UC DAVIS HEALTH | Center for Professional Practice of Nursing

Name:		Employee ID #:
Unit:		Title:
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Skill/Learning Not all skills are applicable to all Nursing areas – if not applicable mark as N/A	Skill Code (For CPPN Use Only)	Date Completed (or N/A)	Verifier Initials
Adult Respiratory Assessment (Ambulatory) Skills Checklist	DAHS-NSCAMBARA		
Anterior Nares Specimen Collection Skills Checklist	DAHS-NSCANSC		
Applying a Compression Wrap/Unna Boot (Ambulatory): Performs per UC Davis Health Policy 4102, Lower Extremity Compression Wraps	DAHS-NSCAMBACWUB		
Applying an Elastic (ACE™) Bandage (Ambulatory)	DAHS-NSCACETM		
Blood Draws Skills Checklist	DAHS-NSCBD14		
Blood Pressure (Ambulatory) Skills Checklist	DAHS-NSCAMBPB		
Bronchoscope Culturing (Ambulatory): Performs per Clinical Policy 11001, Culturing of Endoscopic Instruments	DAHS-NSCAMBBC		
Cervical Loop Electrocautery Excisional Procedure (LEEP), assisting with (Ambulatory): Performs per UC Davis Health Obstetrics & Gynecology Policies/Clinic Policies & Procedures: Assisting with Cervical Loop Electrocautery Excisional Procedure (LEEP)	DAHS-NSCAMBCLEEP		
Collaboration & Communication Core Skill	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) Skills Checklist	DAHS-NSCAMBCAW		
Covid Anterior Nares Antigen Testing Skills Checklist	DAHS-NSCCANAT		
Crutch Fitting and Crutch Walking (Ambulatory): Performs per Elsevier Clinical Skills: Assistive Device Training: Crutches (Rehabilitation Therapy)	DAHS-NSCAMBCFCW		
Cultural Sensitivity/Patient-Centered Care Core Skill	DAHS-NCCCSPCC12		
Cystourethroscopy, assisting with (Ambulatory) Skills Checklist	DAHS-NSCAMBCTAW		
Cystoscope Culturing (Ambulatory): Performs per Clinical Policy 11001, Culturing of Endoscopic Instruments	DAHS-NSCAMBCC		

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Skill/Learning Not all skills are applicable to all Nursing areas – if not applicable mark as N/A	Skill Code (For CPPN Use Only)	Date Completed (or N/A)	Verifier Initials
Evidence-Based Practice Core Skill	DAHS-NCCEB12		
Fall Prevention: Performs per Clinical Policy 4005 Patient at Risk for Falling (Ambulatory section)	DAHS-NSCFPFRN		
GI Endoscope Culturing with Internal Channels (Ambulatory): Performs per Clinical Policy 11001: Culturing of Endoscopic Instruments	DAHS-NSCAMBGIECIC		
Holter Monitor (Ambulatory) Skills Checklist	DAHS-NSCAMBHMA		
Infection Prevention Core Skill	DAHS-NCCIP12		
Blood Culture Collection Adult Skills Checklist: Performs per UC Davis Health Policy 13015: Blood Culture Collection	DAHS-NSCBCCA15		
Blood Culture Collection for Neonates and Peds Skills Checklist: Performs per UC Davis Health Policy 13015: Blood Culture Collection	DAHS-NSCBCCNP15		
Hand Hygiene Skills Checklist: Performs per UC Davis Health Policy 11023: Hand Hygiene	DAHS-NSCHH15		
Isolation Precautions Skills Checklist: Performs per Clinical Policy 11025: Standard and Transmission Based Precautions for Infection Prevention	DAHS-NSCIP15		
Urethral Catheter Insertion: Performs per UC Davis Health Policy 9010: Urethral Catheter Insertion, Maintenance, and Removal	DAHS-NGNUCI		
Informatics Core Skill	DAHS-NCCIFO12		
Injections: Intramuscular (IM), Subcutaneous (SQ), Z-Track Method (Ambulatory) Skills Checklist	DAHS-NSCAMBIIMSZ		
Intradermal Skin Test Placement (Ambulatory) Skills Checklist	DAHS-NSCAMBISTP		
Irrigating the Ear Canal (Ambulatory): Performs per Clinical Policy 4093: Irrigating the External Auditory Canal and Elsevier Clinical Skills: Ear Irrigations - CE	DAHS-NSCAMBIEC		
IUD Insertion, assisting with, Skills Checklist	DAHS-NSCAMBIUDIAW		
Liquid Nitrogen Safety Skills Checklist	DAHS-NSCLNS		

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Medication Safety Core Skill	DAHS-NCCMS12		
Adult IV Verification Check Sheet	DAHS-NADRNIV10		
BD Alaris IV Infusion System Skills Checklist	DAHS-NSCBD18-ALARIS		
MDI with Spacer Skills Checklist	DAHS-NSCMDIS14		
Pain Management Checklist	DAHS-NSCPM15		
Pediatric IV Verification Check Sheet	DAHS-NSCPIV		
Methotrexate Administration IM for Non-Cancer Patients Skills Checklist	DAHS-NSCMAIMNCP14		
Minor procedures, assisting with (Ambulatory) Skills Checklist	DAHS-NSCAMBMPAW		
Monkeypox Specimen Collection Skills Checklist	DAHS-NSCMPSC22		
Nasopharyngeal Swabbing Skills Checklist	DAHS-NSCNS		
Nebulizer, Pulmo-Aide and O2 Tank Method for Medication (Ambulatory) Skills Checklist	DAHS-NSCAMBNP02TMM		
Obtaining a 12-Lead ECG Skills Checklist	DAHS-NSCOLE14		
Orthostatic Vital Signs (Ambulatory): Performs per Elsevier Clinical Skills: Assessment: Orthostatic Vital Signs - CE	DAHS-NSCAMBOVS		
Pain Assessment and Management (Ambulatory): Performs per Clinical Policy 4054: Pain Assessment and Management and Elsevier Clinical Skills: Pain Assessment and Management for Nonverbal Patients (Rehabilitation Nursing) – CE; Pain Assessment and Management (Pediatric) – CE; Pain Assessment and Management – CE; Pain Assessment and Management (Neonatal) - CE	DAHS-NSCAMBPAM		
Patient Rescue Core Skill	DAHS-NCCPR12		
Code Management (Ambulatory): Performs per Clinical Policy 6006 Responding to Medical Emergency Situations (Including Code Blue) and Elsevier Clinical Skills: Code Management	DAHS-NSCAMBCM		
Nasal Cannula or Oxygen Mask Application Skills Checklist	DAHS-NSCNCOMA15		
Oxygen Therapy and Oxygen Delivery Principles Skills Checklist	DAHS-NSCOTODP15		

