Ambulatory LVN and MA Medication Administration Skills Page 1 of 8					
Name:	Employee ID #:	Employee ID #:			
Unit:	Title:				
Due Date: (new hires: prior to end of orient	tation period)				
These skills will be considered complete when all below	performance criteria are completed and pa	ages 1 and 2 have been scanned and emailed	to: hs-cppn@ucdavis.	<u>edu</u>	
Skill/Learning Not all skills are applicable to all Nursing areas – if not applicable	e mark as N/A	Skill Code (For CPPN Use Only)	Date Completed (or N/A)	Verifier Initials	
Overview: Medication Administration (Ambulatory LVN	I and MA)	DAHS-NSCAMBMEDADMIN			
Ear Instillation Medication Administration Verification (Ambulatory LVN and MA)		DAHS-NSCAMBEIMEDADMIN			
Eye Instillation Medication Administration Verification (Ambulatory LVN)		DAHS- NSCAMBEARIMEDADMIN			
Inhaled and Nasally Instilled Medication Administration Verification, Including Oxygen (Ambulatory LVN and MA)		DAHS-NSCAMBINIMEDADMIN			
Intradermal Medication Administration Verification (Ambulatory LVN and MA)		DAHS-NSCAMBIMEDADMINV			
Intramuscular Medication Administration Verification (Ambulatory LVN and MA)		DAHS- NSCAMBINTRAMEDADMIN			
Oral and Sublingual Medication Administration Verification (Ambulatory LVN and MA)		DAHS- NSCAMBOSMEDADMINV			
Rectal and Vaginal Medication Administration Verification (Ambulatory LVN and MA)		DAHS- NSCAMBRVMEDADMINV			
Subcutaneous Medication Administration Verification (Ambulatory LVN and MA)		DAHS- NSCAMBSUBMEDADMINV			
Topical Medication Administration Verification (Ambula	DAHS- NSCAMBTOPMEDADMINV				

Ambulatory LVN and MA Medication Administration Skills Page 2 of 8			
Name:		Employee ID #:	
Unit:		Title:	
Due Date: _	(new hires: prior to end of orienta	ation period)	
The	ese skills will be considered complete when all below	performance criteria are completed and pages 1 and 2 have been scanned and emailed to: <u>hs-cppn@ucdavis.edu</u>	
		SIGNATURE PAGE:	
Signature a	and Printed Name of Verifier (preceptor or other verified	d 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 LVN and MA Medication Administration Skills Page 3 of 8				
Name:	Employee ID #:			
Unit:	Title:			
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	<i>r</i> performance criteria are completed and pages 1 and 2 have been scanned and em	ailed to: <u>hs-cppn(</u>	Ducdavis.edu	
		Date	Verifier Initials	
Overview: Medication Administration (Ambulatory	LVN and MA) DAHS-NSCAMBMEDADMIN			
References: UC Davis Health Policy 4055: Medication Administration				
Reviews UC Davis Health Policy 4055: Medication Administra	Reviews UC Davis Health Policy 4055: Medication Administration			
Completes MA/LVN Medication Math Exam #DAHS-NGNMAMME20 with passing score of <u>>90%</u>				
Completes MA/LVN Medication Administration Class Post-Test with passing score of >90%				
Ear Instillation Medication Administration (Ambulatory LVN and MA) DAHS-NSCAMBEIMEDADMIN				
References: UC Davis Health Policy 4055: Medication Administration				
Reviews UC Davis Health Policy 4055: Medication Administra	ation			
Completes online module: Medication Administration: Ear Drops #DAHS-NGNMAED-ECS				
Successfully administers ear instilled medication as verified by a skill verified healthcare provider:				
1. Medication name:				
2. Medication name:				
3. Medication name:				

Ambulatory LVN and MA Medication Administration Skills Page 4 of 8				
Name:	Employee ID #:			
Unit:	Title:			
· · ·	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 and 2 have been scanned and em			
		Date	Verifier Initials	
Eye Instillation Medication Administration (Ambula	tory LVN) DAHS-NSCAMBEARIMEDADMIN			
References: UC Davis Health Policy 4055: Medication Administration				
Reviews UC Davis Health Policy 4055: Medication Administra	ation			
Completes online module: Medication Administration: Eye #	DAHS-NGNMAEYE-ECS			
Successfully administers eye instilled medication as verified by a skill verified healthcare provider:				
1. Medication name:				
2. Medication name:				
3. Medication name:	3. Medication name:			
Inhaled and Nasally Instilled Medication Administra	tion Verification, Including Oxygen (Ambulatory LVN and MA) DA	AHS-NSCAMBI	NIMEDADMIN	
References: 1. UC Davis Health Policy 4055: Medication Administration 2. UC Davis Health Policy 6018: Oxygen Administration 3. UC Davis Health Policy 17021: Hand Held Nebulizer Treatment 4. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant)				
Reviews Policies <u>4055</u> , <u>6018</u> , <u>17021</u> , and <u>17020</u>				
Completes online module: Medication Administration: Metered-Dose Inhalers #DAHS-NGNMAMDI-ECS				
Completes online module: Medication Administration: Nebulized #DAHS-NGNMANEB-ECS				
Completes online module: Medication Administration: Nasal I	Completes online module: Medication Administration: Nasal Instillations #DAHS-NGNMANI-ECS			
Completes online module: Oxygen Therapy: Nasal Cannula or Oxygen Mask #DAHS-NGNNCOMA-ECS				

