety glasses and face shield		
Wears waterproof, loose-fitting, cryogenic gloves		
Wears cuffless pants and shoes made of nonabsorbent material		
Wears long-sleeved shirt and lab coat or cryogenic apron. If lab coat or cryogenic apron not worn, shirt is worn outside of the pants		
Verifies that Dewar is constructed to withstand cryogenic temperatures		
Verifies that Dewar is dry (water expands upon contact with LN2 and can crack the Dewar)		
Uses open Dewar flasks only in well-ventilated areas		
Prevents and stands clear of any LN2 boil off, vapors or splashes		
Uses tongs or tweezers to immerse or withdraw objects from LN2		
To prevent pressure-causing condensation obstruction, uses a cork with a groove cut into the side or a loose fitting plug		
Uses safe lifting techniques when handling loads		

**Medication Safety Core Skill #DAHS-NCCMS12**

Expected Outcome: Nurse will administer patient medications in a consistent safe manner		
Completed Pediatric Learning Solutions <b>Online Module:</b> Basic Medication Calculation		
Demonstrates consistent performance in precepted experience of safe medication practices.		

**Adult IV Verification Check Sheet**

**References:**

- [UC Davis Health Policy 13024: Peripheral Intravenous Line Care and Maintenance](#)

Complete three (3) sticks observed by verified clinician		
Complete RN Adult IV Online Module #DAHS-NADRNIV – Online module passing score of 85%		
<b>Location:</b>		
<b>Location:</b>		
<b>Location:</b>		

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<b>BD Alaris IV Infusion System Skills Checklist #DAHS-NSCBD18-ALARIS</b>		
<b>References:</b>		
1. UC Davis Health Policy <a href="#">13056: Parenteral Infusion Pump Use</a> 2. UC Davis Health Policy <a href="#">3063: Parenteral and Enteral Infusion Pump Care, Distribution and Maintenance</a>		
<b><u>Alaris™ Pump module</u></b>		
Completed assigned Alaris <b>Online Modules</b> in UC Learning.		
BD Alaris IV Infusion System policies and procedures reviewed.		
Demonstrate Pump Setup <ul style="list-style-type: none"> <li>- The patient’s heart level should be in line with [CHANNEL SELECT] key.</li> <li>- Closes the administration set roller clamp when the safety clamp is open, to prevent free flow.</li> <li>- Does not use needles or blunt cannulas to access a SmartSite™ Needle-Free Valve.</li> </ul> <ul style="list-style-type: none"> <li>- Scrub the SmartSite™ Needle-Free Valve prior to any connection with a CHG/ alcohol swab pad for 5 seconds and let dry for 5 seconds, or an alcohol prep pad for 15-30 seconds and allow to air dry for 15-30 seconds.</li> <li>- Demonstrate System Start Up and Operation</li> <li>- Understanding of what happens when [NEW PATIENT] is selected.</li> <li>- Understanding of the Patient Care Profile and how to change it.</li> </ul>		
Demonstrate Programming with Guardrails™ Safety Software <ul style="list-style-type: none"> <li>- Programming a primary infusion on the Alaris™ Pump module.</li> <li>- Responding to a Guardrails™ Soft or Hard Limit alarm with audio alerts and visual prompts.</li> <li>- Programming an intermittent infusion on the Alaris™ Pump module.</li> <li>- Programming a Volume/Duration infusion on the Alaris™ Pump module.</li> <li>- Use of the "RESTORE" feature (previous programming, VTBI, bolus).</li> <li>- Programming a medication bolus and describing the "Rapid Bolus" infusion feature.</li> <li>- Pausing an infusion by pressing the [PAUSE] hard key on the pump module and the PC unit.</li> <li>- The appropriate head height differential when hanging a 2° medication bag, or a 2° medication bottle.</li> </ul> Demonstrate Basic Programming Without Guardrails™ Safety Software Programming of a Basic Infusion. Verbalize safety concerns when this mode is used.		

