

Adult Infusion Skills Packet

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Unit:	Title:

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General Core Competencies These competencies are applicable to all Nursing areas and must be completed by all nurses.	Skill Code (For CPPN Use Only)	Date Completed	Verifier Initials
Core Skill: Collaboration & Communication	DAHS-NCCCAC12		
Nursing Report	DAHS-NSCNR15		
SBAR Communication	DAHS-NSCSBARC15		
Core Skill: Cultural Sensitivity/Patient-Centered Care	DAHS-NCCCSPCC12		
Nurse Patient Relationship	DAHS-NSCNPR15		
Core Skill: Evidence-Based Practice	DAHS-NCCEB12		
Core Skill: Infection Prevention	DAHS-NCCIP12		
Hand Hygiene	DAHS-NSCHH15		
Isolation Precautions	DAHS-NSCIP15		
Core Skill: Informatics	DAHS-NCCIFO12		
Core Skill: Medication Safety	DAHS-NCCMS12		
Core Skill: Patient Rescue	DAHS-NCCPR12		
Code Management (Ambulatory)	DAHS-NSCAMBCM		
Core Skill: Patient Safety	DAHS-NCCPS12		
Fall Prevention for RNs	DAHS-NSCFPFRN		
Incident Report	DAHS-NSCIR15		
Suicide Risk	DAHS-NSCSRA-17		
Core Skill: Professional Practice	DAHS-NCCPP12		

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Skills Skills listed as "Performs per Policy" are located <u>only</u> within the first 3 pages for sign off. Not all skills are applicable to all Nursing areas – if not applicable, mark skill N/A	Skill Code (For CPPN Use Only)	Date Completed	Verifier Initials
Adult IV Verification Check Sheet	DAHS-NSCRNIV		
Antineoplastic Administration – Tiers One, Two, and Three Performs per CPPN Certification Paket: Antineoplastic Administration	Separate Certification Packet		
BD Alaris IV Infusion System	DAHS-NSCBD18-ALARIS		
Blood Culture Collection Adult: Performs per UC Davis Health Policy 13015: Blood Culture Collection	DAHS-NSCBCCA15		
Blood Culture Collection for Neonates and Peds: Performs per UC Davis Health Policy 13015: Blood Culture Collection	DAHS-NSCBCCNP15		
Blood Draws: Performs per UC Davis Health Policy 13001: Vascular Access & Policy 13029: Venipuncture Verification and Blood Withdrawal	DAHS-NSCBD14		
Blood Pressure (Ambulatory)	DAHS-NSCAMBPB		
Blood Product Administration: Performs per UC Davis Health Policy 13012, Administration of Blood and Blood Components	DAHS-NSCBPA15		
CADD Pump Skills Checklist	DAHS-NSCCADDPPE11		
Central Line Maintenance Bundle: Performs per UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric) and Attachment 4: Central Line Indications and Bundles	DAHS-NSCCLMB15		
Doppler Ultrasound for Blood Pressure Assessment in the LVAD Patient	DAHS-NSCDUABPPDVAD		
Extravasation Prevention and Management for Antineoplastic Therapy	DAHS-NSCEPMAT26		
Implanted Apheresis Port (PowerFlow®)	DAHS-NSCPFIAP		
Implanted Venous Port Care and Maintenance: Performs per UC Davis Health Policy 13001 Vascular Access Policy	DAHS-NSCIVPCM		
Injections: Intramuscular (IM), Subcutaneous (SQ), Z-Track Method (Ambulatory)	DAHS-NSCAMBIIMSZ		
Intravesicular Chemotherapy	DAHS-NSCIC		
Intravesical & Topical Upper Tract Therapy: Performs per Policy 10003	DAHS-NSCIC		

