Action Nurse Skills

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Skills **Skills listed as "Performs per Policy" are located only within the first 2 pages for sign off.** **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**
Belmont Fluid Management System	DAHS-NSCBFM16		
Bi-PAP	DAHS-NSCBP14		
Blood Culture Collection for Neonates and Peds: Performs per UC Davis Health Policy 13015: Blood Culture Collection	DAHS-NSCBCCNP15		
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		
Burn Resuscitation Performs per UC Davis Health Policy 12018: Fluid Resuscitation for Burns	DAHS-NSCBR14		
Cardiac Pain Assessment & Management	DAHS-NSCCPAM14		
Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System: Performs per UC Davis Health Policy 15015, Care of the Patient Requiring a Ventriculostomy and Monitoring Device	DAHS-NSCCPVCNSMDSAP14		
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		
Children's Hospital Developmental Pediatric Coping	DAHS-NSCCHDPC14		
Children's Hospital Neuromuscular Blocking Agents (NMBAs) in the PICU	DAHS-NSCCHNBAP14		
Children's Hospital Pediatric Critical Care Airway Management Skills: Performs per UC Davis Health Policy 17038, Pediatric and Neonatal Airway	DAHS-NSCPCCAM14		
Children's Hospital Pediatric Critical Care Fluid Resuscitation	DAHS-NSCCHPCCAM14		
Children's Hospital Pediatric Critical Care Mechanical Ventilation	DAHS-NSCPCCMV14		
Children's Hospital Pediatric Critical Care Respiratory Assessment	DAHS-NSCCHPCCRA14		
Children's Hospital Pediatric Health Maintenance, Environmental Safety and Security and Injury Prevention	DAHS-NSCCHPHMESSIP14		
Children's Hospital Pediatric IV and Fluid Management	DAHS-NSCCHPIVFM14		
Children's Hospital Pediatric Nutritional Assessment and Support	DAHS-NSCPNAS14		

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Endotracheal Intubation and Mechanical Ventilation	DAHS-NSCEIMV14		
End-tidal Carbon Dioxide Monitoring	DAHS-NSCETCDM15		
Epidural and Subdural Drains	DAHS-NSCESD14		
Epidural Catheter Care and Maintenance	DAHS-NSCECCM14		
Flolan	DAHS-NSCF14		
Fluid Resuscitation	DAHS-NSCFR14		
Halo Vest: Performs per UC Davis Health Policy 15002 Care of the Patient in a Halo Vest	DAHS-NSCHV14		
Hemodynamic Monitoring: Performs per UC Davis Policy 13039 Pulmonary Artery Thermodilution Catheter Management	DAHS-NSCHDM14		
Level 1® Rapid Infuser	DAHS-NSCLTU16		
Lidocaine Skin Anesthetic Intradermal Injection	DAHS-NSCLFIUA11		
Lidocaine Skin Anesthetic Needle Free Injection	DAHS-NSCLSANFI22		
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		
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		
Obtaining a 12-Lead ECG	DAHS-NSCOLE14		
Pediatric ABG Verification Check Sheet	DAHS-NSCPABGV10		
Pediatric IV Verification Check Sheet	DAHS-NSCPIV		
PowerFlow Implanted Apheresis Port	DAHS-NSCPFIAP		
Recovery, Post-Surgical	DAHS-NSCRPS14		
Respiratory Emergencies and Equipment	DAHS-NSCREE14		

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Temporary Transvenous /Epicardial Pacemaker	DAHS-NSCTTEP14		
Thrombolytic Therapy (Tenecteplase or Alteplase) Administration and Monitoring for Acute Ischemic Strokes	DAHS-NGNTNK21		
Tracheostomy Care : Performs per UC Davis Health Policy 17003 Airway Management for Adult Inpatients and Policy 17038 Pediatric and Neonatal Airway	DAHS-NSCTC15		
Transporting Critical Care Patients to Procedure or Diagnostic Study	DAHS-NSCTCCPPDS14		
Ultrasound Guided Peripheral IV Insertion	DAHS-NSCUSGPIVI21		
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		
Wound VAC (Vacuum Assisted Closure) Therapy #DAHS-NSCWVT14: Performs per UC Davis Health Policy 12014 Application of Negative Pressure Wound Therapy	DAHS-NSCWVT14		

PRECEPTOR SIGNATURE:

Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:

Initials:	**Print Name:**	**Signature:**

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UC Davis Health Policies/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:**	**Date:**

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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's 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		

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. Elsevier. 4. JCAHO Core Measures 2011 5. 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 ordered: Nitroglycerin sublingual or spray; IV Nitroglycerin infusion; Morphine Sulfate IV, ASA, and beta-blockers, if stable. State rationale of the above treatment and the patient monitoring requirements.		
Provide continuous ECG monitoring to evaluate ST, T-wave changes and detect dysrhythmia development.		