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Seizure Precautions (Ambulatory) Skills Checklist	DAHS-NSCAMBSP		
Patient Safety Core Skill	DAHS-NCCPS12		
Fall Prevention: Completion of online module #DAHS-NGNFPPRN10: "Fall Prevention Program for RNs" and performs per Clinical Policy 4005 Patient at Risk for Falling (Ambulatory section)	DAHS-NSCFPFRN		
Pediatric Comfort Restraint (Ambulatory) Skills Checklist	DAHS-NSCAMBPCR		
Suicide Risk Skills Checklist: Performs per UC Davis Health Policy 4016 Identification and Management of Patients at Risk for Suicide	DAHS-NSCSRA-17		
Peak Flow Meter (Ambulatory) Skills Checklist	DAHS-NSCAMPFM		
Professional Practice Core Skill	DAHS-NCCPP12		
Steam Sterilization (Ambulatory): Performs per clinic autoclave operating manual and UC Davis Health Policy 1253, Steam Sterilization in Ambulatory Clinics.	DAHS-NSCAMBSS		
Telephone Triage (Ambulatory) Skills Checklist	DAHS-NSCTELTTRN17		
Transcutaneous Bilirubin Readings (Ambulatory): Performs per Elsevier Clinical Skill Bilirubin Meter: Transcutaneous Monitoring (Maternal-Newborn) - CE	DAHS-NSCAMBTBR		
Transnasal Endoscope Culturing (Ambulatory): Performs per Clinical Policy 11001 Culturing of Endoscopic Instruments	DAHS-NSCAMBTEC		
Urethral Catheterization (Ambulatory): Performs per Clinical Policy 9010: Urethral Catheter Insertion, Maintenance, and Removal	DAHS-NSCAMBUC		
Urodynamics, assisting with (Ambulatory) Skills Checklist	DAHS-NSCAMBUAW		
Visual Acuity (Ambulatory) Skills Checklist	DAHS-NSCAMBVA		
Wound VAC (Vacuum Assisted Closure) Therapy Skills Checklist: Performs per UC Davis Health Policy 12014 Application of Negative Pressure Wound Therapy	DAHS-NSCWVT14		
Zoll AED Plus (Automated External Defibrillator) Skills Checklist	DAHS-NSCZAEDP		

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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

Ambulatory RN Skills
Page 6 of 37

Name:	Employee ID #:
Unit:	Title:

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	Date	Verifier Initials
Adult Respiratory Assessment Skills Checklist #DAHS-NSCAMBARA		
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 CO_2 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.		
Anterior Nares Specimen Collection Skills Checklist #DAHS-NSCANSC		
References: 1. Standardized Procedure 501: COVID-19 Testing of Employees and Ambulatory Patients with a Standing Order 2. Centers for Disease Control and Prevention Training Document: How to Collect an Anterior Nasal Swab Specimen for COVID-19 Testing 3. UC Davis Health Policy 11023: Hand Hygiene 4. UC Davis Health Policy 11025: Standard and Transmission Based Precautions 5. UC Davis Health Policy 18004: Specimen Labeling for Laboratory Processing 6. UC Davis Health Policy 2111: Disinfection in Patient Care Areas		
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		
Place swab, tip first, into the transport tube provided.		

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	Date	Verifier Initials
Anterior Nares Specimen Collection, continued		
Label specimen, place in biohazard bag on ice, and send to lab		
Doff PPE as needed, perform hand hygiene, and disinfect patient area		
Applying an Elastic (ACE™) Bandage (Ambulatory) DAHS-NSCACETM		
References: 1. Elsevier Clinical Skills: Dressing: Gauze and Elastic Bandages - CE		
Performs hand hygiene, dons appropriate PPE, introduces self to the patient, verifies the correct patient using two identifiers, explains procedure		
Provides privacy and assists patient into a comfortable, supine position		
Inspects the skin of the injured body area for alterations in integrity		
Palpates the area for swelling, paying close attention to areas over bony prominences		
Performs wound care as ordered, if indicated.		
Selects the extremity. Holds bandage roll in dominant hand; uses other hand to layer the bandage starting distally		
Begins with two circular turns to anchor the bandage just above the fingers or toes. Continues transferring the roll to the dominant hand while wrapping the bandage		
Applies bandage from the distal anchor point toward the proximal boundary using a figure-eight turn		
Stretches elastic bandage slightly to maintain uniform tension during application		
Ends the wrap bandage with two circular turns. Secures the end of the elastic bandage to the outside layer of the bandage, not the skin, with tape or clips		
Ensures the elastic bandage reaches the proximal boundary. If a single bandage did not reach the proximal boundary, considered rewrapping the extremity using a longer bandage or consulting the practitioner regarding alternatives for managing edema		
Assesses, treats, and reassesses pain		
Discards supplies, removes PPE, and performs hand hygiene		
Documents procedure in the patient record		

