

General Core Skills Page 1 of 18				
Name:	Employee ID#:			
Unit:	Title:			
	rior to end of orientation period)			
These skills will be considered complete when all below po	erformance criteria are completed and pages 1, 2, 3 and 4	have been scanned and emails Skill Code	ed to: hs-cppn@ucdavi	s.edu Verifier
Not all skills are applicable to all Nursing areas – if not ap	plicable, mark as N/A	(For CPPN Use Only)	(or N/A)	Initials
Core Skill: Collaboration & Communication		DAHS-NCCCAC12		
Core Skill: Cultural Sensitivity/Patient-Centered Car	е	DAHS-NCCCSPCC12		
Core Skill: Evidence-Based Practice		DAHS-NCCEB12		
Core Skill: Infection Prevention		DAHS-NCCIP12		
Core Skill: Informatics		DAHS-NCCIFO12		
Core Skill: Medication Safety		DAHS-NCCMS12		
Core Skill: Patient Rescue		DAHS-NCCPR12		
Core Skill: Patient Safety		DAHS-NCCPS12		
Core Skill: Professional Practice		DAHS-NCCPP12		
Adult ABG Verification Check Sheet		DAHS-NSCAABGV13		
Adult IV Verification Check Sheet		DAHS-NSCRNIV		
Adult Nasopharyngeal and Oropharyngeal Airway Insert 17003, Attachment 1 Adjunct Airways	tion : Performs per UC Davis Health Policy	DAHS-NSCNOAI15		
BD Alaris IV Infusion System		DAHS-NSCBD18- ALARIS		
Blood Culture Collection Adult : Performs per UC Davis	Health Policy 13015: Blood Culture Collection	DAHS-NSCBCCA15		
Blood Culture Collection for Neonates and Peds : Performed Culture Collection	rms per <u>UC Davis Health Policy 13015: Blood</u>	DAHS-NSCBCCNP15		



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Skill/Learning Not all skills are applicable to all Nursing areas – if not ap	plicable, mark as N/A	Skill Code (For CPPN Use Only)	Date Completed (or N/A)	Verifier Initials
Blood Product Administration : Performs per UC Davis I and Blood Components	Health Policy 13012, Administration of Blood	DAHS-NSCBPA15		
CADD Pump Skills Performance Equipment Checklist		DAHS- NSCCADDPPE11		
Central Line Maintenance Bundle: Performs per <u>UC Davis Health Policy 13001: Vascular Access Policy</u> (Adult/Pediatric) and Attachment 4: Central Line Indications and Bundles		DAHS-NSCCLMB15		
Code Management : Performs per <u>UC Davis Health Policy 6006, Responding to Medical Emergency Situations (Including Code Blue)</u>		DAHS-NSCCM15		
Fall Prevention for RNs		DAHS-NSCFPFRN		
Hand Hygiene: Performs per UC Davis Health Policy 11	023: Hand Hygiene	DAHS-NSCHH15		
Incident Report: Performs per UC Davis Health Policy 1	466: Incident Reports	DAHS-NSCIR15		
Insulin Pen Use Skills: Performs per UC Davis Health P	olicy 7003 Insulin Preparation and Administration	DAHS-NSCIPU15		
Intravenous Heparin Infusion		DAHS-NSCIVHI14		
Isolation Precautions : Performs per <u>UC Davis Health Performs</u> <u>Precautions for Infection Prevention</u>		DAHS-NSCIP15		
Nasal Cannula or Oxygen Mask Application: Performs padministration	er <u>UC Davis Health Policy 6018: Oxygen</u>	DAHS-NSCNCOMA15		
Nurse Patient Relationship		DAHS-NSCNPR15		
Nursing BCMA Core Workflows: Performs per UC Davis Administration (BCMA)	Health Policy 4083: Barcoded Medication	DAHS- NSCNBCMACW16		
Nursing Report		DAHS-NSCNR15		
Oxygen Therapy and Oxygen Delivery Principles: Performance Administration	rms per <u>UC Davis Health Policy 6018: Oxygen</u>	DAHS-NSCOTODP15		