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Cardiac Pain Assessment & Management #DAHS-NSCCPAM14 continued	**Date**	**Verifier Initials**
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.		

Children's Hospital Developmental Pediatric Coping #DAHS-NSCCHDPC14	**Date**	**Verifier Initials**
References: 1. PLS: Age Specific Care of Infants 2. PLS: Age Specific Care of Toddlers 3. PLS: Age Specific Care of Preschoolers 4. PLS: Age Specific Care of School Age 5. PLS: Age Specific Care of Adolescents 6. PLS: Developmental Care of the Newborn 7. PLS: Family Centered Care in the ICU		
Assesses the child's and family's coping and makes referrals as needed.		
Involves parents or caregiver in care.		
Implements developmentally appropriate nursing interventions which can assist in alleviating stress and minimizing the effect of hospitalization. • Infant • Toddler • Preschool • School-age • Adolescent		
Provides information and support to prepare the child and parents/caregiver for procedures and/or surgery.		

Children's Hospital Neuromuscular Blocking Agents (NMBAs) in the PICU #DAHS-NSCCHNBAP14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 13036: Monitoring and Care of The Adult ICU Patient on Neuromuscular Blocking Agent 2. American College of Critical Care Medicine of the Society of Critical Care Medicine. Clinical practice guidelines for sustained neuromuscular blockade in the adult critically ill patient. Critical Care Medicine, 2002; Vol. 30, No. 1 3. Lange Clinical Anesthesiology, Neuromuscular Blocking Agents, Chapter 9. McGraw-Hill Companies, Inc. 2006 Elsevier: Peripheral Nerve Stimulator (Pediatric)		
State indications for NMBAs.		
Describe mode of action. Also, for the commonly used NMBAs describe: dosage range, duration of action, interactions with other medications, adverse reactions.		

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Children's Hospital Neuromuscular Blocking Agents (NMBAs) in the PICU #DAHS-NSCCHNBAP14 Continued	**Date**	**Verifier initials**
Perform systems assessment prior to initiation of paralytic.		
Post signs that patient is receiving neuromuscular blockade		
Ensure that narcotics and/or sedatives are administered concurrently with neuromuscular blockade administration		
Frequently repeat systems assessment, including use of peripheral nerve stimulator, per hospital protocol		
Provide supportive nursing care as per hospital policy		
Provide emotional support to patient and family		
After discontinuing the paralytic, perform a systems assessment and compare to baseline assessment		
Document all pertinent information and revise care plan		

Children's Hospital Pediatric Critical Care Fluid Resuscitation #DAHS-NSCPCCAM14	**Date**	**Verifier Initials**
References: 1. AHA 2017 PALS 2. Elsevier: Fluid Administration, Rapid: Pressure Bag Method (Pediatrics) 3. Elsevier: Fluid Administration, Rapid: Pressure Infusion Device (Pediatrics) 4. Elsevier: Fluid Administration, Rapid: Syringe Method (Pediatrics) 5. Elsevier: Intraosseous Access		
State indications for fluid resuscitation in pediatric patients experiencing hypovolemia		
State the objectives for fluid resuscitation in the pediatric patient		
State the signs/symptoms of hypovolemia		
Notify charge nurse and physician of evidence of hypovolemia		
State the appropriate type of fluid and volume administered during fluid resuscitation and the rationale for each		
Identify the sites that can be used for rapid fluid administration during hypovolemic shock		
Document pertinent data during fluid resuscitation.		
State additional considerations to safely fluid resuscitate your patient.		

