Emergency Department Adult Skills	
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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- ED	DAHS-NSCASPCED25		
Adult Respiratory Assessment	DAHS-NSCARA14		
Arterial Pressure Monitoring: Performs per UC Davis Health Policy 13010: Arterial Line Management	DAHS-NSCAPM14		
Belmont Fluid Management System	DAHS-NSCBFM16		
Bi-PAP	DAHS-NSCBP14		
BloodTrack HaemoBank	DAHS-NSCBTHB22		
Burn Resuscitation: Performs per UC Davis Health Policy 12018: Fluid Resuscitation for Burns	DAHS-NSCBR14		
Cardiac Pain Assessment & Management	DAHS-NSCCPAM14		
Cardiac Tamponade	DAHS-NSCCT14		
Central Venous Pressure Monitoring in the Emergency Department	DAHS-NSCCVPMED16		
Cervical Collar: Performs per UC Davis Health Policy 4041: Spinal Precautions	DAHS-NSCCC14		
Chest Tube Skills: Performs per UC Davis Health Policy 17002 Chest Tube Management	DAHS-NSCCT13		
ED Lab Draw and Labeling Process	DAHS-NSC2EDLABDLP		
Endotracheal Intubation and Mechanical Ventilation	DAHS-NSCEIMV14		
End-tidal carbon dioxide monitoring	DAHS-NSCETCDM15		
Fluid Resuscitation	DAHS-NSCFR14		
HOTLINE® Fluid Warmer Equipment	DAHS-NSCHFWE16		
Intoximeter	DAHS-NGNISC18		
Lumbar Puncture and/or Drain : Performs per UC Davis Health Policies 15008, Assisting with Diagnostic Lumbar Puncture and 15007, Care of the Patient with a Lumbar Catheter	DAHS-NSCLPD14		

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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
MDI with Spacer	DAHS-NSCMDIS14		
Neuromuscular Blocking Agents (NMBA) : Performs per UC Davis Health Policy 13036: Monitoring And Care Of The Adult ICU Patient On Neuromuscular Blocking Agent	DAHS-NSCNBA14		
Organ Procurement (Adult)	DAHS-NSCOPA14		
Precipitous Delivery : Performs per UC Davis Health Policy 16001, Birth Outside of Labor and Delivery (L&D)	DAHS-NSCPD14		
Rapid Sequence Intubation (RSI) in the ED	DAHS-NSCRSIED		
Respiratory Emergencies and Equipment	DAHS-NSCREE14		
Temporary Transvenous /Epicardial Pacemaker	DAHS-NSCTTEP14		
Thrombolytic Therapy (Tenecteplase or Alteplase) Administration and Monitoring for Acute Ischemic Strokes	DAHS-NGNTNK21		
Transporting Critical Care Patients to Procedure or Diagnostic Study	DAHS-NSCTCCPPDS14		
Using the Clipper	DAHS-NSCUTC17		
Vasoactive Cardiac Medications, Parenteral Administration: Performs per UC Davis Health Policy 13033 Administration of Adult and Pediatric IV Medications and Attachment 1: Guidelines for Intravenous Vasoactive Medication Administration for Adult Patients	DAHS-NSCVCMPA14		
Zoll R Series ALS	DAHS-NSCRSALS17		

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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.