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Pain Management		DAHS-NSCPM15		
Pediatric IV Verification Check Sheet		DAHS-NSCPIV		
Pediatric ABG Verification Check Sheet		DAHS-NSCPABGV10		
Pyxis MedStation® ES System		DAHS-NSCPXMES14		
Restraints		DAHS-NSCR09		
SBAR Communication		DAHS-NSCSBARC15		
Seizure Precautions: Performs per UC Davis Health Pol	icy 15009: Seizure Precautions	DAHS-NSCSP15		
Suctioning (Adult): Endotracheal and Tracheal: Perform Attachment 2 and Attachment 3	ns per UC Davis Health Policy <u>17003</u> ,	DAHS-NSCSET15		
Suctioning, Nasopharyngeal and Nasotracheal (Adult ar Health Policy 17038, Pediatric and Neonatal Airway and Inpatients		DAHS-NSCSNN15		
Suicide Risk : Performs per UC Davis Health Policy 401 Risk for Suicide, Attachment 5)	6 Identification and Management of Patients at	DAHS-NSCSRA-17		
Urethral Catheter Insertion: Performs per UC Davis Hea	Ith Policy 9010: Urethral Catheter Insertion,	DAHS-NGNUCI		
Zoll Defibrillator: Select appropriate Zoll R Series (R Plu Care; depends on care area) from Skills- Addendums	us, R-ALS, or R-ALS for NICU and Peds Acute	Select and print from	Addendums	·



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		SIGNATURE PAGE:		
Signature	and Printed Name of Verifier (preceptor or other	r verified personnel) who have initia	led on this form:	
Initial:	Print Name:	Signature:		
PRECEPTEE	STATEMENT AND SIGNATURE:			
I have read and understand the appropriate UCDH 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.				
	Signatura	Drinted name	doto	
	Signature	Printed name	date	



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		Date	Verifier Initials	
Core Skill: Collaboration & Communication #DAHS	S-NCCCAC12			
Expected Outcome: The nurse will function effectively within	nursing role and interprofessional teams			
Demonstrates consistent performance in precepted expe	rience of professional collaboration and communication			
Core Skill: Cultural Sensitivity/Patient-Centered Car				
Expected Outcome: The nurse will provide care that recogni sensitive skills in implementing culturally congruent nursing	zes and respects patient preferences, values, and needs. Nurses shall us care.	se cross cultural knowle	edge and culturally	
Patient-Centered Care – Completed in CPPN General Nursi	ng Orientation			
Population-Specific Care – Completed in CPPN General Nu	rsing Orientation			
Advance Directives for Healthcare & Physician Order for Life	e-Sustaining Treatment Online Module #DAHS-NGNADPOLST16			
Age Specific Care Online Module #DAHS-NGNASC11- Passing score of 85% on test				
Core Skill: Evidence-Based Practice #DAHS-NCCEB12				
Expected Outcome: The nurse will integrate current evidence	e, including Quality and Safety Data, in planning, delivering, and evaluati	ng patient care		
Evidence-Based Practice (EBP) – Completed in CPPN Ge	eneral Nursing Orientation			
Demonstrates consistent performance in precepted exper	ience of ability to find EBP and demonstrate use			
Core Skill: Infection Prevention #DAHS-NCCIP12				
Expected Outcome: The nurse will utilize current evidence a	nd standards of care in prevention, recognition, and treatment of patient	infection		
Demonstrates consistent performance in precepted exper	ience of using infection prevention standards of care			
Core Skill: Informatics #DAHS-NCCIFO12				
•	ation and technology to communicate, improve safety, and support decisi	ion making	T	
EMR Training				
Demonstrates basic technology skills (load paper, un-jam				
Documentation Standards according to unit specific chart	ing			
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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Core Skill: Medication Safety #DAHS-NCCMS12				
Expected Outcome: Nurse will administer patient medication	ns in a consistent safe manner			
Completed Medication Policies and Medication Facts mo	dule- DAHS-NGNMPMF20			
Demonstrates consistent performance in precepted expe	rience of safe medication practices			
Core Skill: Patient Rescue #DAHS-NCCPR12				
Expected Outcome: The nurse will effectively manage patient	emergencies.			
Demonstrates consistent performance in precepted experie	ence of appropriate management of patient emergencies.			
Core Skill: Patient Safety #DAHS-NCCPS12				
Expected Outcome: The nurse will provide safe nursing care				
Demonstrates consistent performance in precepted experien	ce of provision of patient safety.			
Core Skill: Professional Practice #DAHS-NCCPP12				
Expected Outcome: The nurse will provide professional nurs	ng care consistent with organization and department philosophy, values,	mission, and goals		
Demonstrates consistent performance in precepted experien	ce of professional nursing care			
Adult ABG Verification Check Sheet #DAHS-NSCAAL	BGV13 (only if required for nursing area)			
References: 1. UC Davis Health Policy 17012: Arterial Puncture - Adults	and Children			
Complete Arterial Puncture Online Module #DAHS-NGN91-	ECS - Passing score of 85% on test			
Complete three (3) sticks observed by verified clinician				
Artery Location:				
Artery Location:				
Artery Location:				