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**MDI with Spacer Skills Checklist #DAHS-NSCMDIS14**

**References:**

- [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.		

**Methotrexate Administration IM for Non-Cancer Patients Skills Checklist DAHS-NSCMAIMNCP14**

**References:**

- [Clinical Policy 10001: Hazardous Drugs \(HD\) \(Chemo\): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures](#)

Patient understands proper handling of this medication.		
Intramuscular injection skill verified (see "Injections: Intramuscular, Subcutaneous, and Z-Track Methods)		
Ensures Methotrexate is stored in a closed container at room temperature away from heat, moisture and direct light		
Use nitrile gloves when administering Methotrexate		
Disposes of gloves, empty syringe and vial per <a href="#">Clinical Policy 10001: Hazardous Drugs (HD) (Chemo): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures</a>		

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**Minor procedures, assisting with Skills Checklist DAHS-NSCAMBPAW**

<b>References:</b>		
3.	<a href="#">Clinical Policy 18004, Specimen Labeling for Laboratory Processing</a>	
4.	<a href="#">Elsevier Clinical Skill: Sterile Field Preparation.</a>	
5.	<a href="#">Clinical Policy 4055, Medication Administration</a>	
6.	<a href="#">Clinical Policy 4019, Universal Protocol</a>	
7.	<a href="#">Clinical Policy 11025 Standard and Transmission Based Precautions for Infection Prevention</a>	
Screen for allergies including topical and skin prep agents		
Prepare supplies as applicable. Label any specimens collected per <a href="#">Clinical Policy 18004, Specimen Labeling for Laboratory Processing</a>		
Label medication syringe as applicable per <a href="#">Clinical Policy 4055, Medication Administration</a>		
Demonstrate proper set up of sterile field per <a href="#">Elsevier Clinical Skill: Sterile Field Preparation.</a>		
Explain procedure to patient and provide the opportunity to ask questions		
Comply with <a href="#">Clinical Policy 4019 Universal Protocol.</a>		
Wear personal protective equipment per <a href="#">Clinical Policy 11025 Standard and Transmission Based Precautions for Infection Prevention</a>		
Perform procedure site prep if needed, depending on procedure and MD preference. <ul style="list-style-type: none"> <li>a. Perform hand hygiene and don sterile gloves</li> <li>b. Scrub skin, starting at the site of the incision, with a circular motion in ever widening circles to the periphery. Use enough pressure and friction to remove dirt and microorganisms from the skin and pores.</li> <li>c. Discard the sponge after reaching the periphery</li> <li>d. Repeat the scrub with a separate sponge for each round.</li> </ul>		
Post-Procedure Documentation <ul style="list-style-type: none"> <li>a. Vital signs</li> <li>b. Screen for pain.</li> <li>c. Assess site</li> <li>d. Report any concerns to licensed staff/physician</li> </ul>		
Discharge <ul style="list-style-type: none"> <li>a. Provide patient verbal/written instructions/education (per scope of practice). If questions, refer to physician.</li> <li>b. Provide AVS (after visit summary).</li> <li>c. Follow-up appointment, if applicable.</li> </ul>		

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**Monkeypox Specimen Collection DAHS-NSCMPSC22**