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Nasal Cannula or Oxygen Mask Application: Performs per UC Davis Health Policy 6018: Oxygen Administration	DAHS-NSCNCOMA15		
Obtaining a 12 lead ECG Skill Checklist	DAHS-NSCOLE14		
Orthostatic Vital Signs (Ambulatory): Performs per Elsevier Clinical Skills: Blood Pressure: Orthostatic	DAHS-NSCAMBOVS		
Oxygen Therapy and Oxygen Delivery Principles	DAHS-NSCOTOC15		
Pain Management	DAHS-NSCPM15		
PICC Care and Maintenance: Performs per UC Davis Health Policy 13001 Vascular Access Policy	DAHS-NSCPICMBD		
Pyxis MedStation® ES System	DAHS-NSCPXMES14		
Safe Handling Hazardous Drugs/Chemotherapeutic Agents	DAHS-NSCSHHDCA		
Safe Patient Handling Online Module	DAHS-UCL0L0015-SAFSVC		
Seizure Precautions (Ambulatory)	DAHS-NSCMBSP		
Suicide Risk: Performs per UC Davis Health Policy 4016: Identification and Management of Patients at Risk for Suicide	DAHS-NSCSRA-17		
Telephone Triage (Ambulatory): Performs per UC Davis Health Policy 314: Telephone Triage and Advice Protocol for Patients in Ambulatory Care by an RN	DAHS-NSCTELTTRN17		
Therapeutic Phlebotomy: Performs per UC Davis Health Policy 13019: Therapeutic Phlebotomy	DAHS-NSCTP		
Topical Upper Tract: Performs per UC Davis Health Policy 10003- Intravesical and Topical Upper Tract Therapy with Chemotherapeutic/Biologic Agents	DAHS-NSCTUT26		
Urethral Catheterization: Performs per UC Davis Health Policy 9010: Urethral Catheter Insertion, Maintenance, and Removal	DAHS-NGNUCI		
Zoll AED Plus (Automated External Defibrillator)	DAHS-NSCZAEDP		

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Pediatric Skills for Adult Infusion

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Adult Infusion Pediatric Learning Solutions (PLS) Bundle (Online Modules)	UC Learning Modules		
Adult Infusion- Pediatric Elsevier Skills (Online Modules)	UC Learning Modules		
Children's Hospital Blood Draws	DAHS-NSCCHBD14		
Children's Hospital Developmental Pediatric Coping	DAHS-NSCCHDPC14		
PLS-Pediatric Falls Assessment using the Cummings Scale	DAHS-NSCPFACS12		

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:	Date:
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For supporting standards and instructions on how to complete Core Skills, please review [General Core: Supporting Standards and Validations](#).

Core Skill: Collaboration & Communication #DAHS-NCCCAC12	Date	Verifier Initials
Expected Outcome: The Nurse will function effectively within nursing role and interprofessional teams		
Demonstrates consistent performance in precepted experience of professional collaboration and communication		
Nursing Report #DAHS-NSCNR15 - For each patient, includes background information, assessment data, nursing diagnoses, interventions, outcomes, and evaluation, family information, discharge plan, and current priorities. - Asks the nurse from oncoming shift if they have any questions regarding information provided.		
SBAR Communication #DAHS-NSCSBARC15 - Contacts the primary practitioner directly responsible for making care decisions for the specific patient or the person receiving the patient communication hand-off. - Initiates SBAR communication, introduced self, and provided the name of the patient to the recipient of the information. Included situation, background information, assessment findings and observations of current condition and insights offered recommendations to correct problem.		

Core Skill: Cultural Sensitivity/Patient Centered Care #DAHS-NCCCSPCC12	Date	Verifier Initials
Expected Outcome: The nurse will provide care that recognizes and respects patient preferences, values, and needs. Nurses shall use cross cultural knowledge and culturally sensitive skills in implementing culturally congruent nursing care.		
Patient-Centered Care		
Population-Specific Care		
Advance Directives for Healthcare & Physician Order for Life-Sustaining Treatment Online Module #DAHS-NGNADPOLST16		
Age Specific Care Online Module #DAHS-NGNASC11- <i>Passing score of 85% on test</i>		
Nurse Patient Relationship #DAHS-NDCNPR15 - Verifies the correct patient using two identifiers per UC Davis Health Policy 2702. Patient Identification and Safety Bands for the Hospitalized Patient - Creates a climate of warmth and acceptance - Uses appropriate nonverbal behaviors (e.g., good eye contact, open relaxed position, sitting eye level with patient) - Uses therapeutic communication skills such as restating, reflecting and paraphrasing to identify and clarify strategies for attainment of mutually agreed-upon goals. - Uses effective communication skills to discuss discharge and termination issues and to guide discussion related to specific changes in patient's thoughts and behaviors. - Summarizes and restates with patient what was discussed during interaction, including goal achievement		