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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 Withdrawal 3. NCCLS (CLSI) clinical laboratory guideline 4. UCDH 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 patient care standards. 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-NSCAMBPB		
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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	Date	Verifier Initials
Collaboration & Communication Core Skill #DAHS-NCCCAC12		
Expected Outcome: The nurse will function effectively within nursing role and interprofessional teams.		
Demonstrates consistent performance in precepted experience of professional collaboration and communication.		
Incident Report Skills Checklist #DAHS-NSCIR15		
References: 1. UC Davis Health Policy 1466: Incident Reports		
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.		
Nurse Patient Relationship Skills Checklist #DAHS-NSCNPR15		
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		
Nursing Report Skills Checklist #DAHS-NSCNR15		
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.		
SBAR Communication Skills Checklist #DAHS-NSCSBARC15		
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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	Date	Verifier Initials

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 Clinical Policy 11025 Standard and Transmission Based Precautions for Infection Prevention		
Opens sterile pack and appropriately uses sterile technique as needed, per Elsevier Clinical Skill: Sterile Field Preparation.		
Performs procedural pause per Clinical Policy 4019 Universal Protocol		
Assists provider with exam		
Label any specimens collected per Clinical Policy 18004, Specimen Labeling for Laboratory Processing		
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 UC Davis Health Policy 2111, Disinfection in Patient Care Areas		
Prepares soiled instruments for processing per Handling of Reusable Instruments-Outpatient		
Appropriately disposes of sharps as applicable per UC Davis Health Policy 2005: Medical Waste Management		
Documents in EMR.		

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Covid Anterior Nares Antigen Testing Skills Checklist DAHS-NSCCANAT		
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, and securely re-cap vial tube. Ensure vial is correctly labeled before sending to the lab		
Remove PPE and perform hand hygiene		
Cultural Sensitivity/Patient-Centered Care Core Skill #DAHS-NCCCSPCC12		
Expected Outcome: The nurse will provide care that recognizes and respects patient preferences, values, and needs. Nurses shall use cross cultural knowledge and culturally sensitive skills in implementing culturally congruent nursing care.		
Patient-Centered Care – Completed in CPPN General Nursing Orientation		
Population-Specific Care – Completed in CPPN General Nursing Orientation		
Advance Directives for Healthcare & Physician Order for Life-Sustaining Treatment Online Module #DAHS-NGNADPOLST16		
Age Specific Care Online Module #DAHS-NGNASC11- *Passing score of 85% on test*		
Pediatric Learning Solutions Online Module: Age Specific Care: Newborn through Adult and Child Abuse and Neglect		

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	Date	Verifier Initials

Cystourethroscopy, assisting with Skills Checklist   #DAHS-NSCAMBCTAW

References:
2. Clinical Policy 11028 High Level Disinfection of Endoscopic Instruments
3. Clinical Policy 4019, Universal Protocol
4. UC Davis Health Policy 2111, Disinfection in Patient Care Areas
5. Clinical Policy 11027, Cleaning Endoscopes Prior to Cold Sterilization/High Level Disinfection

	Date	Verifier Initials
Utilizes equipment user manual and follows operating instructions		
Disinfects cystoscope equipment per Clinical Policy 11028 High Level Disinfection of Endoscopic Instruments. 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 Clinical Policy 4019, Universal Protocol		
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 Clinical Policy 11027, Cleaning Endoscopes Prior to Cold Sterilization/High Level Disinfection and Clinical Policy 11028 High Level Disinfection of Endoscopic Instruments.		
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 UC Davis Health Policy 2111, Disinfection in Patient Care Areas		

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Ambulatory RN Skills
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	Date	Verifier Initials
Evidence-Based Practice Core Skill #DAHS-NCCEB12		
Expected Outcome: The nurse will integrate current evidence, including Quality and Safety Data, in planning, delivering, and evaluating patient care		
Evidence-Based Practice (EBP) – Completed in CPPN General Nursing Orientation		
Demonstrates consistent performance in precepted experience of ability to find EBP and demonstrate use.		
Holter Monitor Skills Checklist #DAHS-NSCAMBHMA		
References: 1. 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 the monitor for 24 hours, 48 hours, 7 days or 21 days as ordered with patient's name, medical record number, DOB via recorder entry or computer program with HL7 interface using the 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 Clinical Policy 11025, Standard and Transmission Based Precautions for Infection Prevention		
Prep Skin: a. Shave areas as needed. b. Cleanse the area with a prep pad. c. Gently abrade the skin with the abrasive pad		
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:
   a.   White lead- right mid-clavicle of the sternum
   b.   Red lead- left anterior axillary line 6th rib (v5)
   c.   Black lead- left mid-clavicle of the sternum
   d.   Brown lead-1 inch right of the sternum 4th rib space (v5)
   e.   Blue lead-center of manubrium
   f.   Orange lead- left mid-clavicular line 6th rib (v4)
   g. Green lead-lower right margin over bone		

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Holter Monitor (continued)		
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.		
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 the diary to the Heart Station. Send hard copy of the diary and the financial responsibility form to the Heart Station in a 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.		
Injections: Intramuscular, Subcutaneous, and Z-Track Methods Skills Checklist #DAHS-NSCAMBIIMSZ		
References: 1. Clinical Policy 4007: Intramuscular Medication Injection 2. Clinical Policy 4010: Subcutaneous Injection 3. Clinical Policy 11010: Medications/Solutions/Vaccines in Single and Multiple Dose Containers 4. Clinical Policy 4055: Medication Administration 5. Elsevier Clinical Skills: Injection Preparation from Ampules and Vials - CE		
Completion of online module "Medication Administration: Intramuscular Injection" DAHS-NGNMAINTRAMI-ECS		
Completion of online module "Medication Administration: Subcutaneous Injection" DAHS-NGNMASI-ECS		
Selects the ordered medication according to the Eight Rights of Medication Administration, Clinical Policy 4055: Medication Administration		
Draws medication up into syringe per Clinical Policy 11010: Medications/Solutions/Vaccines in Single and Multiple Dose Containers and Elsevier Clinical Skills: Injection Preparation from Ampules and Vials - CE		
Performs IM injections per Clinical Policy 4007: Intramuscular Medication Injection (Includes Z Track Method)		
Performs subcutaneous injections per Clinical Policy 4010: Subcutaneous Injection		

