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Neonatal Transport Team Skills		
Name:	Employee ID #:	
Unit:	Title:	
Due Date:		
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health 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		

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
Children's Hospital Inomax Skills Checklist	DAHS-NSCCHARNX		
Children's Hospital Neopod High Flow Nasal Cannula Skills Checklist	DAHS-NSCCHANHFNC		
Children's Hospital Crossvent 2i Skills Checklist	DAHS-NSCCHC2i		
Children's Hospital TXP Skills Checklist	DAHS-NSCCHTXP		
Children's Hospital Sentec TCOM Skills Checklist	DAHS-NSCCHST17		
Children's Hospital Braun Syringe Pump Skills Checklist	DAHS-NSCCHBS		
Children's Hospital Zoll X-series Skills Checklist	DAHS-NSCCHZOLL24		
Children's Hospital Tecotherm Skills Checklist	DAHS- NSCCHTECO24		
Children's Hospital Endotracheal Intubation Skills Checklist	DAHS-NSCCHEI17		
Children's Hospital Laryngeal Mask Insertion Skills Checklist	DAHS-NSCCHLMI17		
Children's Hospital Neoview Skills Checklist	DAHS-NSCCHNEOV24		
Children's Hospital Surfactant Administration via ETT Skills Checklist	DAHS-NSCCHSA17		
Children's Hospital LISA Technique Skills Checklist	DAHS-NSCCHLISA24		
Children's Hospital Needle Thoracentesis Skills Checklist	DAHS-NSCCHNT17		
Children's Hospital UAC/UVC Insertion Checklist	DAHS-NSCCHUAC/UVCI17		
Children's Hospital Intraosseous Cannulation Skills Checklist	DAHS-NSCCHIC17		



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Neonata	al Transport Team Skills		
Name:		Employee ID #:	
Unit:		Title:	
Due Date:			
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		SIGNATURE PAGE:	
Signature a	and Printed Name of Verifier (preceptor or other verif	ied personnel) who have initialed on this form:	
Initial:	Print Name:	Signature:	
PRECEPTE	EE STATEMENT AND SIGNATURE:		
I have read		s and Procedures and/or equipment operations manual, I have demonstrated the ability to	perform the verified skills as noted, and I
Name:	s	ignature:	Date:

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Neonatal Transport Team Skills			
Name:	Employee ID #:		
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Children's Hospital Inomax Skills Checklist # DAHS-	NSCCHARNX	Date	Verifier Initials
Nurse verbalizes indications/contraindications for use.			
Nurse demonstrates calibration.			
Nurse demonstrates proper set up including proper cor			
Nurse demonstrates set up and adjustment of INO flow.			
Nurse demonstrates set up and use of back up bagging	g device.		
Children's Hospital Neopod High Flow Nasal Cannul	a Skills Checklist # DAHS-NSCCHANHFNC	Date	Verifier Initials
3			
Nurse verbalizes indications/contraindications of use.			
Nurse verbalizes indications/contraindications of use.			
Nurse verbalizes indications/contraindications of use. Nurse demonstrates set up and priming of tubing/circuit			
Nurse verbalizes indications/contraindications of use. Nurse demonstrates set up and priming of tubing/circuit Nurse demonstrates dialing of appropriate temperature	to circuit.		
Nurse verbalizes indications/contraindications of use. Nurse demonstrates set up and priming of tubing/circuit Nurse demonstrates dialing of appropriate temperature Nurse demonstrates attachment of power cord.	to circuit. patient.		
Nurse verbalizes indications/contraindications of use. Nurse demonstrates set up and priming of tubing/circuit Nurse demonstrates dialing of appropriate temperature Nurse demonstrates attachment of power cord. Nurse demonstrates placement of right size cannula for	to circuit. patient. ntage of Fio2 for patient.	Date	Verifier Initials
Nurse verbalizes indications/contraindications of use. Nurse demonstrates set up and priming of tubing/circuit Nurse demonstrates dialing of appropriate temperature Nurse demonstrates attachment of power cord. Nurse demonstrates placement of right size cannula for Nurse demonstrates dialing of right flow and right perce	patient. ntage of Fio2 for patient. DAHS-NSCCHC2i	Date	Verifier Initials
Nurse verbalizes indications/contraindications of use. Nurse demonstrates set up and priming of tubing/circuit Nurse demonstrates dialing of appropriate temperature Nurse demonstrates attachment of power cord. Nurse demonstrates placement of right size cannula for Nurse demonstrates dialing of right flow and right perce Children's Hospital Crossvent 2i Skills Checklist #	patient. ntage of Fio2 for patient. DAHS-NSCCHC2i	Date	Verifier Initials
Nurse verbalizes indications/contraindications of use. Nurse demonstrates set up and priming of tubing/circuit Nurse demonstrates dialing of appropriate temperature Nurse demonstrates attachment of power cord. Nurse demonstrates placement of right size cannula for Nurse demonstrates dialing of right flow and right perce Children's Hospital Crossvent 2i Skills Checklist #I Nurse demonstrates accurate placement of ventilation	patient. ntage of Fio2 for patient. DAHS-NSCCHC2i	Date	Verifier Initials
Nurse verbalizes indications/contraindications of use. Nurse demonstrates set up and priming of tubing/circuit Nurse demonstrates dialing of appropriate temperature Nurse demonstrates attachment of power cord. Nurse demonstrates placement of right size cannula for Nurse demonstrates dialing of right flow and right perce Children's Hospital Crossvent 2i Skills Checklist #I Nurse demonstrates accurate placement of ventilation Nurse demonstrates leak test.	patient. ntage of Fio2 for patient. DAHS-NSCCHC2i	Date	Verifier Initials
Nurse verbalizes indications/contraindications of use. Nurse demonstrates set up and priming of tubing/circuit Nurse demonstrates dialing of appropriate temperature Nurse demonstrates attachment of power cord. Nurse demonstrates placement of right size cannula for Nurse demonstrates dialing of right flow and right perce Children's Hospital Crossvent 2i Skills Checklist #I Nurse demonstrates accurate placement of ventilation Nurse demonstrates leak test. Nurse demonstrates setup of CPAP.	patient. ntage of Fio2 for patient. DAHS-NSCCHC2i	Date	Verifier Initials