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Core Skill: Evidence-Based Practice #DAHS-NCCEB12	Date	Verifier Initials
Expected Outcome: The nurse will provide care that recognizes and respects patient preferences, values, and needs. Nurses shall use cross cultural knowledge and culturally sensitive skills in implementing culturally congruent nursing care.		
Evidence-Based Practice (EBP)		
Demonstrates consistent performance in precepted experience of ability to find EBP and demonstrate use		
Core Skill: Infection Prevention #DAHS-NCCIP12	Date	Verifier Initials
Expected Outcome: The nurse will utilize current evidence and standards of care in prevention, recognition, and treatment of patient infection.		
Demonstrates consistent performance in precepted experience of using infection prevention standards of care		
Hand Hygiene #DAHS-NSCHH15 Consistently demonstrates appropriate hand hygiene.		
Isolation Precautions #DAHS-NSCIP15 Consistently demonstrates appropriate use of standard precautions and transmission-based precautions.		
Core Skill: Informatics #DAHS-NCCIFO1	Date	Verifier Initials
Expected Outcome: The nurse will effectively utilize information and technology to communicate, improve safety, and support decision making		
Complete and maintain EMR Training		
Documentation Standards according to unit specific charting		
Navigates in Windows environment effectively		
Uses computer technology safely (log-in/log-out, protects passwords)		
Core Skill: Medication Safety #DAHS-NCCMS12	Date	Verifier Initials
Expected Outcome: Nurse will administer patient medications in a consistent safe manner		
Completed Medication Policies and Medication Facts module- DAHS-NGNMPMF20		
Demonstrates consistent performance in precepted experience of safe medication practices		

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Core Skill: Patient Rescue #DAHS-NCCPR12	Date	Verifier Initials
Expected Outcome: The nurse will effectively manage patient emergencies.		
Demonstrates consistent performance in precepted experience of appropriate management of patient emergencies.		
Code Management (Ambulatory) #DAHS-NSCAMBCM Consistently performs per policy in emergency situations.		
Core Skill: Patient Safety #DAHS-NCCPS12	Date	Verifier Initials
Expected Outcome: The nurse will effectively manage patient emergencies.		
Demonstrates consistent performance in precepted experience of provision of patient safety.		
Fall Prevention for RNs #DAHS-NSCFPRN - Completed Fall Prevention for RNs Online Module #DAHS-NGNFPPRN10 - Assess fall score and implement appropriate clinical practice guideline and patient safety measures		
Incident Report #DAHS-NSCIR15 - Identifies when to write an incident report. - Demonstrates correct incident report documentation.		
Suicide Risk Assessment #DAHS-NSCSRA-17 Correctly performs suicide risk assessment per policy.		
Core Skill: Professional Practice #DAHS-NCCPP12	Date	Verifier Initials
Expected Outcome: The nurse will provide professional nursing care consistent with organization and department philosophy, values, mission, and goals		
Demonstrates consistent performance in precepted experience of professional nursing care		

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Adult IV Verification Check Sheet #DAHS-NSCRNIV	Date	Verifier Initials
References: UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric)		
Complete Adult IV Online Module #DAHS-NGNAIV– Online module passing score of 85%		
Complete three (3) sticks observed by verified clinician		
Location:		
Location:		
Location:		