Children's Hospital Pediatric Critical Care Mechanical Ventilation #DAHS-DAHS-NSCPCCMV14	**Date**	**Verifier Initials**
References: 1. PLS: Mechanical Ventilation: Introduction to Pediatric Practices 2. PLS: Preventing Ventilator Associated Pneumonia		
Identify indications for mechanical ventilation		
Describe various modes/methods of mechanical ventilation		
Perform ventilator checks a minimum of every two hours and document appropriately		

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Children's Hospital Pediatric Critical Care Mechanical Ventilation #DAHS-DAHS-NSCPCCMV14 Continued	**Date**	**Verifier's Initials**
Assess the patient's need for suctioning		
Discuss the use of sedation and/or paralytics to maintain optimal mechanical ventilation		
Discuss the use of respiratory pharmacology in the management of a patient requiring mechanical ventilation		
Assess reasons for changes in peak pressure, tidal volumes, breath sounds, oxygen saturation, and ETCO2 in the patient receiving mechanical ventilation		
Describe ventilator changes needed based on ABG results or noninvasive blood gas monitoring		
Assess a patient's readiness for mechanical ventilator weaning and/or extubating		

Children's Hospital Pediatric Critical Care Respiratory Assessment #DAHS-NSCCHPCCRA14	**Date**	**Verifier Initials**
References: 1. American Heart Association, 2017 – Pediatric Advanced Life Support 2. PLS: Basic Principles of Oxygen Therapy, Specialty Gases and Noninvasive Ventilation 3. PLS: Understanding Abnormal Blood Gasses		
Recognizes normal respiratory rates and pulmonary developmental findings for infants, children, and adolescents.		
Performs all aspects of respiratory assessment.		
Recognizes respiratory distress in children and intervenes appropriately.		
Monitors and documents non-invasive respiratory monitoring values (oxygen saturation, transcutaneous or ETCO2).		
Recognizes when an arterial blood gas is indicated to further evaluate respiratory status.		
Demonstrates ability to correlate ABG results with respiratory and/or patient findings.		
Prepares for potential respiratory emergency by having emergency respiratory equipment available in the patient's room.		
Notifies physician of changes in patient's respiratory status.		
Documents all pertinent information in the appropriate locations.		

Children's Hospital Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention #DAHS-NSCCHPHMESSIP14	**Date**	**Verifier Initials**
References: 1. Fact sheets from Safe Kids Coalition with annual reports of childhood injury. (http://www.safekids.org/) 2. Review of safety and car seat videos 3. UC Davis Health Policy 3302: HUGS Infant/Child Security Program 4. PLS: Caring for the Behaviorally Challenged PLS: Health Care Advanced Directives: Communicating Wishes		
Provide age-appropriate health screening and maintenance that promotes child/family health.		
Provide a developmentally safe and sensitive environment for the hospitalized child.		
Provide injury prevention and general safety information that is developmentally appropriate to the individual need of the child/family.		

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Children's Hospital Pediatric IV and Fluid Management #DAHS-NSCCHPIVFM14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric) 2. PLS: Pediatric Peripheral IV care and Management 3. PLS Management of PIV complications in the pediatric patient 4. PLS: Fluid & Electrolytes Imbalance: Dehydration 5. PLS: Fluid & Electrolytes: Laboratory Assessment of Imbalances 6. PLS: Fluid & Electrolytes: Physiological Differences 7. PLS: Fluid & Electrolytes: Replacement Therapy 8. PLS: Fluid & Electrolytes: Water Intoxication and Fluid Shift		
Implement developmentally appropriate procedural preparation, IV site cannulation, and fluid administration to children. • General pediatrics • Infant • Toddler • Preschool • School-age • Adolescent		
Evaluate fluid needs, recognize fluid disturbances, and be able to initiate fluid resuscitation.		

Children's Hospital Pediatric Nutritional Assessment and Support #DAHS-NSCPNAS14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 4061:Aspiration (Oral and Enteral) Precautions 2. UC Davis Health Policy 16024: Breast Milk Collection, Storage, Thawing, and Delivery 3. Booklets (UC Davis Nutritional Education series. 1997. Pitcher, J. & Crandall, M.): 4. Feeding Assessment Skills, Normal Infant Assessment, Supporting Oral Intake, Oral Hypersensitivity, Nasogastric Feedings 5. PLS: Pediatric Nutritional Overview 6. PLS: Nutrition in the Critically Ill Child 7. Elsevier: Feeding Tube: Enteral Nutrition Administration (Pediatric)		
Provide developmentally appropriate nutritional screening; promote normal nutrition with children of varied age groups		
Provide developmentally appropriate and safe parental nutritional to children of varied age groups		
Implement developmentally appropriate and safe enteral nutritional to children of varied age groups		