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Neonatal Transport Team Skills			
Name:	Employee ID #:		
Unit:	Title:		
Due Date:			
PERFORMANCE CRITERIA - Unless otherwise s	pecified all skills will be demonstrated in accordance with the appropriate UC D	avis Health Policy and Proc	edure.
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Children's Hospital TXP Skills Checklist #DAHS-NSCCHT	(P	Date	Verifier Initials
References:			
Nurse verbalizes indications/contraindications of use			
Nurse demonstrates use of MAP: starting point, how to	·		
Nurse demonstrates use of Frequency: starting point,	· · · · · · · · · · · · · · · · · · ·		
Nurse demonstrates use of Amplitude: starting point, how to adjust and indications for adjustment			
Nurse verbalizes use of protocol: timing of blood gasse	es, use of TCOM, timing and indications for chest x-ray		
Children's Hospital Sentec TCOM Skills Checklist #DAHS-	NSCCHST17	Date	Verifier Initials
Demonstrate power on of TCOM.			
Demonstrate calibration of TCOM.			
Demonstrates placement of probe			
Demonstrate setup of silence and parameters of alarm	settings		
Verbalize indications for use of TCOM			
Demonstrate s proper storage of TCOM cable			
Demonstrates membrane change			
Children's Hospital Braun Syringe Pump Skills Ched	klist #DAHS-NSCCHBS	Date	Verifier Initials
Nurse demonstrates powering on of pump.			
Nurse demonstrates use of pharmaceutical library.			
Nurse demonstrates priming and loading of tubing.			
Nurse demonstrates programming of medication and/o	or MIVF with accurate volume and rate.		
Nurse demonstrates reporting of total volume infused	and clearing of volume.		
Nurse demonstrates setup powering off of pump.			