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Intradermal Skin Test Placement and Reading Skills Checklist   #DAHS-NSCAMBISTP

References: 1. Clinical Policy 4009: Tuberculosis Skin Test 2. Elsevier Clinical Skill: Medication Administration: Intradermal Injection and Allergy Skin Testing - CE 3. Standing Order for Administration of PPD Test by Licensed Nurses in UC Davis Health Clinics		
Completion of online module "Medication Administration: Intradermal Injection and Allergy Skin Testing" DAHS-NGNMAINTRADI-ECS and passes post-test with an 80% score or higher		
Places skin test per Clinical Policy 4009: Tuberculosis Skin Test and Standing Order for Administration of PPD Test by Licensed Nurses in UC Davis Health Clinics		
Reads a skin test: 1. Inspect and palpate site for induration 2. Measure diameter of induration in millimeters transverse to the long axis of the forearm. (For mumps test, measure erythema) 3. Document date, time, millimeters of induration (erythema for mumps) 4. Document if test is positive or negative 5. Communicate test result to ordering provider		

IUD Insertion, assisting with Skills Checklist   #DAHS-NSCAMBIUDIAW

References: 1. Clinical Policy 4019 Universal Protocol 2. UC Davis Health Policy 2111 Disinfection in Patient Care Areas 3. Handling of Reusable Instruments-Outpatient 4. UC Davis Health Policy 2005: Medical Waste Management		
Obtains patient's vital signs, LMP, and allergies		
Confirms that authorization has been approved for specific IUD		
Performs POC pregnancy test and records results in EMR.		
Properly positions patient (dorsal lithotomy).		
Performs surgical pause per Clinical Policy 4019 Universal Protocol		
Appropriately uses sterile technique.		
Opens sterile pack and sterile IUD at appropriate time		
Assists provider with procedure as needed.		

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IUD Insertion, assisting with Skills Checklist, continued #DAHS-NSCAMBIUDIAW		
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 UC Davis Health Policy 2111 Disinfection in Patient Care Areas		
Prepares soiled instruments for processing per Handling of Reusable Instruments-Outpatient		
Appropriately disposes of sharps as applicable per UC Davis Health Policy 2005: Medical Waste Management .		
Documents appropriately in EMR including device lot number and expiration date.		
Liquid Nitrogen (LN2) Safety Skills Checklist #DAHS-NSCLNS		
References: 1. UC Davis Health Policy 1624: Safe Management of Cryogenic Liquids 2. 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 is 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		

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Medication Safety Core Skill #DAHS-NCCMS12		
Expected Outcome: Nurse will administer patient medications in a consistent safe manner		
Completed Pediatric Learning Solutions **Online Module**: Basic Medication Calculation		
Demonstrates consistent performance in precepted experience of safe medication practices.		
Adult IV Verification Check Sheet		
References: 1. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric)		
Complete three (3) sticks observed by verified clinician		
Complete RN Adult IV Online Module #DAHS-NADRNIV – Online module passing score of 85%		
Location:		
Location:		
Location:		
BD Alaris IV Infusion System Skills Checklist #DAHS-NSCBD18-ALARIS		
References: 1. UC Davis Health Policy 13056: Parenteral Infusion Pump Use 2. UC Davis Health Policy 3063: Parenteral and Enteral Infusion Pump Care, Distribution and Maintenance		
Alaris™ Pump module		
Completed assigned Alaris **Online Modules** in UC Learning.		
BD Alaris IV Infusion System policies and procedures reviewed.		
Demonstrate Pump Setup – The patient's heart level should be in line with [CHANNEL SELECT] key. – Closes the administration set roller clamp when the safety clamp is open, to prevent free flow. – Does not use needles or blunt cannulas to access a SmartSite™ Needle-Free Valve. – 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. – Demonstrate System Start Up and Operation – Understanding of what happens when [NEW PATIENT] is selected. – Understanding of the Patient Care Profile and how to change it.		

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	Date	Verifier Initials
Alaris™ Pump module, continued		
Demonstrate Programming with Guardrails™ Safety Software – Programming a primary infusion on the Alaris™ Pump module. – Responding to a Guardrails™ Soft or Hard Limit alarm with audio alerts and visual prompts. – Programming an intermittent infusion on the Alaris™ Pump module. – Programming a Volume/Duration infusion on the Alaris™ Pump module. – Use of the "RESTORE" feature (previous programming, VTBI, bolus). – Programming a medication bolus and describing the "Rapid Bolus" infusion feature. – Pausing an infusion by pressing the [PAUSE] hard key on the pump module and the PC unit. – The appropriate head height differential when hanging a 2° medication bag, or a 2° medication bottle. Demonstrate Basic Programming Without Guardrails™ Safety Software Programming of a Basic Infusion. Verbalize safety concerns when this mode is used.		
Alaris™ Syringe module		
Demonstrate Syringe Module Setup – The patient's heart level should be in line with [**CHANNEL SELECT**] key.		
– Priming the set using the Syringe Channel Option feature "Prime Set with Syringe." *(Infant and Child Only)* – Proper priming technique when using an administration set with Pressure Sensing Disc tubing. *(Infant and Child Only)* – Clamping the tubing after priming to prevent uncontrolled flow. – Loading and unloading a syringe into the Alaris Syringe module. – Correct selection of syringe manufacturer and size. Demonstrate Programming with Guardrails™ Safety Software – Recognizing the Guardrails™ Soft and Hard Limit alarm with audio alerts and visual prompts. – Use of the [**RESTORE**] key after pausing and changing a syringe. – Use of the "NEOI" (Near End of Infusion) option. Verbalizes how to silence the alert sound. – Pausing an infusion by pressing the [**PAUSE**] hard key on the syringe module and the Alaris™ PC unit.		
– Recommend measures to help reduce start-up delays. *(Infant and Child Only)*		
Demonstrate Basic Programming *Without* Guardrails™ Safety Software – Programming of a Basic Infusion. Verbalize safety concerns when this mode is used.		