_____   _____
Name   Signature and Date

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Acute Stroke Patient Care and Documentation- ED # DAHS-NSCASPCED25	Date	Verifier Initials
References: 1. UC Davis Health Policies: 13010 , 15017, 15019, 15020, 5019, 18001, 15021, 15014 2. Joint Commission National Quality Measures- Stroke STK and CSTK measures 3. Guidelines for the Early Management of Patients With Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association 4. Care of the Patient With Acute Ischemic Stroke (Prehospital and Acute Phase of Care): Update to the 2009 Comprehensive Nursing Care Scientific Statement: A Scientific Statement From the American Heart Association 5. Care of the Patient With Acute Ischemic Stroke (Endovascular/Intensive Care Unit-Postinterventional Therapy): Update to 2009 Comprehensive Nursing Care Scientific Statement: A Scientific Statement From the American Heart Association 6. Care of the Patient With Acute Ischemic Stroke (Posthyperacute and Prehospital Discharge): Update to 2009 Comprehensive Nursing Care Scientific Statement: A Scientific Statement From the American Heart Association 7. Management of Stroke in Neonates and Children: A Scientific Statement From the American Heart Association/American Stroke Association 8. UCD Stroke intranet page 9. 2022 Guideline for the Management of Patients With Spontaneous Intracerebral Hemorrhage: A Guideline From the American Heart Association/American Stroke Association 10. 2023 Guideline for the Managaement of Patients with Aneurysmal Subarachnoid Hemorrhage 11. AANN Nursing Care of the Patient with an Aneurysmal Subarachnoid Hemorrhage		
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.		
Review neurologic changes requiring MD notification and the process of notifying MD for an emergent issue		
Discuss Joint Commission certification and stroke measures: • Swallow evaluation & appropriate time for rescreen/re-evaluation after acute ischemic stroke intervention(s) • IPD/SCD/ALP documentation • Blood pressure management and control • Nimodipine administration and documentation in <24 hours from hospital arrival (SAH only) • 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.		
Demonstrate a NIHSS.		
Review NIHSS scoring guide for difficult and confused patients.		
Review Swallow evaluation. Demonstrate swallow evaluation and documentation.		
Educate patients and/or family on types of stroke, modifiable risk factors of stroke and BEFAST stroke recognition tool		
Documentation		
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.		

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Acute Stroke Patient Care and Documentation- ED # DAHS-NSCASPCED25 continued	Date	Verifier Initials
Ischemic Stroke Patient Care and Documentation		
• Describe pathophysiology of acute ischemic stroke. • Explain interventions for acute ischemic stroke. • Describe blood pressure goals and complications post-acute ischemic stroke interventions • Demonstrate acute ischemic stroke documentation: Neuro checks, vitals, pulse checks, and education • Review resources for post intervention documentation		
Intracerebral Hemorrhage Stroke Patient Care and Documentation		
• Review anticoagulant, antithrombotic and antiplatelet reversal agents. • Describe pathophysiology of acute hemorrhagic stroke. • Explain interventions and complications for acute hemorrhagic stroke. • Review indications for External Ventricular Drain (EVD) and ED process for patients requiring EVD • Review acute blood pressure goals, monitoring, and management. • Demonstrate hemorrhagic stroke documentation: vitals, neuro checks, and education		
Subarachnoid Hemorrhage Stroke Patient Care and Documentation		
• Describe pathophysiology of acute subarachnoid hemorrhage. • Explain interventions and complications for subarachnoid hemorrhage. • Review indications for External Ventricular Drain (EVD) and ED process for patients requiring EVD • Discuss Joint Commission certification and stroke measures: • Nimodipine administration and documentation in <24 hours from hospital arrival • Review blood pressure goals and management for subarachnoid hemorrhage patients. • Discuss the importance of nimodipine administration. • Demonstrate post intervention documentation for subarachnoid hemorrhage: Neuro checks, vitals, sheath site, pulse checks, and education		

Adult Respiratory Assessment #DAHS-NSCARA14	Date	Verifier Initials
Note type of oxygen delivery system, method of airway management and/or mode of ventilation		
Make general observation of patient's overall status		
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		

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Adult Respiratory Assessment #DAHS-NSCARA14 continued	Date	Verifier Initials
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		

Belmont Fluid Management System #DAHS-NSCBFM16	Date	Verifier Initials
References: 1. UC Davis Health Policy 13012: Administration of Blood and Blood Components		
Properly installs disposable set to Belmont FMS 2000 fluid management system (rapid infuser)		
Demonstrates turning power on, priming system/patient line and connecting system to patient		
Demonstrates how to adjust infusion rate		
States when to replace reservoir chamber		
Identifies operational, heating and internal system fault alarms and troubleshooting – refers to Operator's Manual or Quick Reference Guide as needed		

Bi-PAP #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 the most common reasons for alarms.		
Identify criteria to discontinue BiPAP.		