BD Alaris IV Infusion System #DAHS-NSCBD18-ALARIS	Date	Verifier Initials
References: 1. UC Davis Health Policy 13056: Parenteral Infusion Pump Use 2. UC Davis Health Policy 3063: Parenteral and Enteral Infusion Pump Care, Distribution and Maintenance		
Alaris™ Pump Module		
Completed assigned Alaris Online Modules in UC Learning.		
Review BD Alaris IV Infusion System policies and procedures.		
Demonstrate Pump Setup – The patient's heart level should be in line with [CHANNEL SELECT] key. – Closes the administration set roller clamp when the safety clamp is open, to prevent free flow. – Does not use needles or blunt cannulas to access a SmartSite™ Needle-Free Valve. – Scrub the SmartSite™ Needle-Free Valve prior to any connection with a CHG/ alcohol swab pad for 5 seconds and let dry for 5 seconds, or an alcohol prep pad for 15-30 seconds and allow to air dry for 15-30 seconds. – Demonstrate System Start Up and Operation		
Demonstrate Programming with Guardrails™ Safety Software – Programming a primary infusion on the Alaris™ Pump module. – Responding to a Guardrails™ Soft or Hard Limit alarm with audio alerts and visual prompts. – Programming an intermittent infusion on the Alaris™ Pump module. – Programming a Volume/Duration infusion on the Alaris™ Pump module. – Use of the "RESTORE" feature (previous programming, VTBI, bolus). – Programming a medication bolus and describing the "Rapid Bolus" infusion feature. – Pausing an infusion by pressing the [PAUSE] hard key on the pump module and the PC unit. – The appropriate head height differential when hanging a 2° medication bag, or a 2° medication bottle.		
Demonstrate Basic Programming Without Guardrails™ Safety Software Programming of a Basic Infusion. Verbalize safety concerns when this mode is used.		

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BD Alaris IV Infusion System #DAHS-NSCBD18-ALARIS continued	Date	Verifier Initials
Alaris™ Syringe Module		
Demonstrate Syringe Module Setup – The patient's heart level should be in line with [CHANNEL SELECT] key. – Priming the set using the Syringe Channel Option feature "Prime Set with Syringe." (<i>Infant and Child Only</i>) – Proper priming technique when using an administration set with Pressure Sensing Disc tubing. (<i>Infant and Child Only</i>) – Clamping the tubing after priming to prevent uncontrolled flow. – Loading and unloading a syringe into the Alaris Syringe module. – Correct selection of syringe manufacturer and size.		
Demonstrate Programming with Guardrails™ Safety Software – Recognizing the Guardrails™ Soft and Hard Limit alarm with audio alerts and visual prompts. – Use of the [RESTORE] key after pausing and changing a syringe. – Use of the "NEOI" (Near End of Infusion) option. Verbalizes how to silence the alert sound. – Pausing an infusion by pressing the [PAUSE] hard key on the syringe module and the Alaris™ PCunit.		
Demonstrate Basic Programming <i>Without</i> Guardrails™ Safety Software – Programming of a Basic Infusion. Verbalize safety concerns when this mode is used.		
Demonstrate and Verbalize Measures to help Reduce Start-Up Delays (Infant and Child Only) – Use the smallest syringe size possible (e.g., if infusing 2.3 mL of fluid, use a 3 mL syringe). – Use compatible components which have the smallest internal volume or "dead space". – Ensure device is as close to level of the patient's heart as possible. Patient heart should be in line with [CHANNEL SELECT] key. – Use the [PRIME SET WITH SYRINGE] channel option on the Alaris™ Syringe module to speed up the engagement of the device's mechanical components and decrease the syringe's internal friction.		
– If utilizing a pre-run infusion practice (to allow for medication equilibration prior to connection to the patient), ensure the distal end of the administration set is level with or higher than the device. – Avoid use of manifolds with ports containing high pressure valves. These valves require at least 50-200 mmHg pressure to open and allow fluid flow. These high-pressure valves may cause a significant delay in therapy followed by a sudden bolus once the valve is opened, particularly at low infusion rates. Note: These recommendations are especially important when infusing high-risk or life- sustaining medications at low infusion rates (for example, <5mL/h and especially at flow rates <0.5mL/h).		
Alaris™ PCA module		
Demonstrate PCA Module Setup – The patient's heart level should be in line with [CHANNEL SELECT] key. – System Start Up and Security key lock feature. • Use of the security key or security code when installing a new syringe or changing the syringe. – Priming the set using the "Prime Set with Syringe" feature • Prime set prior to attaching to patient. • The tubing should be clamped to prevent inadvertent or uncontrolled flow with a primed administration set. – Loading the syringe into the Alaris™ PCA module • Hold the installed syringe plunger to prevent accidental push on the plunger when lowering the drive head. • Clamp off fluid flow to the patient before loading and unloading a syringe. • Check that the installed syringe matches the manufacturer and size displayed on the pump.		