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	Date	Verifier Initials
Alaris™ Syringe module, continued		

	Date	Verifier Initials
Demonstrate and Verbalize Measures to help Reduce Start-Up Delays ***(Infant and Child Only)*** − Use the smallest syringe size possible (e.g., if infusing 2.3 mL of fluid, use a 3 mL syringe). − Use compatible components which have the smallest internal volume or "dead space". − Ensure the device is as close to level of the patient's heart as possible. Patient's heart should be in line with **[CHANNEL SELECT]** key. − Use the **[PRIME SET WITH SYRINGE]** channel option on the Alaris™ Syringe module to speed up the engagement of the device's mechanical components and decrease the syringe's internal friction. − If utilizing a pre-run infusion practice (to allow for medication equilibration prior to connection to the patient), ensure the distal end of the administration set is level with or higher than the device. − Avoid use of manifolds with ports containing high pressure valves. These valves require at least 50-200 mmHg pressure to open and allow fluid flow. These high-pressure valves may cause a significant delay in therapy followed by a sudden bolus once the value is opened, particularly at low infusion rates. − **Note: These recommendations are especially important when infusing high-risk or life- sustaining medications at low infusion rates (for example, <5mL/h and especially at flow rates <0.5mL/h).**		

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	Date	Verifier Initials
Alaris™ PCA module		

Demonstrate PCA Module Setup
– The patient's heart level should be in line with [**CHANNEL SELECT**] key.
– System Start Up and Security key lock feature.
  • Use of the security key or security code when installing a new syringe or changing the syringe.
– Priming the set using the "Prime Set with Syringe" feature
  • Prime set prior to attaching to patient.
  • The tubing should be clamped to prevent inadvertent or uncontrolled flow with a primed administration set.
– Loading the syringe into the Alaris™ PCA module
  • Hold the installed syringe plunger to prevent accidental push on the plunger when lowering the drive head.
  • Clamp off fluid flow to the patient before loading and unloading a syringe.
  • Check that the installed syringe matches the manufacturer and size displayed on the pump.
Demonstrate Programming the Alaris™ PCA module
– Programing the following
  • PCA dose + Continuous dose infusion
– How to modify PCA parameters during an active PCA infusion (PCA dose, Lockout interval, Continuous dose, Maximum limit). Demonstrate Accessing Patient History and the Alaris™ PCA module
– How to view and clear patient history.
– Verbalize that patient history data is stored as a rolling 24-hour time period.
– Verbalize what actions will delete the PCA patient history.
Demonstrate Pausing the infusion, Changing the syringe and Restoring the infusion
– Clamping off fluid flow to the patient before loading and unloading a syringe.
– Pause the infusion, change the current syringe, and then use the [**RESTORE**] key to restore the previous programming parameters.
– Verbalize the [**RESTORE**] key should only be used if the <u>D</u>rug, <u>T</u>herapy, <u>C</u>oncentration and <u>D</u>osing Units remain the same.
Demonstrate Understanding of the Alaris™ PCA Pause Protocol
-   The Alaris™ PCA module will pause when hospital-established parameters on the Alaris™ etCO2 module are met.
Demonstrate Understanding of the near end of infusion (NEOI) option.
– Near end of infusion (NEOI) option allows an alert to sound at a hospital-established remaining syringe volume before the infusion is complete (Empty Syringe alert).
   An audio prompt will sound at NEOI, which requires being silenced just once, and will not re-occur following the initial silencing until the empty syringe alert sounds.		

I am not responsible for the PCA module.		

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BD Alaris IV Infusion System Skills Checklist #DAHS-NSCBD18-ALARIS, continued		
Alaris™ EtCO$_2$ module		

<u>Demonstrate Preparation for EtCO$_2$ Monitoring</u>
– Understanding of the basic parameters monitored using the Alaris™ etCO$_2$ module, including basic Ventilation vs. Oxygenation and a normal etCO$_2$ waveform.
– Locating the Gas Inlet on the Alaris™ etCO$_2$ module and attach the disposable.
  Using the directions for use insert as a reference before attaching the disposable to the patient.
<u>Alarms and Limits</u>
– How to view etCO$_2$ alarm limits, RR alarm limits, and etCO$_2$ waveform from the main display.
– How change etCO$_2$, RR, and No Breath limits. <u>Demonstrate</u>
<u>Pre-silencing Alarm</u>
– Understands that this mode will only pre-silence the monitoring alarm for 2 minutes and will not silence infusion alarms.
<u>Demonstrate Viewing EtCO$_2$ Trend Data</u>
– Understand how to view the trend data.
  • How to tell which value has triggered an alarm (bell icon).
  • If there is no data for time period displayed, dashes (---) will be displayed.
– Current patient data will not be displayed while Trend Data feature is being viewed
<u>Demonstrate Understanding of Alarms/Alerts/Troubleshooting</u>
– Verbalize meaning and response to:
  • Auto zero in progress Alarm
  • Disposable Disconnected Alarm
  • Clearing Disposable Alarm
  • Disconnect Occluded Disposable Alarm
– Verbalize possible causes and possible actions to:
  • Low etCO$_2$ Alarm
  • High etCO$_2$ Alarm
  • High FiCO$_2$ Alarm
    No Breath Detected Alarm		