Neonatal Transport Team Skills

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Name:	Employee ID #:		
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		•	T
Children's Hospital Zoll X Series Skills Checklist #DAHS-	NSCCHZOLL24	Date	Verifier Initials
References: 1. UC Davis Health Clinical Policy 6005 Automated External D	<u>Defibrillator (AED-ZOLL)</u>		
Demonstrate defibrillator, pacer, and treatment modes- indicate	tions, contraindications and complications.		
Demonstrate recording and monitoring of vital signs.			
Demonstrate attachment and monitoring of pressure lines.			
Demonstrate attachment and monitoring of ETCO2.			
Children's Hospital Tecotherm Skills Checklist #DAHS-NS	SCCHTECO24	Date	Verifier Initials
Children's Hospital Tecotherm Skills Checklist #DAHS-NS References: 1. UC Davis Health Neonatal Transport Team Structure Sta		Date	Verifier Initials
References:	andards 22026(4)	Date	Verifier Initials
References: 1. UC Davis Health Neonatal Transport Team Structure Sta	andards 22026(4) rnat exam	Date	Verifier Initials
References: 1. UC Davis Health Neonatal Transport Team Structure State Verbalizes indications, contraindications, cooling criteria & San Demonstrates use of Tecotherm: Set up, connections, water fit Children's Hospital Endotracheal Intubation Skills C	rnat exam ill, settings, placements, and treatment mode	Date Date	Verifier Initials Verifier Initials
References: 1. UC Davis Health Neonatal Transport Team Structure S	rnat exam ill, settings, placements, and treatment mode	Date	Verifier Initials
References: 1. UC Davis Health Neonatal Transport Team Structure S	andards 22026(4) rnat exam ill, settings, placements, and treatment mode Checklist # DAHS-NSCCHEI17 Standardized Procedures for Children's Hospital Critical Care TransportNurses -	Date	Verifier Initials
References: 1. UC Davis Health Neonatal Transport Team Structure State Verbalizes indications, contraindications, cooling criteria & Sate Demonstrates use of Tecotherm: Set up, connections, water fit Children's Hospital Endotracheal Intubation Skills Contractions References: 1. UC Davis Health Standardized Procedure X-17, Attachment 1	andards 22026(4) rnat exam ill, settings, placements, and treatment mode Checklist # DAHS-NSCCHEI17 Standardized Procedures for Children's Hospital Critical Care TransportNurses - neal intubation.	Date	Verifier Initials
References: 1. UC Davis Health Neonatal Transport Team Structure State Verbalizes indications, contraindications, cooling criteria & San Demonstrates use of Tecotherm: Set up, connections, water fit Children's Hospital Endotracheal Intubation Skills Connections References: 1. UC Davis Health Standardized Procedure X-17, Attachment 1 Verbalize indications and contraindications of endotracheal	rnat exam ill, settings, placements, and treatment mode checklist # DAHS-NSCCHEI17 Standardized Procedures for Children's Hospital Critical Care TransportNurses - neal intubation. Ind depth for size and weight of patient or mannequin.	Date	Verifier Initials
References: 1. UC Davis Health Neonatal Transport Team Structure S	rnat exam ill, settings, placements, and treatment mode Checklist # DAHS-NSCCHEI17 Standardized Procedures for Children's Hospital Critical Care TransportNurses - neal intubation. Ind depth for size and weight of patient or mannequin. equipment.	Date	Verifier Initials
References: 1. UC Davis Health Neonatal Transport Team Structure State Verbalizes indications, contraindications, cooling criteria & San Demonstrates use of Tecotherm: Set up, connections, water fit Children's Hospital Endotracheal Intubation Skills Conserved States of the Company of the Contraction of the Contracti	rnat exam ill, settings, placements, and treatment mode checklist # DAHS-NSCCHEI17 Standardized Procedures for Children's Hospital Critical Care TransportNurses - neal intubation. Ind depth for size and weight of patient or mannequin. equipment. t.	Date	Verifier Initials
References: 1. UC Davis Health Neonatal Transport Team Structure State Verbalizes indications, contraindications, cooling criteria & San Demonstrates use of Tecotherm: Set up, connections, water fit Children's Hospital Endotracheal Intubation Skills Considered References: 1. UC Davis Health Standardized Procedure X-17, Attachment 1 Verbalize indications and contraindications of endotrach Verbalize and/or demonstrate correct size blade, ETT and Verbalize and/or demonstrate assembly of emergency expensive to positioning of mannequin or patients.	rnat exam ill, settings, placements, and treatment mode checklist # DAHS-NSCCHEI17 Standardized Procedures for Children's Hospital Critical Care TransportNurses - neal intubation. Ind depth for size and weight of patient or mannequin. equipment. t. patient.	Date	Verifier Initials