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BD Alaris IV Infusion System #DAHS-NSCBD18-ALARIS continued	Date	Verifier Initials
Demonstrate Programming the Alaris™ PCA module - Programing the following - PCA dose + Continuous dose infusion - How to modify PCA parameters during an active PCA infusion (PCA dose, Lockout interval, Continuous dose, Maximum limit).		
Demonstrate Accessing Patient History and the Alaris™ PCA module - How to view and clear patient history. - Verbalize that patient history data is stored as a rolling 24-hour time period. - Verbalize what actions will delete the PCA patient history.		
Demonstrate Pausing the infusion, Changing the syringe and Restoring the infusion - Clamping off fluid flow to the patient before loading and unloading a syringe. - Pause infusion, change current syringe, and then use the [RESTORE] key to restore previous programming parameters. - Verbalize that the [RESTORE] key should only be used if the Drug, Therapy, Concentration and Dosing Units remain the same.		
Demonstrate Understanding of the Alaris™ PCA Pause Protocol The Alaris™ PCA module will pause when hospital-established parameters on the Alaris™ etCO2 module are met.		
Demonstrate Understanding of the near end of infusion (NEOI) option. - Near end of infusion (NEOI) option allows an alert to sound at a hospital-established remaining syringe volume before the infusion is complete (Empty Syringe alert). - An audio prompt will sound at NEOI, which requires being silenced just once, and will not re-occur following the initial silencing until the empty syringe alert sounds.		
I am not responsible for the PCA module.		
Alaris™ EtCO2 module		
Demonstrate Preparation for EtCO2 Monitoring - Understanding of the basic parameters monitored using the Alaris™ etCO2 module, including basic Ventilation vs. Oxygenation and a normal etCO2 waveform. - Locating the Gas Inlet on the Alaris™ etCO2 module and attach the disposable.		
Alarms and Limits - How to view etCO2 alarm limits, RR alarm limits, and etCO2 waveform from the main display. - How change etCO2, RR, and No Breath limits.		
Demonstrate Pre-silencing Alarm Understands that this mode will only pre-silence the monitoring alarm for 2 minutes and will not silence infusion alarms.		
Demonstrate Viewing EtCO2 Trend Data - Understand how to view the trend data. - How to tell which value has triggered an alarm (bell icon). - If there is no data for time period displayed, dashes (---) will be displayed. - Current patient data will not be displayed while Trend Data feature is being viewed		

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BD Alaris IV Infusion System #DAHS-NSCBD18-ALARIS continued	Date	Verifier Initials
-Demonstrate Understanding of Alarms/Alerts/Troubleshooting - Verbalize meaning and response to: • Auto zero in progress Alarm • Disposable Disconnected Alarm • Clearing Disposable Alarm • Disconnect Occluded Disposable Alarm		
- Verbalize possible causes and possible actions to: • Low etCO₂ Alarm/High etCO₂ Alarm • High FiCO₂ Alarm • No Breath Detected Alarm		
I am not responsible for the EtCO ₂ module.		
BD Alaris™ Cleaning		

Blood Draws #DAHS-NSCBD14	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. NCCLS (CLSI) clinical laboratory guideline 4. UCDH Laboratory Users Guide		
State the importance of correct serum lab specimen collection.		
Select appropriate blood specimen tubes, obtain correct labels.		
Choose method of blood draw: venipuncture, arterial puncture, central or arterial line draw.		
Verify identity of patient.		
Explain the procedure to the patient.		
Obtain specimen per patient care standards. Observe standard precautions and use appropriate safety devices.		
Handle specimen appropriately.		
Compare lab results to normal values and the patient's previous results.		
Documentation on electronic record flowsheet.		