I am not responsible for the EtCO$_2$ module.		
BD Alaris™ Cleaning		

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	Date	Verifier Initials
CADD Pump Skills Performance Equipment Checklist #DAHS-NSCCADDPPE11		
Completed CADD Pump Epidural: EMR Documentation **Online Module** #DAHS-NGNCADDED11		
SYSTEM COMPONENTS		
CADD-Solis ambulatory infusion pump		
CADD medication cassette reservoir with CADD@ extension set		
CADD administration set		
CADD disposables to be used with epidural infusions, if applicable		
Remote dose cord		
Pole mount bracket adapter		
PUMP DESCRIPTION AND BASIC OPERATION		
Install the batteries or a rechargeable battery pack		
Press the power button to turn the pump on		
Identify the following: • Function of the green and amber indicator lights • Function of each key on the keypad • Power button • Cassette latch • Cassette/keypad lock • USB port • Remote dose cord jack • User interface (LCD screen) • Status bar • Describe what the different colors indicate • Protocol title bar • Screen title bar • Help bar • Work area • Soft key bar		

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	Date	Verifier Initials
PUMP OPERATIONS AND PROGRAMMING		
Start a new patient		
Unlock keypad using the code or key		
Select the appropriate Therapy, Qualifier and Drug		
CADD Pump Skills Performance Equipment Checklist #DAHS-NSCCADDPPE11 (Continued)		
Verify Therapy, Qualifier and Drug		
Review the pump settings		
Adjust the patient specific parameters per the Physician Orders		
Describe what happens when a parameter is adjusted outside of the soft limit range		
Accept the values		
ATTACHING CASSETTE/ADMINISTRATION SET		
Demonstrate attaching, latching, and locking the cassette to the pump		
State the importance of free flow protection and identify how that is accomplished using the CADD disposables		
Identify CADD pump disposables used in the epidural mode, if appropriate		
Demonstrate priming the tubing		
Position the pump, tubing, and attach the pump to the lockable pole mount bracket		
Demonstrate attaching the remote dose cord		
PUMP OPERATION AND PROGRAMMING		
Demonstrate starting the pump		
Demonstrate delivering a clinician bolus		
Demonstrate delivering a PCA dose		
Demonstrate making program changes with the pump running		
Continuous rate		
PCA dose		
PCA lockout		
Demonstrate stopping the pump		
Demonstrate changing the reservoir volume		

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CADD Pump Skills Performance Equipment Checklist #DAHS-NSCCADDPPE11 (Continued)		
ALARMS		
Describe the difference between information, Low, Medium and High Priority Alarms.		
Identify and resolve alarm conditions:		
Low battery		
Reservoir volume low		
Reservoir volume is zero		
Downstream occlusion		
Battery depleted		
PUMP TASK		
PUMP REPORT		
Demonstrate going to the Tasks Menu and demonstrate:		
Starting a new patient		
Start new protocol, same patient		
Prime tubing		
Set time and date		
Adjusting the backlight intensity		
Adjusting alarm volume		
Demonstrate viewing and/or clearing pump reports:		
Given and PCA dose counters		
PCA dose graph		
Delivery history and pie chart		
Delivery log		
Event log		

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MDI with Spacer Skills Checklist #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.		
Pain Management Skills Checklist #DAHS-NSCPM15		
References: UC Davis Health Policy 4054, Pain Assessment and Pain Intensity Scales		
Define "pain" according to UC Davis Health Policy 4054, Pain Assessment and Pain Intensity Scales.		
Use age appropriate scale to obtain a pain intensity score.		
Perform a thorough pain assessment for a pre-verbal or non-verbal patient.		
Demonstrate appropriate documentation of pain assessment, including pain scale score, intervention and response		
Name three common sequelae of unrelieved pain.		
Name three common side effects of opioid pain medication.		
Name three non-pharmacological approaches to pain management.		
Verbalize rationale for ATC (around the clock) dosing.		
Verbalize three benefits of PCA use.		
Verbalize two precautions/concerns related to PCA use.		
Able to cite one special pain management consideration for each of the following as appropriate to practice setting: • Elder patient. • Patient with chronic, non-malignant pain • Patient with current or remote history of substance abuse. • Patient with pain related to a terminal illness.		
Able to name two interventions that interrupt transmission of pain signals: • At the site of injury. • At the level of the spinal cord. • In the central nervous system.		

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Pain Management Skills Checklist, continued #DAHS-NSCPM15,		
Describe when NSAIDs are useful.		
Describe two precautions for NSAID use.		
Name two differences between nociceptive and neuropathic pain.		
Name two differences between visceral and somatic pain.		
Pediatric IV Verification Check Sheet #DAHS-NSCPIV		
References: 1. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric)		
Pediatric IV Check Sheet #DAHS-NSCPIV (only if required for nursing area) - Online module passing score of 85%		
Completed Pediatric Learning Solutions **Online Modules**: Pediatric Peripheral IV Care & Management and Management of Peripheral IV Complications in the Pediatric Patient		
Complete three (3) sticks observed by verified clinician		
Location:		
Location:		
Location:		
Methotrexate Administration IM for Non-Cancer Patients Skills Checklist DAHS-NSCMAIMNCP14		
References: 1. 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 Clinical Policy 10001: Hazardous Drugs (HD) (Chemo): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures		

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Minor procedures, assisting with Skills Checklist   DAHS-NSCAMBMPAW