<b>References:</b>		
<ol style="list-style-type: none"> <li>1. <a href="#">UC Davis Health Policy 2002, Attachment 8: UCDH Monkeypox Control Plan</a></li> <li>2. CDC July 1, 2022 Infection Control: Healthcare Settings   Monkeypox   Poxvirus   CDC</li> <li>3. CDC June 24, 2022 Clinical Recognition   Monkeypox   Poxvirus   CDC</li> <li>4. CDPH, July 26, 2022. Monkeypox.</li> <li>5. CDPH. May 27, 2022. Healthcare Provider Monkeypox Health Advisory, May 27, 2022: Monkeypox Virus Infection in the United States and Other Non-endemic Countries</li> <li>6. Sacramento County Public Health. MONKEYPOXTESTING UPDATE July 28, 2022 (Update to July 22, 2022)</li> <li>7. UC Davis video What is Monkeypox? Symptoms, transmission and Vaccination Questions Answered</li> </ol>		
Review order. Perform hand hygiene. Don PPE. Introduce self, identify patient, and explain procedure to patient.		
Prepare a clean field. Open packages needed for procedure.		
Each pustule/lesion must be swabbed individually		
Swab the pustule/lesion vigorously with a flocced sterile swab and place the swab into a 3ml viral culture media or universal transport media tube. Remel 3ml M4RT media is also acceptable.		
Vigorously swab or brush pustule/lesion to obtain adequate specimen. 1 swab per pustule/lesion, maximum of 3 pustules/lesions. It is not necessary to de-roof lesion, but it may occur during swabbing.		
All specimens MUST be labelled with at least two patient identifiers		
Place each specimen in its own biohazard bag. Place the specimen in a secondary biohazard bag containing ice or ice pack		
If one patient has 3 lesions swabbed then all 3 swabs must be placed in its own individual biohazard bag All 3 individually bagged specimens from that single patient can be placed in the same secondary biohazard bag that contains ice or ice pack		
Specimens should not come in direct contact with the ice or ice pack		
Deliver on ice immediately to lab		
Dress pustules/lesions as needed		
Doff PPE, perform hand hygiene		

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**Nasopharyngeal Swabbing Skills Checklist DAHS-NSCNS**

<b>References:</b>		
<ol style="list-style-type: none"> <li><a href="#">Standardized Procedure 501: COVID-19 Testing of Employees and Ambulatory Patients with a Standing Order</a></li> <li><a href="#">UC Davis Health Policy 11025: Standard and Transmission Based Precautions for Infection Prevention</a></li> </ol>		
Perform hand hygiene and don gloves and appropriate PPE per Clinical Policy 11025		
Introduce yourself to the patient, verify patient identity using two identifiers, name and date of birth		
Explain procedure to patient and ensure they agree to treatment		
Instruct the patient to sit erect in a chair facing forward		
Have the nasopharyngeal swab (on flexible wire) and the sterile tube or culture tube ready for use		
Assess for nasal obstructions or deviated septum		
Have patient keep head in a neutral position		
Gently advance the swab to the nasal pharynx until resistance is met. Swab should be able to be advanced a distance equal to the measurement from the front of the ear to the opening of the nose. Do not force swab if resistance is met		
Roll the swab and allow it to remain in place for 10-15 seconds. Remove swab and repeat on the other side		
Insert the swab into the sterile culture tube and push the tip into the liquid medium at the bottom of the tube. Break off the swab in the vial at the scored mark		
Place the top securely on the tube		
In the presence of the patient, label the specimen. Initial the label with collector's initials and the time of collection		
Place the labeled specimen in a biohazard bag. Prepare specimen for transport		
Discard supplies, remove PPE, and perform hand hygiene		

**Nebulizer, Pulmo-Aide and Oxygen Tank Method for Medication Skills Checklist DAHS-NSCAMP02TMM**

<b>References:</b>		
<ol style="list-style-type: none"> <li><a href="#">Clinical Policy 17021: Hand Held Nebulizer Treatment</a></li> <li><a href="#">Clinical Policy 6018: Oxygen Administration</a></li> </ol>		
Completion of online module "Medication Administration: Nebulized" DAHS-NGNMANEB-ECS		
Seat patient in a chair or on an exam table close to nursing station if possible or leave door open so patient can be observed.		
Administer and document treatment per <a href="#">Clinical Policy 17021: Hand Held Nebulizer Treatment</a> and <a href="#">Clinical Policy 6018: Oxygen Administration</a>		