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Blood Pressure Skills Checklist #DAHS-NSCAMPB	Date	Verifier Initials
References: 1. Elsevier Clinical Skills Blood Pressure: Upper Extremity or Elsevier Clinical Skills Blood Pressure: Lower Extremity		
Completion of online module "Blood Pressure: Upper Extremity" DAHS-NGN677-ECS		
Performs initial blood pressure at the end of the rooming process, and is able to verbalize why this is important		
Performs per Elsevier Clinical Skills Blood Pressure: Upper Extremity or Elsevier Clinical Skills Blood Pressure: Lower Extremity		
If initial BP is 140/90 or greater if needed, repeats after 5 minutes of quiet waiting time. Informs provider if second reading is 140/90 or greater. Documents additional BP readings in proper place in EMR		

CADD Pump Skills Performance Equipment Checklist #DAHS-NSCCADDPPE11	Date	Verifier Initials
Review UC Davis Health Policy 13022 Epidural Analgesia Management (non-pregnant) and 13052 Peripheral Nerve Block Insertion Analgesia Management for documentation standards.		
SYSTEM COMPONENTS		
CADD-Solis ambulatory infusion pump		
CADD Medication as ordered		
CADD administration set		
CADD disposables to be used with epidural infusions, if applicable		
Remote dose cord		
Pole mount bracket adapter		
PUMP DESCRIPTION AND BASIC OPERATION		
Press the power button to turn the pump on		
Identify the following: • Function of the green and amber indicator lights • Function of each key on the keypad • Power button • Cassette latch • Cassette/keypad lock • USB port		

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CADD Pump Skills Performance Equipment Checklist #DAHS-NSCCADDPPE11 Continued	Date	Verifier Initials
Identify the following: • Remote dose cord jack • User interface (LCD screen) • Status bar • Describe what the different colors indicate • Protocol title bar • Screen title bar • Help bar • Work area • Soft key bar		
PUMP OPERATIONS AND PROGRAMMING		
Start a new patient		
Select the appropriate Therapy, Qualifier and Drug		
Unlock keypad using the code or key		
Verify Therapy, Qualifier and Drug		
Review the pump settings with an independent double check		
Adjust the patient specific parameters per the Physician Orders		
Describe what happens when a parameter is adjusted outside of the soft limit range		
Accept the values		
ATTACHING CASSETTE/ADMINISTRATION SET		
Clamp tubing and spike medication bag		
Demonstrate attaching, latching, and locking the cassette to the pump		
State the importance of free flow protection and identify how that is accomplished using the CADD disposables		
Identify CADD pump disposables used in the epidural mode, if appropriate		
Demonstrate priming the tubing		
Position the pump, tubing, and attach the pump to the lockable pole mount bracket		
Demonstrate attaching the remote dose cord		
PUMP OPERATION AND PROGRAMMING		
Demonstrate starting the pump		
Demonstrate delivering a clinician bolus		
Demonstrate delivering a PCA dose		
Demonstrate making program changes with the pump running		
Continuous rate		

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CADD Pump Skills Performance Equipment Checklist #DAHS-NSCCADDPPE11 Continued	Date	Verifier Initials
PCA dose		
PCA lockout		
Demonstrate stopping the pump		
Demonstrate changing the reservoir volume		
ALARMS		
Describe the difference between information, Low, Medium and High Priority Alarms.		
Identify and resolve alarm conditions:		
Low battery		
Reservoir volume low		
Reservoir volume is zero		
Downstream occlusion		
Battery depleted		
PUMP REPORT		
Demonstrate going to the Tasks Menu and demonstrate:		
Starting a new patient		
Start new protocol, same patient		
Prime tubing		
Set time and date		
Adjusting the backlight intensity		
Adjusting alarm volume		
Demonstrate viewing and/or clearing pump reports:		
Given and PCA dose counters		
PCA dose graph		
Delivery history and pie chart		
Delivery log		
Event log		
PUMP SAFETY PRECAUTIONS		
Review policy 13022 Epidural Analgesia Management (non-pregnant) and 13052 Peripheral Nerve Block Insertion Analgesia Management for pump safety precautions		