Endotracheal Intubation and Mechanical Ventilation #DAHS-NSCEIMV14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Clinical Policy 17003: Airway Management for Adult Inpatients 2. 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		

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Endotracheal Intubation and Mechanical Ventilation #DAHS-NSCEIMV14 continued	**Date**	**Verifier Initials**
Assess proper cuff inflation		
Describe various modes/methods of ventilation		
Perform ventilator checks and breath sound auscultation every two hours and document appropriately		
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: 9. Elsevier Skills • Capnometry and Capnography • End-Tidal Carbon Dioxide Measurement: Continuous Monitoring		
Elsevier Skills for reference only		
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		

Epidural and Subdural Drains #DAHS-NSCESD14	**Date**	**Verifier's Initials**
Identify the clinical applications of epidural and subdural drains		
Maintain a closed system		

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Epidural and Subdural Drains #DAHS-NSCESD14 continued	**Date**	**Verifier's 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		

Epidural Catheter Care and Maintenance #DAHS-NSCECCM14	**Date**	**Verifier Initials**
References: 1. American Society for Pain Management Nursing (ASPMN). 2007. Registered Nurse Management and Monitoring of Analgesia by Catheter Techniques. Lenexa, KS: American Society for Pain ManagementNursing (ASPMN).		
PRE-INSERTION		
Describe the epidural space		
State contraindications of placing an epidural		
Specify equipment that should be assembled at bedside by nursing staff		
PATIENT ASSESSMENT		
Describe the differences between epidural morphine and fentanyl concerning delayed respiratory depression		
Demonstrate sensory level and motor block assessments and state frequency.		
Explain why hypotension is a risk following local anesthetic administration via the catheter.		
Place "Caution: Epidural in Place" signs appropriately		
CATHETER REMOVAL		
Explain the importance of verifying patient is not anticoagulated prior to catheter removal		
Describe procedure for removal of catheter		
DOCUMENTATION		
List specific monitoring/documentation requirements for:		
– Insertion of catheter or after boluses or infusion rate change		
– Epidurals with opioids		
– Local anesthetics		
– Pediatrics		
Prior to first ambulation		
Describe procedure for wasting unused opioid.		
Demonstrate documentation of epidural infusion in EMR.		

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Flolan #DAHS-NSCF14	**Date**	**Verifier Initials**
References: 1. Micromedex Drug Points System 2. Product Information Flolan 3. PAH (Pulmonary Arterial Hypertension) -Vasodilator Therapy Trial Admission Orders		
Verbalize indications for Flolan therapy and know the pharmacological actions of the drug.		
Verbalize hemodynamic effects of Flolan and the goal for therapy.		
Verbalize side effects/adverse reactions and know proper MD to call regarding serious side effects.		
Review physician order set for PAH-Vasodilator therapy trial.		
Verbalize appropriate place of transfer for Flolan patients.		

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		

Level 1® Rapid Infuser #DAHS-NSCLTU16	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 13012: Administration of Blood and Blood Components 2. Level 1® Rapid Infuser Instructor Manual		
States indications for use		
Demonstrates turning power on, priming system/patient line and connecting system to patient		
Demonstrates steps to run fluids using pressure		
States mechanism to avert large infusions of air into patient		
States when tubing needs to be changed		
Identifies operational, internal system fault alarms and troubleshooting – refers to Operator's Manual as needed		
Documents use of Level 1® Rapid Infuser		

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Lidocaine Skin Anesthetic Intradermal Injection #DAHS-NSCLFIUA11	**Date**	**Verifier Initials**
References: 1. UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by A Certified Registered Nurse		
Completion of e-module Lidocaine Skin Anesthetic Injection by a Certified Registered Nurse with a post test score of at least 80% # DAHS-NSCLFIUA22 (e-module covers both needle-free and intradermal techniques)		
Demonstrate one supervised lidocaine skin anesthetic intradermal injection in the clinical setting. Supervision will be provided by a lidocaine certified RN or MD		

Lidocaine Skin Anesthetic Needle Free Injection #DAHS-NSCLSANFI22	**Date**	**Verifier's Initials**
References: 1. UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by A Certified Registered Nurse		

