

Ambulatory MA Skills	
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Unit:	Title:
Due Date:	
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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
Collaboration & Communication Core Skill (Ambulatory MA)	DAHS- NCCCACAMBMA23		
Cultural Sensitivity/Patient-Centered Care Core Skill (Ambulatory MA)	DAHS- NCCCSPCCAMBMA23		
Infection Prevention Core Skill (Ambulatory MA)	DAHS-NCCIPAMBMA23		
Informatics Core Skill (Ambulatory MA)	DAHS-NCCIFOAMBMA23		
Medication Safety Core Skill (Ambulatory MA)	DAHS-NCCMSAMBMA23		
Patient Rescue Core Skill (Ambulatory MA)	DAHS-NCCPRAMBMA23		
Patient Safety Core Skill (Ambulatory MA)	DAHS-NCCPSAMBMA23		
Professional Practice Core Skill (Ambulatory MA)	DAHS-NCCPPAMBMA23		
Anterior Nares Specimen Collection	DAHS-NSCANSC		
Applying an Elastic (ACE™) Bandage (Ambulatory)	DAHS-NSCACETM		
Blood Pressure (Ambulatory)	DAHS-NSCAMPBPB		
Bronchoscope Culturing (Ambulatory): Performs per Clinical Policy 11001, Culturing of Endoscopic Instruments	DAHS-NSCAMPBBC		
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-NSCAMPBCLEEP		
Code Management (Ambulatory): Performs per Clinical Policy 6006 Responding to Medical Emergency Situations (Including Code Blue) and Elsevier Clinical Skills: Code Management	DAHS-NSCAMPBCM		
Colposcopy, assisting with (Ambulatory)	DAHS-NSCAMPBCAW		
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-NSCAMPBCFCW		

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Cystoscope Culturing (Ambulatory): Performs per Clinical Policy 11001, Culturing of Endoscopic Instruments	DAHS-NSCAMBCC		
Cystourethroscopy, assisting with (Ambulatory)	DAHS-NSCAMBCTAW		
Doppler Ultrasound for Blood Pressure Assessment in the LVAD Patient	DAHS-NSCDUABPPDVAD		
Fall Prevention: Completes e-module: “Fall Prevention Program for MAs and LVNs” DAHS-NGNFPPMA10 and 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		
Hand Hygiene Skills Checklist: Performs per UC Davis Health Policy 11023: Hand Hygiene	DAHS-NSCHH15		
Holter Monitor (Ambulatory)	DAHS-NSCAMBHMA		
Incident Report Skills Checklist	DAHS-NSCIR15		
Injections: Intramuscular (IM), Subcutaneous (SQ), Z-Track Method (Ambulatory)	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 Clinical Policy 4093: Irrigating the External Auditory Canal and Elsevier Clinical Skills: Ear Irrigations - CE	DAHS-NSCAMBIEC		
Isolation Precautions Skills Checklist: Performs per Clinical Policy 11025: Standard and Transmission Based Precautions for Infection Prevention	DAHS-NSCIP15		
Liquid Nitrogen Safety	DAHS-NSCLNS		
MDI with Spacer Skills Checklist	DAHS-NSCMDIS14		
Minor procedures, assisting with (Ambulatory)	DAHS-NSCAMBMPAW		
Nebulizer, Pulmo-Aide and O2 Tank Method for Medication (Ambulatory)	DAHS-NSCAMBNP02TMM		

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Nurse Patient Relationship Skills Checklist	DAHS-NSCNPR15		
Nursing Report Skills Checklist	DAHS-NSCNR15		
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		
Oxygen Therapy and Oxygen Delivery Principles Skills Checklist	DAHS-NSCOTODP15		
Peak Flow Meter (Ambulatory)	DAHS-NSCAMPFM		
Pediatric Comfort Restraint (Ambulatory)	DAHS-NSCAMBPCR		
Seizure Precautions (Ambulatory)	DAHS-NSCAMBSP		
Steam Sterilization (Ambulatory): Performs per clinic autoclave operating manual and UC Davis Health Policy 1253, Steam Sterilization in Ambulatory Clinics.	DAHS-NSCAMBSS		
Suicide Risk Skills Checklist: Performs per UC Davis Health Policy 4016 Identification and Management of Patients at Risk for Suicide	DAHS-NSCSRA-17		
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		
Urodynamics, assisting with (Ambulatory)	DAHS-NSCAMBUAW		
Visual Acuity (Ambulatory)	DAHS-NSCAMBVA		
Zoll AED Plus (Automated External Defibrillator)	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