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BloodTrack HaemoBank Skills #DAHS-NSCBTHB22	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 13012: Administration of Blood and Blood Components, Attachment 5, Remote Blood Storage and Provision 2. ED HaemoBank Competency Study Guide		
Watches BloodTrack training video (3 minutes)		
Successfully signs in to BloodTrack kiosk		
Removes products from the Bloodtrack Haemobank following the appropriate workflow		
Returns previously removed products		
Implements the workflow for initiating additional blood products, when needed		
Utilizes the workflow for when the Bloodtrack system is not functioning appropriately or Epic downtime occurs		

Cardiac Pain Assessment & Management # DAHS-NSCCPAM14	**Date**	**Verifier Initials**
References: 1. Advanced Cardiac Life Support (ACLS) Provider Manuel, 2010 Edition 2. Frishman, William H., & Sica, Domenic A., Cardiovascular Pharmacotherapeutics. 3rd Edition, Cardiotext Publishing, May, 2011. 3. Davis, L. 2004. Cardiovascular Nursing Secrets. Mosby. 4. JCAHO Core Measures 2011 5. UC Davis Health Standardized Procedure 322: Nursing Intervention in the Event of Certain Medical Emergencies in Adult Patients (Main Hospital)		
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.		

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Cardiac Tamponade # DAHS-NSCCT14	**Date**	**Verifier Initials**
References: 12. Critical Care Nursing, second edition. Cloochesy, Breu, Cardin, Whittaker and Rudy. 13. Thelan's Critical Care Nursing fifth edition. Urdenm Stacy, and Lough 14. Cardiac Nursing fifth edition. Woods, Froelicher, Motzer, Bridges. 15. Textbook of Medical Physiology. Guyton and Hall. 16. The ICU Book, second edition. Paul Marino.		
Discuss the mechanism of cardiac tamponade. Identify who is at risk and why.		
Identify clinical signs and symptoms of cardiac tamponade.		
Discuss situations that would lead the nurse to suspect cardiac tamponade in the cardiac surgery patients. What measures should be instituted to confirm the diagnosis?		
What is the treatment for cardiac tamponade?		

Central Venous Pressure Monitoring in the Emergency Department #DAHS-NSCCVPMED16	**Date**	**Verifier Initials**
Identify 4 indications in which a central venous pressure (CVP) line might be indicated/used		
List equipment needed for setting up and monitoring CVP through a non-tunneled infusion central venous catheter		
State where above equipment is located in the emergency department		
Identify 4 locations a non-tunneled infusion central venous catheter can be inserted to effectively monitor CVP		
Identify which port is used to monitor the CVP on a non-tunneled infusion central venous catheter		
Demonstrate/Explain the setup of the CVP line and indications for calibrating (zeroing) the line, and correct placement level of the transducer		
Identify a CVP waveform on the monitor		
Discuss the expected normal values for CVP and what abnormal values may indicate.		

ED Lab Draw and Labeling Process #DAHS-NSC2EDLABDLP	**Date**	**Verifier Initials**
References 1. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric) 2. UC Davis Health Policy 13029: Venipuncture Verification and Blood Withdrawal 3. UC Davis Health ED Departmental Policy: Lab Draw & Labeling Process 4. NCCLS (CLSI) clinical laboratory guideline 5. UCDH Laboratory Users Guide		
State the importance of correct serum lab specimen collection		
Select appropriate blood specimen tubes/medium, obtain correct labels		

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ED Lab Draw and Labeling Process #DAHS-NSC2EDLABDLP continued	Date	Verifier Initials
Choose appropriate method of blood draw: venipuncture, arterial puncture, central or arterial line draw		
Verify identify of patient		
Explain the procedure to the patient		
Verbalizes appropriate specimen collection and lab labeling workflow per Emergency Department Policy Lab Draw and Labeling Process		
Observe standard precautions and use of appropriate safety devices		
Handle specimen appropriately		
Compare lab results to normal values and the patient's previous results		
Appropriate documentation in the electronic health record (examples: collection, critical lab value reporting)		
Performs **FIVE (5) successful lab draws** per policy under direct observation of preceptor, Clinical Nurse Leader (CNL), Clinical Nurse III (CN3), or Clinical Nurse Educator (CNE).		
Lab Draw #1		
Lab Draw #2		
Lab Draw #3		
Lab Draw #4		
Lab Draw #5		

Endotracheal Intubation and Mechanical Ventilation #DAHS-NSCEIMV14	Date	Verifier Initials
References: UC Davis Health Clinical Policy 17003: Airway Management for Adult Inpatients UC Davis Health Clinical Policy 17038: Pediatric and Neonatal Airway		
Identify indications for endotracheal intubation and mechanical ventilation.		
Assemble the necessary equipment for the insertion of the ETT.		
State nursing responsibilities during intubation.		
Confirm ETT placement		
Assess proper cuff inflation.		
Describe various modes/methods of ventilation.		
Perform ventilator checks and breathe sound auscultation every two hours and document appropriately.		