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		Date	Verifier Initials
Adult IV Verification Check Sheet			
References: 1. UC Davis Health Policy 13001: Vascular Access Policy (A	dult/Pediatric)		
Complete three (3) sticks observed by verified clinician			
Complete RN Adult IV Online Module #DAHS-NGNRNIV -	Online module passing score of 85%		
Location:			
Location:			
Location:			
BD Alaris IV Infusion System #DAHS-NSCBD18-AL	ARIS		
References: 1. UC Davis Health Policy 13056: Parenteral Infusion Pump 2. UC Davis Health Policy 3063: Parenteral and Enteral Infusion	<u>Use</u> sion Pump Care, Distribution and Maintenance		
Alaris™ Pump Module			
Completed assigned Alaris Online Modules in UC Learning	j .		
BD Alaris IV Infusion System policies and procedures revie	wed.		
Demonstrate Pump Setup The patient's heart level should be in line with [CHANNEI Closes the administration set roller clamp when the safety Does not use needles or blunt cannulas to access a Sma Scrub the SmartSite™ Needle-Free Valve prior to any corseconds, or an alcohol prep pad for 15-30 seconds and a Demonstrate System Start Up and Operation Understanding of what happens when [NEW PATIENT] is	r clamp is open, to prevent free flow. rtSite™ Needle-Free Valve. nnection with a CHG/ alcohol swab pad for 5 seconds and let dry for 5 llow to air dry for 15-30 seconds.		



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BD Alaris IV Infusion System #DAHS-NSCBD18-ALA Alaris™ Pump Module, continued	ARIS, continued	Date	Verifier Initials	
Demonstrate Programming with Guardrails™ Safety Softwa — Programming a primary infusion on the Alaris™ Pump mo — Responding to a Guardrails™ Soft or Hard Limit alarm wi — Programming an intermittent infusion on the Alaris™ Pum — Programming a Volume/Duration infusion on the Alaris™ — Use of the "RESTORE" feature (previous programming, V — Programming a medication bolus and describing the "Rap — Pausing an infusion by pressing the [PAUSE] hard key or — The appropriate head height differential when hanging a 2 Demonstrate Basic Programming Without Guardrails™ Safe when this mode is used.	dule. th audio alerts and visual prompts. p module. Pump module. 'TBI, bolus'). id Bolus' infusion feature. the pump module and the PC unit.			
Alaris™ Syringe Module				
Demonstrate Syringe Module Setup - The patient's heart level should be in line with [CHANNEL]	. SELECT] key.			
 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. Verbalize Pausing an infusion by pressing the [PAUSE] hard key or	es how to silence the alertsound.			
 Recommend measures to help reduce start-up delays. (Ir 	• ,			
Demonstrate Basic Programming Without Guardrails™ S - Programming of a Basic Infusion, Verbalize safety concer				



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BD Alaris IV Infusion System #DAHS-NSCBD18-AL Alaris™ Syringe module, continued	ARIS, continued	Date	Verifier Initials
 Use the [PRIME SET WITH SYRINGE] channel option of the device's mechanical components and decrease the sign of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with or higher than the decrease of the administration set is level with the decrease of the administration set is level with the decrease of the administration set is level with the decrease of the administration set is level with the decrease of the admini	amL of fluid, use a 3 mL syringe). The remaining the rem		
Alaris™ PCA module			
Demonstrate Accessing Patient History and the Alaris ^T How to view and clear patient history. Verbalize that patient history data is stored as a rolling 24 Verbalize what actions will delete the PCA patient history Demonstrate Pausing the infusion, Changing the syring Clamping off fluid flow to the patient before loading and u	g a new syringe or changing the syringe. or uncontrolled flow with a primed administration set. all push on the plunger when lowering the drive head. unloading a syringe. eturer and size displayed on the pump usion (PCA dose, Lockout interval, Continuous dose, Maximum limit). M PCA module -hour time period. ge and Restoring the infusion		