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Collaboration & Communication Core Skill (Ambulatory MA) DAHS- NCCCACAMBMA23		
Expected Outcome: The MA will function effectively within MA role and interprofessional teams		
Demonstrates consistent performance in precepted experience of professional collaboration and communication		
Cultural Sensitivity/Patient-Centered Care Core Skill (Ambulatory MA) DAHS- NCCCSPCCAMBMA23		
Expected Outcome: The MA will provide care that recognizes and respects patient preferences, values, and needs. MAs shall use cross cultural knowledge and culturally sensitive skills in implementing culturally congruent patient 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- <i>Passing score of 85% on test</i>		
Pediatric Learning Solutions Online Module: Age Specific Care: Newborn through Adult and Child Abuse and Neglect		
Infection Prevention Core Skill (Ambulatory MA) DAHS-NCCIPAMBMA23		
Expected Outcome: The MA 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		
Informatics Core Skill (Ambulatory MA) DAHS-NCCIFOAMBMA23		
Expected Outcome: The MA will effectively utilize information and technology to communicate, improve safety, and support decision making		
EMR Training		
Demonstrates basic technology skills (load paper, un-jam printers, print)		
Documentation Standards according to unit specific charting		
Documentation in Nurses' Progress Notes		
Use of Professional Exchange Report		
Navigates in Windows environment effectively		
Uses computer technology safely (log-in/log-out, protects passwords)		

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Medication Safety Core Skill (Ambulatory MA) DAHS-NCCMSAMBMA23		
Expected Outcome: The MA 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.		
Patient Rescue Core Skill (Ambulatory MA) DAHS-NCCPRAMBMA23		
Expected Outcome: The MA will effectively manage patient emergencies		
Demonstrates consistent performance in precepted experience of appropriate management of patient emergencies		
Patient Safety Core Skill (Ambulatory MA) DAHS-NCCPSAMBMA23		
Expected Outcome: The MA will provide safe patient care		
Demonstrates consistent performance in precepted experience of provision of patient safety.		
Professional Practice Core Skill (Ambulatory MA) DAHS-NCCPPAMBMA23		
Expected Outcome: The MA will provide professional patient care consistent with organization and department philosophy, values, mission, and goals		
Demonstrates consistent performance in precepted experience of professional patient care		
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		

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Anterior Nares Specimen Collection Skills Checklist 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		

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 elastic bandage reaches the proximal boundary. If a single bandage did not reach the proximal boundary, considered rewrapping 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 Pressure Skills Checklist DAHS-NSCAMBPB		
References:		
1. 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		
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		

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Colposcopy, assisting with Skills Checklist DAHS-NSCAMBCAW Continued		
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.		
Covid Anterior Nares Antigen Testing Skills Checklist DAHS-NSCCANAT		
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		
7. Inpatient COVID Antigen Testing Update		
Don full PPE (N95, face shield, gown and gloves)		
Identify patient using name and DOB		
Mark label with collector initials and the time of collection		
Open a sterile swab package		
Have patient tilt their head back to 70 degrees		
Insert the swab 1/2 to 3/4 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.		

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Covid Anterior Nares Antigen Testing Skills Checklist DAHS-NSCCANAT Continued		
Remove and discard the swab, and securely re-cap the vial tube. Ensure vial is correctly labeled before sending to lab		
Remove PPE and perform hand hygiene		
Cystourethroscopy, assisting with Skills Checklist DAHS-NSCAMBCTAW		
References:		
1. Clinical Policy 11028 High Level Disinfection of Endoscopic Instruments		
2. Clinical Policy 4019, Universal Protocol		
3. UC Davis Health Policy 2111, Disinfection in Patient Care Areas		
4. Clinical Policy 11027, Cleaning Endoscopes Prior to Cold Sterilization/High Level Disinfection		
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		

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Cystourethroscopy, assisting with Skills Checklist DAHS-NSCAMBCTAW Continued		
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		
Doppler Ultrasound for Blood Pressure Assessment in the LVAD Patient #DAHS-NSCDUABPPDVAD		
References:		
1. UC Davis Health Policy 5002: Durable Ventricular Assist Device: Nursing Management (Section V Paragraph B)		
2. Elsevier Clinical Skills: Doppler Ultrasound for Assessment of Blood Pressure and Peripheral Pulses		
3. VAD Aware Training DAHS-NGNVADA15		
If possible, ensures that the patient is seated or supine for at least 5 minutes		
Positions the appropriately sized blood pressure cuff above the elbow with the bladder midline over the brachial artery		
Using a handheld doppler, locates the patient's brachial arterial Doppler sound. Tilts the probe at a 45-degree angle along the length of the vessel. Avoids putting excess pressure on the probe		
Maintains the position of the probe over the artery and inflates the blood pressure cuff until the arterial Doppler sound is no longer audible		
Deflates the cuff slowly and notes on the sphygmomanometer when the first Doppler sound is heard		
The number on the sphygmomanometer associated with the first Doppler sound is the patient's mean arterial pressure (MAP)		
Removes cuff, wipes gel from patient's arm. Discards supplies, removes PPE, performs hand hygiene, and documents findings in the EMR		
Cleans the face of the Doppler probe with a soft tissue. Follows manufacturer's recommendations for disinfecting the probe after each 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		