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Neonatal Transport Team Skills			
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			1
Children's Hospital Laryngeal Mask Insertion Skills Checkli	IST #DAHS-NSCCHLMI17	Date	Verifier Initials
References: 1. UC Davis Health Standardized Procedure X-17/Attachment	t 1: Standardized Procedures for Children's Hospital Critical Care TransportNurses	s - Endotracheal Intubation	on
Verbalize indications and contraindications of LMA place			
Verbalize correct size LMA for size and age.			
Verbalize and demonstrate assembly of emergency equ	uipment and correct supplies for procedure.		
Demonstrate placement of LMA in mannequin or patien	t with correct technique.		
Verbalize and demonstrate primary and secondary met	hods of verification of LMA placement.		
Verbalize procedural pause.			
Children's Hospital Neoview Skills Checklist #DAHS-NSC		Date	Verifier Initials
Nurse demonstrates indications and contraindications of	f endotracheal intubation.		
Nurse demonstrates selection of correct blade and hand	dle (color coded)		
Nurse demonstrates correct sliding of blade over camer	ra and correct setup for video display.		
Nurse demonstrates assembly of emergency equipmen	t.		
Nurse demonstrates verbal procedural pause.			
Nurse demonstrates correct placement of blade and co	rd visualization on video and correct insertion of ETT.		
Children's Hospital Surfactant Administration via ETT Skills	s Checklist #DAHS-NSCCHSA17	Date	Verifier Initials
References: 1. UC Davis Health Standardized Procedure X-17 Attachment	6: Standardized Procedures for Children's Hospital Critical Care Transport Nurse	es - Surfactant Administrat	ion
Verbalize indications, contraindications and complication			
Verbalize correct dose of surfactant to administer to right	nt and left lung according to weight		
Verbalize and/or demonstrate assembly of correct supp	lies for surfactant administration		
Demonstrate correct administration of surfactant to mar	nnequin or natient		
	mequin or patient		

Verbalize procedural pause

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Neonatal Transport Team Skills			
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Children's Hospital LISA Technique Skills Checklist #DA	HS- #DAHS-NSCCHLISA24	Date	Verifier Initials
References: 1. UC Davis Health Clinical Policy Attachment 17038(12) L	ess Invasive Surfactant Administration Protocol (LISA)		
Verbalizes indications, contraindications, and complications	3.		
Demonstrates assembly of correct supplies, equipment, and	d medication.		
Demonstrate LISA performance.			
Verbalizes procedural pause.			
Children's Hospital Needle Thoracentesis Skills Checklis	t #DAHS-NSCCHNT17	Date	Verifier Initials
References: 1. Standardized Procedure X-17/Attachment 5: Standardized	ed Procedures for Children's Hospital Critical Care Transport Nurses - Needle Thor	acentesis	
Verbalize indications and contraindications of needle	chest decompression.		
Verbalize and/or demonstrate assembly of emergence	y equipment and supplies for procedure.		
Verbalize and/or demonstrate on mannequin and/or p	patient landmarks and correct location to enter the pleural cavity.		
Demonstrate proper technique of needle decompress	ion.		

Verbalize and/or demonstrate correct securing of device and attachment of Heimlich valve if indicated.

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Neonatal Transport Team Skills		
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Children's Hospital UAC/UVC Insertion Checklist #DAHS-NSCCHUAC/UVCI17	Date	Verifier Initials
References: 1. UC Davis Health Standardized Procedure X-17 Attachment 3: Standardized Procedures for Children's Hospital Critical Care Transport Nurses - Umbilical Vessel Catheterization		
Verbalize indications, contraindications and complications of umbilical line placement		
Verbalize correct size umbilical line and depth		
Verbalize and/or demonstrate assembly of necessary equipment and sterile line placement kit		
Verbalize the difference between vein and artery on umbilicus		
Demonstrate sterile placement of umbilical line/s on mannequin or patient		
Demonstrate correct suturing and securing of umbilical lines		
Verbalize correct placement of line		
Verbalize procedural pause		

Children's Hospital Intraosseous Cannulation Skills Checklist #DAHS-NSCCHIC17	Date	Verifier Initials
References: 1. UC Davis Health Standardized Procedure X-17, Attachment 4: Standardized Procedures for Children's Hospital Critical Care Transport Nurses - Intraosseous Cannulation		
Verbalize indications and contraindications for placement of I/O.		
Verbalize and/or demonstrate correct size I/O according to size and weight.		
Verbalize and/or demonstrate assembly of necessary equipment for procedure.		
Demonstrate correct technique of I/O insertion on mannequin or patient.		
Verbalize indications of proper placement vs infiltration.		
Demonstrate correct securing of I/O.		
Verbalize procedural pause		