

Adult Acute/Telemetry Care 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.	
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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
Acute Stroke Patient Care and Documentation	DAHS-NSCASPCAA25		
Adult Respiratory Assessment Skills Checklist	DAHS-NSCARA14		
Bi-PAP Skills Checklist	DAHS-NSCBP14		
Blood Draws Skills Check: Performs per UC Davis Health Policies 13001 Vascular Access Policy (Adult/Pediatric) and 13029 Venipuncture Verification and Blood Withdrawal	DAHS-NSCBD14		
Cardiac Pain Assessment & Management Skills Checklist	DAHS-NSCCPAM14		
Cervical Collar Skills Checklist: Performs per UC Davis Health Policy 4041: Spinal Precautions	DAHS-NSCCC14		
Chest Tube Skills: Performs per policy 17002 Chest Tube Management	DAHS-NSCCT13		
End-tidal Carbon Dioxide Monitoring Skills Checklist	DAHS-NSCETCDM15		
Epidural and Subdural Drains Skills Checklist #DAHS-NSCESD14	DAHS-NSCESD14		
Lumbar Puncture and/or Drain Skills Checklist: Performs per UC Davis Health Policies 15008, Assisting with Diagnostic Lumbar Puncture and 15007, Care of the Patient with a Lumbar Catheter	DAHS-NSCLPD14		
MDI with Spacer Skills Checklist	DAHS-NSCMDIS14		
Respiratory Emergencies and Equipment Skills Checklist	DAHS-NSCREE14		
Wound VAC (Vacuum Assisted Closure) Therapy Skills Checklist: Performs per UC Davis Health Policy 12014 Application of Negative Pressure Wound Therapy	DAHS-NSCWVT14		

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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/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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Acute Stroke Patient Care and Documentation #DAHS-NSCASPCICU25	Date	Verifier Initials
References: <ol style="list-style-type: none">1. UC Davis Health Policy 15017 Dysphasia (Swallow) Screen for Adult Patients with Stroke2. UC Davis Health Policy 15019 Acute Management of Stroke and attachments3. UC Davis Health Policy 18001 Inpatient Nursing Documentation Standards4. Joint Commission National Quality Measures- Stroke STK and CSTK measures5. Stroke intranet page, specifically: Clinical practice guidelines and staff resources		
Background and Process		
Describe signs and symptoms of stroke.		
Describe the stroke alert process and discuss nursing interventions during a stroke alert. Review what tasks can be delegated.		
Review common stroke mimics.		
Describe pathophysiology of acute ischemic and hemorrhagic stroke.		
Explain interventions for acute ischemic and hemorrhagic stroke.		
Discuss Joint Commission required documentation metrics for ischemic stroke patients with or without intervention: <ul style="list-style-type: none">• Swallow evaluation• IPD/SCD/ALP documentation• Education to patient on activating EMS, BEFAST, follow-up after discharge, medications at discharge, stroke risk factors and signs and symptoms of stroke		
Patient Care		
Demonstrate neurologic assessment.		
Educate patients on modifiable risk factors of stroke and BEFAST stroke recognition tool		
Review and demonstrate a swallow evaluation.		
Documentation		
Demonstrate stroke documentation: Neuro checks, vitals, and education		
Demonstrate how to initiate a stroke care plan.		
Demonstrate how to add stroke education with appropriate modifiable risk factors and document Q-shift patient/family education		
Adult Respiratory Assessment Skills Checklist #DAHS-NSCARA14		
Note type of oxygen delivery system, method of airway management and/or mode of ventilation.		
Make general observation of patient's overall status.		

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Adult Respiratory Assessment Skills Checklist #DAHS-NSCARA14 continued	Date	Verifier Initials
Observe for rate, depth, pattern, symmetry, and effort of respirations. Observe for use of accessory muscles.		
Observe for color and pallor of skin and mucous membranes.		
Observe for color, quantity, odor and consistency of secretions.		
Observe position of trachea.		
Auscultate in an orderly manner all lung fields and describe lung sounds appropriately.		
Palpate neck, chest, and shoulders to assess for the presence of subcutaneous air.		
Monitor and document oxygen saturations and End Tidal CO2 levels when appropriate.		
Describe/demonstrate method for contacting respiratory therapy.		
Have available in the patient's room, and know how to use, necessary respiratory equipment.		
Locate/describe emergency respiratory equipment.		
Document all pertinent information in the appropriate locations.		