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Holter Monitor Skills Checklist DAHS-NSCAMBHMA Continued		
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		
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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Holter Monitor Skills Checklist DAHS-NSCAMBHMA Continued		
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.		
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.		
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 and "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:		
<ol style="list-style-type: none"> Clinical Policy 4009: Tuberculosis Skin Test Elsevier Clinical Skill: Medication Administration: Intradermal Injection and Allergy Skin Testing - CE 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, completes 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		
Measures a skin test: <ol style="list-style-type: none"> Inspect and palpate site for induration Measure diameter of induration in millimeters transverse to the long axis of the forearm. (For mumps test, measure erythema) Document date, time, millimeters of induration (erythema for mumps) Report the measurement to the provider for interpretation as positive or negative 		

Intrauterine Device (IUD) Insertion, assisting with Skills Checklist DAHS-NSCAMBIUDIAW		
References:		
<ol style="list-style-type: none"> Clinical Policy 4019 Universal Protocol UC Davis Health Policy 2111 Disinfection in Patient Care Areas Handling of Reusable Instruments-Outpatient 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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Intrauterine Device (IUD) Insertion, assisting with Skills Checklist DAHS-NSCAMBIUDIAW Continued		
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- 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		

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Liquid Nitrogen (LN2) Safety Skills Checklist #DAHS- DAHS-NSCLNS Continued		
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		
MDI with Spacer Skills Checklist #DAHS-NSCMDIS14		
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		
Minor procedures, assisting with Skills Checklist #DAHS-NSCAMBMPAW		
References:		
1. Clinical Policy 18004, Specimen Labeling for Laboratory Processing		
2. Elsevier Clinical Skill: Sterile Field Preparation.		
3. Clinical Policy 4055, Medication Administration		
4. Clinical Policy 4019, Universal Protocol		
5. 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		

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Minor procedures, assisting with Skills Checklist #DAHS-NSCAMBMPAW Continued		
Perform procedure site prep if needed, depending on procedure and MD preference. <ul style="list-style-type: none"> a. Perform hand hygiene and don sterile gloves 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. c. Discard the sponge after reaching the periphery d. Repeat the scrub with a separate sponge for each round. 		
Post-Procedure Documentation <ul style="list-style-type: none"> a. Vital signs b. Screen for pain c. Assess site d. Report any concerns to licensed staff/physician 		
Discharge <ul style="list-style-type: none"> 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. 		
Nebulizer, Pulmo-Aide and Oxygen Tank Method for Medication Skills Checklist DAHS-NSCAMBNP02TMM		
References: <ul style="list-style-type: none"> 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		
Nurse Patient Relationship Skills Checklist #DAHS-NSCNPR15		
Verifies the correct patient using two identifiers per UC Davis Health Policy 2702 , Patient Identification and Safety Bands for the Hospitalized Patient		
Creates a climate of warmth and acceptance		
Uses appropriate nonverbal behaviors (e.g., good eye contact, open relaxed position, sitting eye level with patient)		

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Nurse Patient Relationship Skills Checklist #DAHS-NSCNPR15 Continued		
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.		
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		

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Oxygen Therapy and Oxygen Delivery Principles Skills Checklist #DAHS-NSCOTODP15		
References: UC Davis Health Policy 6018 : 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.		
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.		
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 <ul style="list-style-type: none"> 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 		

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Pediatric Comfort Restraint Skills Checklist DAHS-NSCAMBPCR Continued		
Kindergarten and older children: Correctly identifies appropriate location for injection. <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> Positioning or other techniques to facilitate muscle relaxation Use of nonpharmacologic strategies: Distraction (e.g. humor, breathing techniques, imagery) 		
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		
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.		

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Uroynamics, assisting with Skills Checklist DAHS-NSCAMBUAW Continued		
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.		
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)		

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Zoll AED Plus (Automated External Defibrillator) Skills Checklist DAHS-NSCZAEDP		
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.		