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Endotracheal Intubation and Mechanical Ventilation #DAHS-NSCEIMV14 continued	Date	Verifier Initials
Perform alarm checks for all ventilation parameters.		
Auscultate breath sounds and vital signs every two hours.		
Suction patient as needed.		
Monitor for changes in oxygenation saturations.		
Properly and safely stabilize airway.		
Administer paralytics and sedatives as ordered.		
State conditions to be reported to physician.		
Describe screening criteria for SBT.		
Monitor patient carefully during SBT.		
Assemble equipment necessary for extubation.		
Perform extubation.		
Assess the patient after extubation and initiate post-extubation care.		
Document all pertinent data.		

End-Tidal Carbon Dioxide Monitoring #DAHS-NSCETCDM15	Date	Verifier Initials
References: 1. Elsevier Skills • Capnometry and Capnography 2. End-Tidal Carbon Dioxide Measurement: Continuous Monitoring		
If the patient was not intubated, applied the ETCO2-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.		

Fluid Resuscitation #DAHS-NSCFR14	Date	Verifier Initials
References: 1. ATLS, Advanced Trauma Life Support for Doctors, 8th Ed., 2008 2. TNCC, Trauma Nursing Core Course, Provider Manual, 6th Ed., 2007		
Assess for signs/symptoms of hypovolemia.		
Notify charge nurse and MD of evidence of hypovolemia.		
Administer fluids as ordered. State rationale, volume and rate for each. (Crystalloids, Colloids, Blood Products)		
Obtain and review any additional hemodynamic, lab, and diagnostic assessments.		

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HeartMate II VAD Aware Training Online Module #DAHS-NGNVADA15	Date	Verifier Initials
Completion of HeartMate II VAD Aware Training **Online Module** #DAHS-NGNVADA15		

HOTLINE® Fluid Warmer Equipment Checklist #DAHS-NSCHFWE16	Date	Verifier Initials
References: 1. HOTLINE® Blood and Fluid Warmer Operator's Manual		
Check fluid reservoir, ensure level of fluid is above minimum indicator (add recirculating solutions to the reservoir through the fill port if required).		
Plug in HOTLINE® - does not contain batteries		
Remove the reflux plug from socket on right side of HOTLINE® Warmer		
Plug the twin-Tube Connector on the HOTLINE® Fluid Warming Set into the socket		
Turn ON the power switch (green operating LED illuminates, the recirculating temperature display will begin to increase, the recirculating solution path in the HOTLINE® will automatically prime). Ensure recirculating path is fully primed before connecting to IV fluid.		
Remove the end cap of warming set and inspect tubing; confirm integrity of the IV pathway. Ensure these is no breach between the recirculating solution path and the patient's IV path		
Connect the IV fluid and IV administration set to the HOTLINE® Fluid Warming Set		
Fully prime the IV administration set, the HOTLINE® Fluid Warming Set, and patient extension set (if used)		
Connect the distal end of the HOTLINE® Fluid Warming Set to the patient's IV access site without entrapping air		
WARNINGS; 1. Remove all air in lines 2. Do not stick the HOTLINE® Fluid Warming Set with needles 3. Do not use if temperature rises above 42°C 4. Do not use with pressure devices generating over 300 mmHg. See Operator's Manual for additional information		
After Use: Turn OFF power switch, insert reflux plug into socket, dispose of blood tubing, wipe down external surfaces with mild liquid detergent soap and warm tap water and soft cloth		

Intoximeter #DAHS-DAHS-NGNISC18	Date	Verifier Initials
Review education module.		
Demonstrate the Intoximeter device components and their function.		
Demonstrate proper use of the intoximeter device using the manual sampling method.		
Document result in the POCT section of the EMR		
State how to care for the device which includes cleaning, storage and changing the batteries (two AA)		

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MDI with Spacer #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.		