Lidocaine Skin Anesthetic Needle Free Injection #DAHS-NSCLSANFI22	**Date**	**Verifier Initials**
References: 1. UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by A Certified Registered Nurse		
Completion of e-module Lidocaine Skin Anesthetic Injection by a Certified Registered Nurse with a post test score of at least 80% # DAHS-NSCLFIUA22 (e-module covers both needle-free and intradermal techniques)		
Demonstrate one supervised lidocaine skin anesthetic needle free injection in the clinical setting. Supervision will be provided by a lidocaine certified RN or MD		

Obtaining a 12-Lead ECG #DAHS-NSCOLE14	**Date**	**Verifier Initials**
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		
Correctly place leads, ensure that there is no tension on the cable		
Obtain 12-lead reading, recognize proper tracing, trouble-shooting artifact		
Disconnect equipment and clean as necessary		
Document all pertinent data, and notify appropriate staff of results		

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Pediatric ABG Verification Check Sheet #DAHS-NSCPABGV10 (only if required for nursing area)	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 17012: Arterial Puncture - Adults 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-NSCPIV	**Date**	**Verifier Initials**
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**: Pediatric Peripheral IV Care & Management and Management of Peripheral IV Complications in the Pediatric Patient		
Complete three (3) sticks observed by verified clinician		
Location:		
Location:		
Location:		

PowerFlow Implanted Apheresis Port DAHS-NSCPFIAP	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 7509: Hemodialysis/Apheresis Catheters 2. BD PowerFlow Nursing Guide 3. BD PowerFlow Step-by-Step Access Guide		
DEMONSTRATE: Using the following steps, demonstrates one successful PowerFlow access and de-access on a human or simulated patient under the supervision of the vendor educator or UCDH skill verified healthcare provider		
ACCESS:		
Locate and identify the port via palpation by identifying the high and low points of the port		

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PowerFlow Implanted Apheresis Port DAHS-NSCPFIAP continued	**Date**	**Verifier Initials**
ACCESS: continued		
Prepare access materials, including a primed extension set		
Clean and prepare the access site prior to accessing per UCDH policy		
Stabilize the port with non-dominant, sterile gloved hand and palpate the funnel		
Using a shallow angle (30 degrees) of access, insert the needle into the funnel and slide it to the stop		
Separate needle from the IV catheter hub by pulling the needle slightly away		
Advance the IV catheter completely, continuing to pull the needle slightly away as needed		
Withdraw needle and engage safety mechanism		
Immediately attach the extension set, aspirate for blood return, and flush with normal saline		
Securely dress the site per Clinical Policy 13001: Vascular Access Policy (Adult/Pediatric)		
DE-ACCESS:		
Flush with normal saline to clear line		
Perform locking procedure by withdrawing the IV catheter while flushing continuously with locking solution to reduce potential for blood backflow into the catheter tip (5mL locking solution is recommended)		
After IV catheter removal, apply pressure if bleeding occurs		
Apply dressing per Clinical Policy 13001: Vascular Access Policy (Adult/Pediatric)		

Recovery, Post-op Surgical #DAHS-NSCRPS14	**Date**	**Verifier Initials**
References: 1. Patient Care Standards, SICU, General Issues 2. Performance Standards for Clinical Nurses-PACU		
Perform initial rapid assessment of cardiorespiratory systems		
Receive patient and report from anesthesia provider (e.g., anesthetic events, medications, vital signs, EBL, intake & output, lab values)		
Perform quick visual assessment, measure vital signs, assess LOC, and report abnormal findings to the anesthesia provider at the bedside		
Monitor vital signs Q15 minutes X 6 or more frequently if unstable		

Action Nurse Skills

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Respiratory Emergencies and Equipment #DAHS-NSCREE14	**Date**	**Verifier Initials**
References 1. UC Davis Health Policy 13035: Administration of Medications for Rapid Sequence Intubation in Adults 2. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant) 3. Textbook of Advanced Cardiac Life Support, 2006 4. Wells and Murphy, Manual of Emergency Airway Management, 2004		
Demonstrates ability to regulate oxygen flow via thumbscrew controller of O2 flow meter; identify types of patients likely in need of O2 administration.		
Describes use of and demonstrate proficiency in use of O2 equipment.		
Demonstrates setup for intubation including equipment and drugs commonly used. State indication for ET intubation		
Identifies basic concepts of what alarms indicate and rationale for never turning alarms off		
Describes/demonstrates 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/demonstrate preparation of patient for thoracentesis including obtaining necessary equipment; indications for procedure and function		
Document respiratory treatments, medications, procedures, assessments, interventions, and their effects. Re-assess status PRN. Obtain order for paralytics/sedatives 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		
Initiation of temporary 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		
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.		