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BD Alaris IV Infusion System #DAHS-NSCBD18-Al Alaris™ PCA module, continued	ARIS, continued	Date	Verifier Initials
Demonstrate Understanding of the Alaris™ PCA Pause Pro - The Alaris™ PCA module will pause when hospital-est. Demonstrate Understanding of the near end of infusion (NE - Near end of infusion (NEOI) option allows an alert to sour infusion is complete (Empty Syringe alert).	ablished parameters on the Alaris™ etCO2 module are met.		
I am not responsible for the PCA module.			
Alaris™ EtCO2 module			
and a normal etCO2 waveform. - Locating the Gas Inlet on the Alaris™ etCO2 module and Alarms and Limits - How to view etCO2 alarm limits, RR alarm limits, and etCo2 How change etCO2, RR, and No Breath limits. Demonstrate Pre-silencing Alarm - Understands that this mode will only pre-silence the moni Demonstrate Viewing EtCO2 Trend Data			
 Understand how to view the trend data. How to tell which value has triggered an alarm (bell ico If there is no data for time period displayed, dashes (Current patient data will not be displayed while Trend I Demonstrate Understanding of Alarms/Alerts/Troublesh 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:	-) will be displayed. Data feature is being viewed		



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BD Alaris IV Infusion System #DAHS-NSCBD18-AL Alaris™ EtCO2 Module, continued	ARIS, continued	Date	Verifier Initials
I am not responsible for the EtCO ₂ module.			
BD Alaris™ Cleaning			
CADD Pump Skills Performance Equipment Checklis	t #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@ extens	ion 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 Llab bar			
Help bar Work area			
Soft key bar			



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CADD Pump Skills Performance Equipment Check	ist #DAHS-NSCCADDPPE11, continued	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			
Verify Therapy, Qualifier and Drug			
Review the pump settings			
Adjust the patient specific parameters per the Physician (
Describe what happens when a parameter is adjusted ou	side of the soft limit range		
Accept the values			
ATTACHING CASSETTE/ADMINISTRATION SET			
Demonstrate attaching, latching, and locking the cassette			
State the importance of free flow protection and identify h	· · · · · · · · · · · · · · · · · · ·		
Identify CADD pump disposables used in the epidural mo	de, if appropriate		
Demonstrate priming the tubing			
Position the pump, tubing, and attach the pump to the loc	kable 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 rur	ning		
Continuous rate			
PCA dose			
PCA lockout			
Demonstrate stopping the pump			
Demonstrate changing the reservoir volume			



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CADD Pump Skills Performance Equipment Checklis	ot #DAUS NSCCADDBBE11 (Continued)		
	st #DARS-NSCCADDFFETT (Collultueu)		
ALARMS		1	ı
Describe the difference between information, Low, Mediu	ım 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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Fall Prevention for RNs #DAHS-NSCFPFRN			
References: UC Davis Health Policy 4005: Patient at Risk for Falling			
Completed Fall Prevention for RNs Online Module #DAHS-N	GNFPPRN10		
Assess fall score and implement appropriate clinical practice	guideline and patient safety measures		
Intravenous Heparin Infusion #DAHS-NSCIVHI14			
References: 1. UC Davis Health Policy 13011: Pharmacologic Prevention or	Treatment of Thromboembolism	_	
Describe the process for prescribing heparin			
Identify baseline blood tests before initiating IV heparin thera	py.		
Demonstrate the verification of heparin administration.			
Demonstrate use of required equipment.			
State the expectation for patient monitoring.			
State the signs/symptoms of bleeding.			
State the signs/symptoms of thrombosis.			
Describe the responsibilities of a nurse in response to a heparin overdose.			
State when to notify the physician.			
Describe proper documentation.			
Complete heparin infusion worksheet.			
Nurse Patient Relationship #DAHS-NSCNPR15			
Verifies the correct patient using two identifiers per <u>UC Davis</u> <u>Bands for the Hospitalized Patient</u>	Health Policy 2702, Patient Identification and Safety		
Creates a climate of warmth and acceptance			
Uses appropriate nonverbal behaviors (e.g., good eye contact	ct, open relaxed position, sitting eye level with patient		
Uses therapeutic communication skills such as restating, refl attainment of mutually agreed-upon goals.	ecting and paraphrasing to identify and clarify strategies for		
Uses effective communication skills to discuss discharge and to specific changes in patient's thoughts and behaviors.	I termination issues and to guide discussion related		
Summarizes and restates with patient what was discussed d	uring interaction, including goal achievement		