Organ Procurement (Adult) #DAHS-NSCOPA14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 4090: Organ Donation After Circulatory Death 2. UC Davis Health Policy 1562: Anatomical Donations		
Identify the causes, clinical criteria and diagnostic tests for brain death.		
Identify potential donors.		
Describe how to notify the regional organ procurement center, the role of the transplant coordinator		
Identify, perform and document goals of management for the potential organ donor patient.		
Notify the physician of any changes in patient condition.		
Document all pertinent information.		

Rapid Sequence Intubation (RSI) in the ED #DAHS-NSCRSIED	**Date**	**Verifier Initials**
References: 1. Complete RSI Skill Quiz 2. ACLS and PALS Certified 3. UC Davis Health Policy 17003: Airway Management for Adult Patients 4. UC Davis Health Policy 13035: Administration of Medications for Rapid Sequence Intubation (RSI)		
Ensures all appropriate size emergency equipment is available and functional. Place all monitoring equipment on the patient correctly.		
Administer medications as ordered by physician.		
Verify endotracheal tube placement (CO_2 detector or capnography, symmetrical chest rise, bilateral breath sounds) and document all pertinent information.		
Demonstrate understanding of drugs used for RSI by passing Skill quiz with at least 80% accuracy.		

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Respiratory Emergencies and Equipment #DAHS-NSCREE14	Date	Verifier Initials
References 1. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant) 2. Textbook of Advanced Cardiac Life Support, 2006 3. UC Davis Health Policy 13035: Administration of Medications for Rapid Sequence Intubation in Adults 4. Wells and Murphy, Manual of Emergency Airway Management, 2004		
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 per 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.		

Temporary Transvenous/Epicardial Pacemaker #DAHS-NSCTTEP14	Date	Verifier Initials
References: 1. Medtronic Technical Manual Model #5388		
Identify indications for temporary pacing.		
Set up equipment necessary for insertion of transvenous pacemaker.		
Prepare skin around insertion site.		
Assist physician with insertion of transvenous pacemaker.		
Initiation of temporary transvenous pacing or epicardial pacing		
Determine the stimulation (capture) threshold (output/mA) once a shift and PRN		
Determine the sensing threshold (sensitivity/mV) once a shift and PRN		

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Temporary Transvenous/Epicardial Pacemaker #DAHS-NSCTTEP14 continued	Date	Verifier Initials
Set the rate and the A-V interval (if A-V sequential).		
Monitor the patient's ECG for proper pacer functioning (troubleshoot for loss of capture, sensing or failure to fire).		
Monitor the patient's response to pacing.		
Document all pertinent information.		

Thrombolytic Therapy (Tenecteplase or Alteplase) Administration and Monitoring for Acute Ischemic Strokes # DAHS-NGNTNK21	Date	Verifier Initials
References: UC Davis Health Clinical Policy 15019 Acute Management of Stroke		
States the "golden hour" for evaluating and treating acute stroke and the time frame for starting thrombolytic (TNK or tPA) administration with eligible patients		
Identifies when the patient was last seen without stroke symptoms		
Ensures a thorough assessment, including a complete history and physical examination, and ensured that a non-contrast head CT scan or other appropriate radiographic study was performed and interpreted		
Assesses the patient for specific contraindications prior to receiving thrombolytic therapy and advise the practitioner accordingly.		
Assesses blood glucose and treats hypoglycemia if present		
Articulates when and where to obtain a consent form for thrombolytic therapy if requested by MD		
Provides routine stroke care as prescribed		
Establishes two IV access sites when indicated		
Establishes continuous cardiac monitoring		
Demonstrates proper calculation, preparation, and infusion of thrombolytic medication. Identifies the correct dose based on the patient's weight. Ensures that the total dose does not exceed maximum parameters.		
States importance of and frequency of vital signs, neurological checks, and other assessments BEFORE, DURING and POST infusion of thrombolytic medication.		
Institutes fibrinolytic bleeding precautions and verbalizes what actions to take if adverse reaction(s) noted (neurological changes, BP, bleeding, etc.) with thrombolytic administration.		
Discusses patient/caregiver education for thrombolytic administration.		
States the most common complications encountered during thrombolytic therapy.		
States the desired systolic and diastolic BP for patients undergoing treatment for an acute ischemic stroke.		
Documents all pertinent data accurately.		