Ambulatory LVN and MA Medication Administration Skills Page 5 of 8			
Name:	Employee ID #:		
Unit:	Title:		
PERFORMANCE CRITERIA - Unless otherwise specified all skills will	ll be demonstrated in accordance with the appropriate UCDH Policy and Procedure.		
These skills will be considered complete when all below	v performance criteria are completed and pages 1 and 2 have been scanned and en	nailed to: <u>hs-cppn</u>	@ucdavis.edu
Inhaled and Nasally Instilled Medication Administra DAHS-NSCAMBINIMEDADMIN, continued	ation Verification, Including Oxygen (Ambulatory LVN and MA)	Date	Verifier Initials
Successfully administers inhaled or nasally instilled medication	on as verified by a skill verified healthcare provider		
1. Medication Name and Route:			
2. Medication Name and Route:			
3. Medication Name and Route:			
Intradermal Medication Administration Verification (Ambulatory LVN and MA) DAHS-NSCAMBIMEDADMINV			
References: 1. UC Davis Health Policy 4055: Medication Administration 2. UC Davis Health Policy 4009: Tuberculosis Skin Test			
Reviews Policies 4055 and 4009			
Completes online module: Medication Administration: Intrade	rmal Injections #DAHS-NGNMAINTRADI-ECS		
Completes online module: Medication Administration: Injection Preparation from Ampules and Vials #DAHS-NGNMAIPFAV-ECS			
Successfully administers intradermal medication as verified by a skill verified healthcare provider			
1. Medication name and site:			
2. Medication name and site:			
3. Medication name and site:			

Ambulatory LVN and MA Medication Administration Skills Page 6 of 8				
Name:	Employee ID #:			
Unit:	Title:			
PERFORMANCE CRITERIA - Unless otherwise specified all skills wil	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 and 2 have been scanned and emailed to: hs-cppn@ucdavis.edu				
		Date	Verifier Initials	
Intramuscular Medication Administration Verification (Ambulatory LVN and MA) DAHS-NSCAMBINTRAMEDADMIN				
References: 1. UC Davis Health Policy 4055: Medication Administration				

UC Davis Health Policy 4000: Intramuscular Injection

Reviews Po	olicies <u>4055</u>	and <u>4007</u>
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Completes online module: Medication Administration: Intramuscular Injections #DAHS-NGNMAINTRAMI-ECS	
Completes online module: Medication Administration: Injection Preparation from Ampules and Vials #DAHS- NGNMAIPFAV-ECS #DAHS-	
Completes online module: Medication Administration: Mixing Parenteral Medications in One Syringe #DAHS- NGNMAMPMOS-ECS #DAHS-	
Successfully administers intramuscular medication as verified by a skill verified healthcare provider:	Ī
1. Medication name and site:	
2. Medication name and site:	
3, Medication name and site:	

Oral and Sublingual Medication Administration Verification (Ambulatory LVN and MA) DAHS-NSCAMBOSMEDADMINV

References:

1. UC Davis Health Policy 4055: Medication Administration

Reviews Policy 4055

Completes online module: Medication Administration: Oral #DAHS-NGNMAO-ECS

Ambulatory LVN and MA Medication Administration Skills Page 7 of 8				
Name:	Employee ID #:			
Unit:	Title:			
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	v performance criteria are completed and pages 1 and 2 have been scanned and em	ailed to: <u>hs-cppn@</u>	<u>Ducdavis.edu</u>	
Oral and Sublingual Medication Administration Ver NSCAMBOSMEDADMINV, continued	ification (Ambulatory LVN and MA) DAHS-	Date	Verifier Initials	
Successfully administers oral or sublingual medication as ve	rified by a skill verified healthcare provider:			
1. Medication Name and Route:				
2. Medication Name and Route:				
3. Medication Name and Route:				
Rectal and Vaginal Medication Administration Verification (Ambulatory LVN and MA) DAHS-NSCAMBRVMEDADMINV				
References: 1. UC Davis Health Policy 4055: Medication Administration	<u>n</u>			
Reviews Policy 4055				
Completes online module: Medication Administration: Medication Administration: Rectal #DAHS-NGNMARS-ECS				
Completes online module: Medication Administration: Medication Administration: Vaginal Instillations #DAHS-NGNMAVI-ECS				
Successfully administers rectal or vaginal medication as verified by a skill verified healthcare provider:				
1. Medication Name and Route:				
2. Medication Name and Route:				
3. Medication Name and Route:				

Ambulatory MA Skills Page 8 of 8				
Name:	Employee ID #:			
Unit:	Title:			
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 and 2 have been scanned a	nd emailed to	o: <u>hs-cppn(</u>	Ducdavis.edu
		Da	ate	Verifier Initials
Subcutaneous Medication Administration Verification	on (Ambulatory LVN and MA) DAHS-NSCAMBSUBMEDADM	INV		
References: 1. UC Davis Health Policy 4055: Medication Administration 2. UC Davis Health Policy 4010: Subcutaneous Injection	I			
Reviews Policies <u>4055</u> and <u>4010</u>				
Completes online module: Medication Administration: Subcu	Itaneous Injections #DAHS-NGNMASI-ECS			
Completes online module: Medication Administration: Injecti	on Preparation from Ampules and Vials #DAHS-NGNMAIPFAV-ECS			
Completes online module Medication Administration: Mixing Parenteral Medications in One Syringe #DAHS-NGNMAMPMOS-ECS				
Successfully administers subcutaneous medication as verified by a skill verified healthcare provider:				
1. Medication name and site:				
2. Medication name and site:				
3. Medication name and site:				
Topical Medication Administration Verification DA	HS-NSCAMBTOPMEDADMINV			
References: Clinical Policy 4055: Medication Administration				
Reviews Policy 4055				
Completes online module: Medication Administration: Topical	# DAHS-NGNMATOP-ECS			
Successfully administers topical medication as verified by a s	kill verified healthcare provider:			
1. Medication and site:				
2. Medication and site:				
3. Medication and site:				

Scan Page 1 and 2 ONLY and email to: <u>hs-cppn@ucdavis.edu</u>