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Nursing Report #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 que	estions regarding information provided.		
Pain Management #DAHS-NSCPM15			
References: UC Davis Health Policy 4054, Pain Assessment and Mar	nagement		
Define "pain" according to UC Davis Health Policy 4054.			
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 medicati	ion.		
Name three non-pharmacological approaches to pain ma	anagement.		
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 Elder patient. Patient with chronic, non-malignant pain Patient with current or remote history of substance abuse	for each of the following as appropriate to practice setting:		
Patient with pain related to a terminalillness.	•		
Able to name two interventions that interrupt transmissic At the site of injury. At the level of the spinal cord. In the central nervous system.	n of pain signals:		
Describe when NSAIDs are useful.			
Describe two precautions for NSAID use.			
Name two differences between nociceptive and neuropa	thic pain.		
Name two differences between visceral and somatic pain.			



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Pediatric ABG Verification Check Sheet #DAHS-NSC	CPABGV10 (only if required for nursing area)		
References: 1. UC Davis Health Policy 17012: Arterial Puncture - Adults	s and Children		
Completed Arterial Puncture Online Module #DAHS-NGN91-ECS - Passing score of 85% on test			
Complete three (3) sticks observed by verified clinician			
Artery Location:			
Artery Location:			
Artery Location:			
Pediatric IV Verification Check Sheet #DAHS-NSCPI	V		
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 : Peripheral IV Complications in the Pediatric Patient	ediatric Peripheral IV Care & Management and Management of		
Complete three (3) sticks observed by verified clinician			
Location:			
Location:			
Location:			
Pyxis MedStation® ES System Equipment Checklist			
Completed Pyxis MedStation® ES Station Online Modul			
Pyxis MedStation® ES system policies and procedures reviewed			
STATION BASICS			
Keyboard			
Printer paper change - move black spindle from empty roll to full roll			
Scanner			
Locate and access Tutorial and Help			



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Pyxis MedStation® ES System Equipment Checklist #DAHS-NSCPXMES14, continued STATION BASICS, continued		Date	Verifier Initials
Medication reference for nursing (Lexi-comp™ online via	CRC or link on the Kernel)		
Sign in/sign out to the Pyxis MedStation [®] ES system			
Register Bio ID fingerprint identification system scan / Re	eset finger scan		
Main Menu screen			
PATIENTS			
All Available Patients			
Create/modify My Patient list			
REMOVE MEDICATION			
NON-PROFILE - Remove medication(s) in non-profile n	node		
PROFILE - Remove profile medication: scheduled and PRN			
From My Patients view (blue dots)			
Selecting patient, then Remove			
Due Now tab will show orders due 1 hour before and 2 hours after current time			
All Orders tab - complete profile includes Due Now, PRNs, doses scheduled in future			
Review order details			
OVERRIDE MEDICATIONS			
Remove a medication with override			
Take appropriate steps for an existing order for an override medication - override warning			
RETURN MEDICATION			
Return a medication previously removed for a patient			
Scan medication barcode (if unable to scan return to Rx)			
WASTING MEDICATION			
Document amount wasting of full dose and replace as needed (not amount given)			
<u> </u>	Document amount wasting of partial dose during remove process (not amount given)		
Document amount wasting of partial dose after completing remove process (not amount given)			
Witness waste			
Undocumented waste warning			



General Core Skills Page 18 of 18				
Name:	Employee ID#:			
Unit:	Title:			
Due Date: (new hires	s: prior to end of orientation period)			
These skills will be considered complete when all below pe	rformance criteria are completed and pages 1, 2, 3 and 4 h	nave been scanned and em	ailed to: <u>hs-cppn@ucda</u>	vis.edu
Skill/Learning Not all skills are applicable to all Nursing areas – if not ap	Skill Code (For CPPN Use 0		Date Completed (or N/A)	Verifier Initials
Restraints Checklist #DAHS-NSCR09				
References: UC Davis Health Policy 4069: Restraints				
Completed Restraints Online Module # DAHS-NGNRSTR20				
Attach and release the safety clip				
Remove and reapply a mitt to a simulated patient				
Remove and reapply a limb restraint to a simulated patient				
Remove and reapply a belt restraint device to a simulated patient				
SBAR Communication #DAHS-NSCSBARC15				
Contacts the primary practitioner directly responsible for make receiving the patient communication hand-off.				
Initiates SBAR communication, introduced self, and provided Included situation, background information, assessment findicandition and insights offered recommendations to correct by	ings and observations of current	on.		