Bi-PAP Skill Checklist #DAHS-NSCBP14	Date	Verifier Initials
Describe BiPAP		
Identify the most common indications for BiPAP use		
State contraindications for BiPAP use		
State patient characteristics for successful use of BiPAP		
Monitor the patient and assess for possible complications.		
Identify criteria to discontinue BiPAP.		
Identify the most common reasons for alarms.		
Document all necessary information		

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Cardiac Pain Assessment & Management Skills Checklist #DAHS-NSCCPAM14	Date	Verifier Initials
References: 1. Advanced Cardiac Life Support (ACLS) Provider Manual, 2010 Edition 2. Frishman, William H., & Sica, Domenic A., Cardiovascular Pharmacotherapeutics. 3rd Edition, Cardiotext Publishing, May, 2011 3. Davis, L. 2004. Cardiovascular Nursing Secrets. Elsevier 4. JCAHO Core Measures 2011 5. UC Davis Health Standardized Procedure 322: Nursing Intervention in the Event of Certain Medical Emergencies in Adult Patients		
Assess the chest pain to determine if it is cardiac ischemic in origin. Utilize the 0-10 pain scale and the PQRST scale.		
Diagnostics and Interventions: a. Place patient on cardiac, pulse oximetry and automatic BP monitor b. Obtain/review 12-lead ECG during chest pain episode c. Assess for signs of hypoxemia; administer oxygen therapy as indicated d. Establish IV and draw and review cardiac labs.		
Administer medications as MD ordered: Nitroglycerin sublingual or spray; IV Nitroglycerin infusion; Morphine Sulfate IV, ASA, and beta-blockers, if stable. State the rationale of the above treatment and the patient monitoring requirements.		
Provide continuous ECG monitoring to evaluate ST, T-wave changes and detect dysrhythmia development.		
State the overall goals of treatment in the management of pain related to myocardial ischemia.		
Assess level of anxiety and indicate means to alleviate it.		
Reassess patient after each intervention. Alert MD if no improvement.		
Anticipate other medications and interventions that might be indicated.		
Document all assessments, interventions, medications and responses.		

End-Tidal Carbon Dioxide Monitoring Skills Checklist #DAHS-NSCETCDM15	Date	Verifier Initials
If the patient is not intubated, applied the ETCO ₂ -nasal cannula and connected it to the capnograph.		
If the patient is intubated, assembled the airway adapter, and connected it to the patient circuit as close as possible to the patient's ventilator connection.		
Observed waveform for quality.		

Epidural and Subdural Drains Skills Checklist #DAHS-NSCESD14	Date	Verifier Initials
Identify the clinical applications of epidural and subdural drains.		
Maintain a closed system.		

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Epidural and Subdural Drains Skills Checklist #DAHS-NSCESD14 continued	Date	Verifier Initials
Maintain the head of the bed at the ordered degree of elevation.		
Secure the subdural drain at the level directed by the physician.		
Assess the color and amount of drainage.		
Document all pertinent information.		

MDI with Spacer Skills Checklist #DAHS-NSCMDIS14	Date	Verifier Initials
References: 1. UC Davis Health Policy 17020 : Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant)		
Demonstrate knowledge of how the Pharmacy is notified for MDI.		
Verbalize how to administer MDI with Spacer correctly.		
Prior to and immediately after use of inhaled bronchodilators, antibiotics and steroids, the patient's pulse, respiratory rate and breath sounds are assessed. Also, any cough or mucous production may be noted.		
Verbalize when to notify Respiratory Therapy or Pharmacy.		
Demonstrate documentation of teaching.		

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Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14	Date	Verifier Initials
References 1. UC Davis Health Policy 13035: Administration of Medications for Rapid Sequence Intubations in Adults 2. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant) 3. UC Davis Health Policy 17024: Continuous Pulse Oximeter 4. Textbook of Advanced Cardiac Life Support, 2006 5. Wells and Murphy, Manual of Emergency Airway Management, 2004 Textbook of Advanced Cardiac Life Support, 2006		
Demonstrate ability to regulate oxygen flow via thumbscrew controller of O2 flow meter; identify types of patients likely in need of O2 administration.		
Describe use of and demonstrates proficiency in use of O2 equipment		
Demonstrate setup for endotracheal intubation including equipment and drugs commonly used and state indication for ET intubation. (UC Davis Health Policy 13035)		
Identify basic concepts of what alarms indicate and rationale for <u>never</u> turning alarms off.		
Describe or demonstrate preparation of a patient for emergent cricothyrotomy or tracheostomy; locates essential equipment;		
Successfully demonstrate ET tube, tracheal and nasal/oral suctioning of airways using correct equipment and technique.		
Describe or demonstrate preparation of patient for a thoracentesis including obtaining necessary equipment; state indications for procedure and function.		
Document all respiratory treatments, medications, related procedures, assessments, interventions, and the effects of each. Re-assess patient's status PRN as indicated by the patient's condition. Obtain MD order for paralytics and sedatives in order to maintain control of patient, patient's airway, and patient's comfort.		
Demonstrate use of pulse oximetry for monitoring patient.		