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Emergency Department Adult Skills	
Name:	Employee ID #:
Unit:	Title:
Due Date:	
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Transporting Critical Care Patients to Procedure or Diagnostic Study #DAHS- NSCTCCPPDS14	Date	Verifier Initials
References: 1. Critical Care Nurse 2010 Vol 30, No. 4, Keeping Patients Safe during Intrahospital Transport. 2. Critical Care Medicine 2004 Vol 32, No. 1 Guidelines for the Inter- and Intrahospital transport of the critically ill patients. 3. Critical Care Nurse 2010 Vol 30, No. 4, Keeping Patients Safe during Intrahospital Transport.		
Identify the circumstances, which may prohibit the transport of a patient or require physician attendance.		
Contact the procedure area and all personnel needed to coordinate the transport.		
Assemble the necessary equipment and medications for transport, including patient's chart		
Ensure that all IV lines, catheters, tubes and wires are secure.		
Accompany the patient during transport and continually monitor the patient.		

Using the Clipper #DAHS-NSCUTC17	Date	Verifier Initials
Describes the indications and contraindications for clipper use in the ED.		
Assesses patient's skin prior to clipping for skin tags, warts, moles or other skin anomalies.		
States the most common complications encountered during clipper use and the nursing interventions required.		
Demonstrates proper use of the clipper which includes cleaning and storage of the clipper.		

Zoll R Series ALS # DAHS-NSCRSALS17	Date	Verifier Initials
Completed the assigned ZOLL R Series ALS Defibrillator **Online Modules** in UC Learning.		███
TEST MODE		
Successfully demonstrates 30 Joule defibrillator test.		
Can check and change paper.		
AED/MANUAL MODE		
Can turn on device and convert from AED to manual mode.		
MONITOR MODE		
Applies 3-lead or 12-lead ECG.		
Locates Recorder key and prints a strip.		
Access HR menu and demonstrate how to change settings.		
Locate NIBP soft key and activate manual BP measurement.		

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Emergency Department Adult Skills	
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Zoll R Series ALS # DAHS-NSCRSALS17 continued	Date	Verifier Initials
Access NIBP menu and verbalize options.		
Demonstrate how to change NIBP alarm settings.		
Change NIBP mode from Manual to Automatic.		
Change Automatic mode intervals.		
Access SpO_2 menu and verbalize options.		
Access CO_2 menu and verbalize options.		
MANUAL DEFIBRILLATION		
Locates multifunction cable.		
Confirms shockable rhythm.		
Selects defibrillator mode (red).		
Presses Energy Select or Charge button.		
Tells everyone to stand clear.		
Delivers shock at desired energy level.		
Defines and adjusts energy levels for Adults (120,150, 200J) and Pediatrics (2-4J/kg).		
CPR FEEDBACK		
Demonstrates steps to fill CPR Index™ – understands proper rate/depth.		
Shows that if rate is too slow, metronome beeps and Rate prompt appears.		
Speeds up to silence metronome and allow the Rate prompt to disappear.		
Shows that if depth is too shallow, the Depth prompt appears on the screen.		
Pushes hard to allow Depth prompt to disappear.		
Demonstrates understanding of See-Thru CPR® filtered ECG.		
SYNCHRONIZED CARDIOVERSION		
Puts device into SYNC mode.		
Selects desired energy.		
Presses charge button.		

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Zoll R Series ALS # DAHS-NSCRSALS17 continued	Date	Verifier Initials
Tells everyone to stand clear.		
Delivers synchronized shock.		
States and demonstrates that SYNC must be activated for each and every synchronous cardioversion.		
PACING		
Turns up pacing output (mA) until capture is achieved – identifies capture.		
Adjusts pace rate.		
Understands pausing for visualizing patients underlying rhythm.		
PADS		
Connects OneStep™ pads to OneStep cable (or other pads/paddles if applicable).		
Opens OneStep packaging correctly		
Demonstrates proper pad placement for defibrillation, pacing, and cardioversion.		
Identifies CPR Sensor and explains its purpose.		
INTERNAL PADDLES		
Understands how to connect internal paddles to OneStep™ cable.		
Selects defibrillator mode (red).		
Understands 10J default energy level with range of 1 to 50 Joules.		
SUPERUSER/TRAINER		
Demonstrate how to use additional options (Mentor mode, Set the clock, etc.).		
Understands how to change parameter settings (NIBP, EtCO2, SpO2).		
Understands purpose of Code Marker.		
Can access data from the code (Print Chart, Print Log, or Transfer Data).		

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