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Doppler Ultrasound for Blood Pressure Assessment in the LVAD Patient #DAHS-NSCDUABPPDVAD	Date	Verifier Initials
References: UC Davis Health Policy 5002: Durable Ventricular Assist Device: Nursing Management (Section V Paragraph B) Elsevier Clinical Skills: Doppler Ultrasound for Assessment of Blood Pressure and Peripheral Pulses VAD Aware Training DAHS-NGNVADA15		
If possible, ensures that the patient is seated or supine for at least 5 minutes		
Positions the appropriately sized blood pressure cuff above the elbow with the bladder midline over the brachial artery		
Using a handheld doppler, locates the patient's brachial arterial Doppler sound. Tilts the probe at a 45-degree angle along the length of the vessel. Avoids putting excess pressure on the probe		
Maintains the position of the probe over the artery and inflates the blood pressure cuff until the arterial Doppler sound is no longer audible		
Deflates the cuff slowly and notes on the sphygmomanometer when the first Doppler sound is heard		
The number on the sphygmomanometer associated with the first Doppler sound is the patient's mean arterial pressure (MAP)		
Removes cuff, wipes gel from patient's arm. Discards supplies, removes PPE, performs hand hygiene, and documents findings in the EMR		
Cleans the face of the Doppler probe with a soft tissue. Follows manufacturer's recommendations for disinfecting the probe after each use		

Extravasation Prevention and Management for Antineoplastic Therapy #DAHS-NSCEPMAT26	Date	Verifier Initials
References: Standardized Procedure 316 – Management of Extravasation of Chemotherapeutic Agents & 316(1) Extravasation Management by Agent Policy 13066 – Prevention and Management of Extravasation of Vesicant/Irritant Agents Policy 10001 – Safe Handling and Administration of Hazardous Drugs Policy 10012 – Administration of Antineoplastics for Oncological Indications - Oncology Nursing Society. Chemotherapy and Immunotherapy Guidelines and Recommendations for Practice, 2nd ed., 2023. - Infusion Nurses Society. Infusion Therapy Standards of Practice, 9th ed., 2024		
Completion of online module "Antineoplastic Drug Administration: Vesicant and Irritant Agents (Oncology) DAHS-NGN10739-ECS		
Follows Policy and standardized procedure (SP) review – Policy 13066,10001,10012, SP316, SP316(1) See references.		
Identifies vesicant vs. irritant classification of assigned therapy		
Verifies extravasation kit location and describes contents and use		
Assesses patient for risk factors (fragile veins, prior radiation, difficult access, neuropathy, etc.)		
Describes considerations for appropriate vascular access selection for vesicant/irritant therapy		
Identifies appropriate administration methods (pump, IV push/side-arm, gravity) based on agent		
Educates patient to immediately report burning, pain, swelling, or discomfort at site		
Confirms appropriate blood return prior to administration and describes ongoing patency assessment		

Adult Infusion Skills Packet

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Extravasation Prevention and Management for Antineoplastic Therapy #DAHS-NSCEPMAT26	Date	Verifier Initials
Describes appropriate site monitoring during vesicant administration		
Defines early signs and symptoms of extravasation		
Demonstrates clinical judgment required to initiate immediate extravasation interventions and escalation to minimize patient harm per Standardized Procedure 316 & 316(1):		
Stops infusion immediately upon suspicion of extravasation		
Aspirates of residual drug from line		
States provider and pharmacy notification process		
Identifies appropriate thermal application (warm vs. cold) based on medication		
Describes antidote process, including how to obtain and administer if indicated		
Describes proper limb positioning and site protection		
Provides patient education for post-event monitoring and home care instructions		
Describes need for ongoing reassessment and follow-up evaluation		
Describes required documentation elements including assessment, interventions, and follow-up		
Verbalizes safety/event reporting process		