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<b>Obtaining a 12-Lead ECG Skills Checklist DAHS-NSCOLE14</b>		
<b>References:</b>		
1. Structure Standards: <a href="#">Critical Care</a> , 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.		
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		

<b>Peak Flow Meter Skills Checklist DAHS-NSCAMPFM</b>		
<b>References:</b>		
1. <a href="#">Elsevier Clinical Skills: Peak Expiratory Flow Measurement - CE</a>		
Completion of online module "Peak Expiratory Flow Measurement" DAHS-NEN166-ECS		
Performs per <a href="#">Elsevier Clinical Skills: Peak Expiratory Flow Measurement - CE</a>		
If MA/LVN is performing this procedure, RN to determine the patient's level of dyspnea pre-procedure. Post-procedure, RN to assess for pain, dyspnea, bronchospasm, dizziness, and for the need to use a rescue inhaler.		

<b>Patient Rescue Core Skill #DAHS-NCCPR12</b>		
Expected Outcome: The nurse will effectively manage patient emergencies.		
Demonstrates consistent performance in precepted experience of appropriate management of patient emergencies.		

<b>Nasal Cannula or Oxygen Mask Application Skills Checklist #DAHS-NSCNCOMA15</b>		
Assesses respiratory status and assesses for signs and symptoms of hypoxemia.		
Verifies the order for oxygen therapy, including delivery method and flow rate.		
Sets up the oxygen delivery system.		
Adjusts the oxygen flow meter to the prescribed liter flow rate.		

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<b>Oxygen Therapy and Oxygen Delivery Principles Skills Checklist #DAHS-NSCOTODP15</b>		
<b>References:</b> UC Davis Health Policy <a href="#">6018</a> : Oxygen Administration		
Adjust the O2 to the flow rate as directed by the equipment recommendations to deliver the prescribed amount of O2. The float ball in the flowmeter should be positioned so the flow rate line is in the middle of the ball.		
Check to see that O2 is flowing through the cannula or mask.		
For nonrebreather masks, the reservoir bag must be prefilled with O2 before it is applied to the patient. When using an O2 mask with a reservoir bag, adjust the flow rate so that the bag does not collapse, even with a deep inspiration.		
If humidification (i.e., a nebulizer with corrugated tubing) is being used, periodically check the tubing and drain the tubing of excess water as needed.		
Monitor all O2 delivery devices to ensure that they are functioning correctly and delivering the desired concentrations of O2.		

<b>Pediatric Comfort Restraint Skills Checklist DAHS-NSCAMBPCR</b>		
<b>References:</b> 1. <a href="#">Comforting Restraint for Immunizations, California Department of Public Health, 2007</a> 2. <a href="#">How to Administer Intramuscular and Subcutaneous Vaccine Injections, Immunization Action Coalition, 2018</a>		
Infant/Toddler: Correctly identifies appropriate location for injection <ul style="list-style-type: none"> <li>Have parent hold the child on parent's lap</li> <li>Infants: the parent can control both arms with one hand</li> <li>Toddlers: One of the child's arms embraces the parent's back and is held under the parent's arm. The other arm is controlled by the parent's arm and hand.</li> <li>Toddlers: Both legs are anchored with the child's feet held firmly between the parent's thighs, and controlled by the parent's other arm</li> </ul>		
Kindergarten and older children: Correctly identifies appropriate location for injection. <ul style="list-style-type: none"> <li>Hold the child on parent's lap or have the child stand in front of the seated parent.</li> <li>Parent's arms embrace the child during the process.</li> <li>Both legs are firmly held between parent's legs.</li> </ul>		
Teenager: Correctly identifies appropriate location for injection. <ul style="list-style-type: none"> <li>Positioning or other techniques to facilitate muscle relaxation</li> <li>Use of nonpharmacologic strategies: Distraction (e.g. humor, breathing techniques, imagery)</li> </ul>		