References:
Clinical Policy 18004, Specimen Labeling for Laboratory Processing
Elsevier Clinical Skill: Sterile Field Preparation.
Clinical Policy 4055, Medication Administration
Clinical Policy 4019, Universal Protocol
Clinical Policy 11025 Standard and Transmission Based Precautions for Infection Prevention

Screen for allergies including topical and skin prep agents		
Prepare supplies as applicable. Label any specimens collected per Clinical Policy 18004, Specimen Labeling for Laboratory Processing		
Label medication syringe as applicable per Clinical Policy 4055, Medication Administration		
Demonstrate proper set up of sterile field per Elsevier Clinical Skill: Sterile Field Preparation.		
Explain procedure to patient and provide the opportunity to ask questions		
Comply with Clinical Policy 4019 Universal Protocol.		
Wear personal protective equipment per Clinical Policy 11025 Standard and Transmission Based Precautions for Infection Prevention		
Perform procedure site prep if needed, depending on procedure and MD preference. Perform hand hygiene and don sterile gloves 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. Discard the sponge after reaching the periphery Repeat the scrub with a separate sponge for each round.		

Post-Procedure Documentation
    a. Vital signs
    b. Screen for pain.
    c. Assess site
    d. Report any concerns to licensed staff/physician		

Discharge a. Provide patient verbal/written instructions/education (per scope of practice). If questions, refer to physician. b. Provide AVS (after visit summary). c. Follow-up appointment, if applicable.		

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Monkeypox Specimen Collection DAHS-NSCMPSC22

References:
1. UC Davis Health Policy 2002, Attachment 8: UCDH Monkeypox Control Plan
2. CDC July 1, 2022 Infection Control: Healthcare Settings | Monkeypox | Poxvirus | CDC
3. CDC June 24, 2022 Clinical Recognition | Monkeypox | Poxvirus | CDC
4. CDPH, July 26, 2022. Monkeypox.
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
6. Sacramento County Public Health. MONKEYPOXTESTING UPDATE July 28, 2022 (Update to July 22, 2022)
7. UC Davis video What is Monkeypox? Symptoms, transmission and Vaccination Questions Answered

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 flocked 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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	Date	Verifier Initials
Nasopharyngeal Swabbing Skills Checklist DAHS-NSCNS		
References: 8. Standardized Procedure 501: COVID-19 Testing of Employees and Ambulatory Patients with a Standing Order 9. UC Davis Health Policy 11025: Standard and Transmission Based Precautions for Infection Prevention		
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-NSCAMBNP02TMM		
References: 1. Clinical Policy 17021: Hand Held Nebulizer Treatment 2. Clinical Policy 6018: Oxygen Administration		
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 Clinical Policy 17021: Hand Held Nebulizer Treatment and Clinical Policy 6018: Oxygen Administration		

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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.		
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		
Patient Rescue Core Skill #DAHS-NCCPR12		
Expected Outcome: The nurse will effectively manage patient emergencies.		
Demonstrates consistent performance in precepted experience of appropriate management of patient emergencies.		
Nasal Cannula or Oxygen Mask Application Skills Checklist #DAHS-NSCNCOMA15		
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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Oxygen Therapy and Oxygen Delivery Principles Skills Checklist #DAHS-NSCOTODP15		
References: UC Davis Health Policy 6018: Oxygen Administration		
Adjust the O_2 flow rate to deliver the prescribed amount of O_2. The flowmeter float ball should be positioned so the flow rate line is in the middle of the ball		
Check that O_2 is flowing through the cannula or mask.		
For nonrebreather masks, the reservoir bag must be prefilled with O_2 before it is applied to the patient. When using an O_2 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 O_2 delivery devices to ensure that they are functioning correctly and delivering the desired concentrations of O_2.		
Seizure Precautions Skills Checklist DAHS-NSCAMBSP		
References: 1. Elsevier Clinical Skills: Seizure Precautions and Management - CE		
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		

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Patient Safety Core Skill Checklist DAHS-NCCPS12		
Pediatric Comfort Restraint Skills Checklist DAHS-NSCAMBPCR		
References: 1. Comforting Restraint for Immunizations, California Department of Public Health, 2007 2. How to Administer Intramuscular and Subcutaneous Vaccine Injections, Immunization Action Coalition, 2018		
Infant/Toddler: Correctly identifies appropriate location for injection • Have parent hold the child on parent's lap • Infants: the parent can control both arms with one hand • 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. • 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		
Kindergarten and older children: Correctly identifies appropriate location for injection. • Hold the child on parent's lap or have the child stand in front of the seated parent. • Parent's arms embrace the child during the process. • Both legs are firmly held between parent's legs.		
Teenager: Correctly identifies appropriate location for injection. • Positioning or other techniques to facilitate muscle relaxation • Use of nonpharmacologic strategies: Distraction (e.g. humor, breathing techniques, imagery)		
Peak Flow Meter Skills Checklist DAHS-NSCAMPFM		
References: 1. Elsevier Clinical Skills: Peak Expiratory Flow Measurement - CE		
Completion of online module "Peak Expiratory Flow Measurement" DAHS-NEN166-ECS		
Performs per Elsevier Clinical Skills: Peak Expiratory Flow Measurement - CE		
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.		