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Thrombolytic Therapy (Tenecteplase or Alteplase) Administration and Monitoring for Acute Ischemic Strokes # DAHS-NGNTNK21	**Date**	**Verifier Initials**
References: 1. 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 treated 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		

Transporting Critical Care Patients to Procedure or Diagnostic Study #DAHS-NSCTCCP	**Date**	**Verifier Initials**
References: 1. Critical Care Structure Standards: XI-A Governing Rules for Critical Care-Patient Transports 2. Critical Care Nurse 2010 Vol 30, No. 4, Keeping Patients Safe during Intrahospital Transport. 3. Critical Care Medicine 2004 Vol 32, No. 1 Guidelines for the Inter- and Intrahospital transport of the critically ill patients. 4. 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		

Action Nurse Skills

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Transporting Critical Care Patients to Procedure or Diagnostic Study #DAHS-NSCTCCP continued	**Date**	**Verifier Initials**
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		

Ultrasound Guided Peripheral IV Insertion #DAHS-NSCUSGPIVI21	**Date**	**Verifier Initials**
References: 2. AIUM Practice Parameter for the Use of Ultrasound to Guide Vascular Access Procedures. J Ultrasound Med. 2019 Mar;38(3):E4-E18. doi: 10.1002/jum.14954. PMID: 30758889. 3. Feinsmith, et al. (2018). Outcomes of a Simplified Ultrasound-Guided Intravenous Training Course for Emergency Nurses, Journal of Emergency Nursing, 44(2). 4. Gottlieb, M., Sundaram, T., Holladay, D., & Nakitende, D. (2017). Ultrasound-guided peripheral intravenous line placement: A narrative review of evidence-based best practices. The Western Journal of Emergency Medicine, 18(6), 1047-1054. doi: 10.5811/westjem.2017.7.34610 5. Maiocco, G., & Coole, C. (2012). Use of ultrasound guidance for peripheral intravenous placement in difficult-to-access patients. Journal of Nursing Care Quality, 27(1), 51-55. doi: 10.1097/NCQ.0b013e31822b4537 6. Morata, L., & Bowers, M. (2020). Ultrasound-Guided Peripheral Intravenous Catheter Insertion: The Nurse's Manual. Critical care nurse, 40(5), 38–46. https://doi.org/10.4037/ccn2020240 7. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric) 8. UC Davis Health Policy 13006: Ultrasound Guided Peripheral IV Placement 9. UC Davis Health Policy 4051: Use of Topical Anesthetics for Pain Reduction Prior to Needlestick or Standardized Procedure 315: Lidocaine Skin Anesthetic Injection by a Certified Registered Nurse 10. Van Loon, F. H. J., Buise, M. P., Claassen, J. J. F., Dierick-van Daele, A. T. M., & Bouwman, A. R. A. (2018). Comparison of ultrasound guidance with palpation and direct visualization for peripheral vein cannulation in adult patients: a systematic review and meta-analysis. British Journal of Anaesthesia, 121(2), 358-366. https://doi.org/10.1016/j.bja.2018.04.047 11. Vizcarra, C., Cassutt, C., Corbitt, N., Richardson, D., Runde, D., & Stafford, K. (2014). Recommendations for improving safety practices with short peripheral catheters. Journal of Infusion Nursing, 37(2), 121-124. doi: 10.1097/NAN.0000000000000028		
Prerequisite: RN must be IV certified for adults		
Prerequisite: RN must be IV certified for pediatrics if attempting ultrasound guided IVs on pediatric patients		
Skill verification in the administration of lidocaine per Standardized Procedure 315: Lidocaine Skin Anesthetic Injection by a Certified Registered Nurse (if using local skin anesthetic)		
Demonstrate three successful ultrasound guided IV placements per Clinical Policy 13006 Ultrasound Guided Peripheral IV Placement		
• **Demonstration 1**		
• **Demonstration 2**		
• **Demonstration 3**		