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<b>Seizure Precautions Skills Checklist DAHS-NSCAMBSP</b>		
<b>References:</b> 1. <a href="#">Elsevier Clinical Skills: Seizure Precautions and Management - CE</a>		
Completion of online module "Seizure Precautions and Management" DAHS-NGNSP-ECS		
Ensure a safe environment if possible		
Ensure emergency equipment is available		
Note time, duration, and type of seizure activity		
Remain aware of patient safety during seizure, including positioning and airway		
Notify appropriate personnel of seizure activity		
<b>Urodynamics, assisting with Skills Checklist DAHS-NSCAMBUAW</b>		
<b>References:</b> 1. <a href="#">UC Davis Health Policy 2111: Disinfection in Patient Care Areas</a>		
Assists patient with use of Uroflowmeter equipment as directed by provider.		
Assists provider during procedure while maintaining compassion and dignity for patient.		
Provides patient instructions. Patient may experience mild discomfort for a few hours after these tests. Increasing fluids for two hours should help. Check with provider if patient can take a warm bath. If not, patient may be able to hold a warm, damp washcloth over the urethral opening. This may relieve discomfort.		
Patient may be given an antibiotic to prevent an infection. Instruct patient to call the office for signs of infection. These signs include pain, chills, or fever.		
Disinfects room and exam table per <a href="#">UC Davis Health Policy 2111: Disinfection in Patient Care Areas</a>		
Disinfects specialized equipment according to manufacturer's guidelines.		
Documents appropriately in EMR.		

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<b>Unit:</b>	<b>Title:</b>	
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UCDH Policy and Procedure.		
These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, 4 and 5 have been scanned and emailed to: <a href="mailto:hs-cppn@ucdavis.edu">hs-cppn@ucdavis.edu</a>		
	<b>Date</b>	<b>Verifier Initials</b>
<b>Visual Acuity Skills Checklist DAHS-NSCAMBVA</b>		
Completion of online module "Assessment: Visual Acuity" DAHS-NEN274-ECS		
Stations patient appropriate distance from eye chart or seats patient at appropriate level at Titmus machine and can verbalize understanding of feet markings on chart.		
Documents presence of contact lens, glasses, prosthetic eye, etc. Verbalizes understanding that contact lenses do not need to be removed. Glasses may be on and off with scoring both ways.		
Verbalizes understanding what to do if patient is unable to focus eye(s) due to irritation, sensitivity and/or tearing.		
States normal parameters and fundamental scoring for eye testing. Articulates how appropriate chart is chosen for adults and children (based on age, development level, language, etc.).		
Demonstrates correct procedure for eye testing		
Explains the technique for shielding one eye while testing the other		
Documents the eye test scores correctly.		
Verbalizes understanding of the type of eye problems that should be reported to the provider immediately. Documents problems appropriately and interpreter if used.		
<b>Zoll AED Plus (Automated External Defibrillator) Skills Checklist DAHS-NSCZAEDP</b>		
<b>References:</b>		
1. <a href="#">UC Davis Health Policy 1640: Use of Automated External Defibrillator Zoll Plus Series</a>		
2. <a href="#">Elsevier Clinical Skill: Automated External Defibrillator</a>		
Read <a href="#">UC Davis Health Policy 1640: Use of Automated External Defibrillator Zoll Plus Series</a>		
Complete Automated External Defibrillator (AED) eCourse DAHS-NGN391-ECS with post-test		
Complete Elsevier Skills Automated External Defibrillator (AED) Checklist (checklist is found in the e-course and in the Elsevier skill. Do not return checklist to CPPN)		
State how to decrease the risk of fire when using the AED in an oxygen-rich environment.		
Select the correct electrode pads based upon patient's age and weight.		
Ensure AED is ready for use daily and after each use.		
Describe when to send AED to Clinical Engineering after a code for uploading and analysis of event data and when to call Clinical Engineering for assistance with AED.		