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Telephone Triage Skills Checklist DAHS-NSCTELTTRN17		
References: 1. UC Davis Health Standardized Procedure 2: Telephone Triage and Advice Protocol for Patients in Ambulatory Care by an RN 2. UC Davis Health Clinical Policy 4094: Clinic Telephone Management for Medical Problems 3. UC Davis Health Policy 2720: Communicating Critical Lab Values 4. UC Davis Health Standardized Procedure 231: Prescription Refill by Clinic Registered Nurses 5. UC Davis Health Policy 2711: Medication Reconciliation 6. UC Davis Health Policy 2305: Approved Abbreviations 7. Epic and IT Education Website 8. Ambulatory Practice Standards 9. PCS Strategy Map and Goals 2021-22 10. Cleartriage training video 11. Carol Rutenberg video series		
DATA COLLECTION/INFORMATION GATHERING		
Demonstrates systematic, logical data collection.		
Uses available resources (e.g. EMR, interpreter, patient, family member or significant other)		
Gathers comprehensive, pertinent data: signs and symptoms, problem identification		
Gathers comprehensive supplemental data (e.g. age, allergies, medications, pregnancy status, past medical history. (Navigates EMR to find pertinent information)		
Involves caller in self-assessment process		
Verifies subjective information by asking appropriate open-ended questions		
Uses directive statements to keep caller focused		
Clarifies information as needed		
Reviews significant symptoms, problems as necessary		
TELEPHONE TRIAGE		
Determines emergency situations and acts accordingly		
Demonstrates proper use of 911		
Prioritizes problems correctly		
Selects appropriate telephone triage protocol (Cleartriage)		
Uses all available data in analysis of problem		
Demonstrates use of nursing/medical diagnoses		

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Telephone Triage Skills Checklist, continued **DAHS-NSCTELTTRN17**		
Demonstrates decision making/problem-solving skills		
Involves caller in interventions		
Offers alternative interventions when appropriate		
Makes EMR appointments or transfers patient to appropriate person when appropriate		
Refers to appropriate person as needed (e.g. physician, PA, NP, pharmacist, social worker, dietitian)		
Routes/closes telephone encounters to providers through EMR		
TEACHING		
Adapts teaching techniques to telephone		
Assesses caller's understanding of teaching		
Has caller repeat back information to confirm understanding of information/education		
Identifies barriers to learning (e.g. use interpreter)		
Teaches at appropriate learning level		
Uses resources when teaching (e.g. Patient education protocol, Cleartriage protocol, Elsevier, approved handouts)		
Provides callers with other resources if appropriate (Patient education, Healthwise, protocols, handouts, triage protocols, community resources)		
DOCUMENTATION		
Begins documentation in telephone encounter using Cleartriage as soon as call begins		
Documentation is clear, accurate and complete, using approved abbreviations		
Documents patient education, teaching and any barriers to learning		
Routes EMR telephone encounter to physician for co-signature		

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Telephone Triage Skills Checklist, continued DAHS-NSCTELTTRN17		
COMMUNICATION/INTERVIEWING SKILLS AND QUALITY OF SERVICE		
Greets caller appropriately, announcing name, title and clinic/department		
Performs three forms of patient identification (e.g. Name, DOB, address, Alternative phone number)		
Speaks slowly, acts professional at all times (even when assisting with a difficult or challenging patient)		
Demonstrates empathy and is non-judgmental		
Ask caller if they mind being placed on hold or transferred and waits for response from caller		
Monitors call so caller has sufficient time in order disclose necessary information, while keeping caller focused.		
Uses medical terminology appropriately/uses layman's terms when necessary		
Adheres to Ambulatory Care Customer Service Addendum and BEST principles at all times		
Disagrees diplomatically and with tact when appropriate		
Respects caller's opinion		
Ends call appropriately without hanging up on caller.		
PERFORMANCE IMPROVEMENT		
Aware of Ambulatory Care Standards		
Follows up appropriately on critical calls		
Recommends and documents appropriate dispositions while using Cleartriage		
Appropriately prioritizes tasks (e.g. calls, My Chart messages, test result review, medication refills)		
INDEPENDENT FUNCTION		
Able to make independent, appropriate decisions without preceptor		
Refers to appropriate person(s) when appropriate (e.g. physician, PA, NP, pharmacist, social worker, dietitian)		
Demonstrates knowledge of internal and external resources		
COMPUTER SKILLS		
Demonstrates knowledge of scheduling, rescheduling and cancelling appointments when applicable		
Able to display schedules and print schedules when applicable		
Able to access and review patient test results		

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***Telephone Triage Skills Checklist, continued* DAHS-NSCTELTTRN17**		
TELEPHONE SKILLS		
Knowledge of ACD telephone (e.g. ACD, My lines (login/off/break functions) when applicable		
Demonstrates procedure for placing caller on hold		
Demonstrates procedure for transferring call		
Demonstrates procedure for using conference call feature		
Demonstrates procedure for accessing telephonic interpreter		
Demonstrates procedure for using voice mail feature		
Demonstrates procedure for paging and/or texting paging MD		
MISCELLANEOUS SKILLS (CLINIC SPECIFIC)		
Demonstrates ability to perform medication reconciliation		
Demonstrates ability to perform medication refill per policy		
Knowledge of Communicating Critical Lab Values (UC Davis Health Policy 2720: Communicating Critical Lab Values)		
Demonstrates ability to respond to MyChart messages		
Liaison to Home Health, Hospice and/or other community agencies		
Urodynamics, assisting with Skills Checklist DAHS-NSCAMBUAW		
References: 1. UC Davis Health Policy 2111: Disinfection in Patient Care Areas		
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 UC Davis Health Policy 2111: Disinfection in Patient Care Areas		
Disinfects specialized equipment according to manufacturer's guidelines.		
Documents appropriately in EMR.		

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Visual Acuity Skills Checklist DAHS-NSCAMBVA		
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.		
Zoll AED Plus (Automated External Defibrillator) Skills Checklist DAHS-NSCZAEDP		
References: 1. UC Davis Health Policy 1640: Use of Automated External Defibrillator Zoll Plus Series 2. Elsevier Clinical Skill: Automated External Defibrillator		
Read UC Davis Health Policy 1640: Use of Automated External Defibrillator Zoll Plus Series		
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.		

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