Implanted Apheresis Port (PowerFlow) #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		
Review of UC Davis Health Policy 7509: Hemodialysis/Apheresis Catheters		
Review of UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric)		
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		
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		

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Implanted Apheresis Port (PowerFlow) #DAHS-NSCPFIAP continued	Date	Verifier Initials
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)		

Injectons: Intramuscular, Subcutaneous, and Z-Track Methods Skills Checklist #DAHS-NSCAMBIIMSZ	Date	Verifier Initials
References: 1. Clinical Policy 11010: Medications/Solutions/Vaccines in Single and Multiple Dose Containers 2. Clinical Policy 4055: Medication Administration		
Completion of online module " Medication Administration: Intramuscular Injection " DAHS-NGNMAINTRAMI-ECS and " Medication Administration: Subcutaneous Injection " DAHS-NGNMASI-ECS		
Selects the ordered medication according to the Eight Rights of Medication Administration, Clinical Policy 4055: Medication Administration		
Draws medication up into syringe per Clinical Policy 11010: Medications/Solutions/Vaccines in Single and Multiple Dose Containers		
Performs IM injections per Clinical Policy 4055 Medication Administration (Includes Z Track Method)		
Performs subcutaneous injections per Clinical Policy 4055 Medication Administration		

Intravesicular Chemotherapy #DAHS-NSCIC	Date	Verifier Initials
References: 1. UC Davis Health Policy 10003 Intravesical and Topical Upper Tract Therapy with Chemotherapeutic/Biologic Agents 2. UC Davis Health Policy 9010 Urethral Catheter Insertion, Maintenance and Removal		
Follows UC Davis Health Policy 10003 Intravesical and Topical Upper Tract Therapy with Chemotherapeutic/Biologic Agents		
Assesses patient for side effects or problems from previous catheterizations including trauma and hematuria, and lab work		
Documents and notifies provider		
Provides patient teaching and education, assesses understanding		
Reviews policy for staff and medication precautions		

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Intravesicular Chemotherapy #DAHS-NSCIC continued	Date	Verifier Initials
Demonstrates understanding of safe handling for BCG		
Wears PPE		
Gathers equipment for intravesical instillation		
Verifies patient identification		
Performs chemotherapeutic/biologic agent double check		
Follows protocol per policy for preparing care environment		
Inserts urethral catheter per UC Davis Health Policy 9010, Urethral Catheter Insertion, Maintenance, and Removal		
Demonstrates 1 urethral catheter insertion with patient with preceptor		
Verbalizes urethral catheter insertion criteria for intravesical administration		
Verbalizes and documents urethral catheter insertion		
Follows protocol for instillation times and patient positions		
Follows safe handling with voiding and discontinuing catheter		
Provides discharge instructions for waste management at home		

Obtaining a 12 lead ECG #DAHS-NSCOLE14	Date	Verifier Initials
References: 1. UC Davis Health Policy 323: Nursing Intervention in the Event of Certain Medical Emergencies in Adult Patients 2. Elsevier: Electrocardiogram: 12 Lead		
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, troubleshooting artifact.		
Disconnect equipment and clean as necessary.		
Document all pertinent data and notify appropriate staff of results.		

Oxygen Therapy and Oxygen Delivery Principles #DAHS-NSCOTODP15	Date	Verifier Initials
References: 1. UC Davis Health Policy 6018: Oxygen Administration		
Adjust the O ₂ to the flow rate as directed by the equipment recommendations to deliver the prescribed amount of O ₂ . The float ball in the flowmeter should be positioned so the flow rate line is in the middle of the ball.		

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Oxygen Therapy and Oxygen Delivery Principles #DAHS-NSCOTODP15 continued	Date	Verifier Initials
Check to see that O ₂ is flowing through the cannula or mask.		
For nonrebreather masks, the reservoir bag must be prefilled with O ₂ before it is applied to the patient. When using an O ₂ mask with a reservoir bag, adjust the flow rate so that the bag does not collapse, even with a deep inspiration.		
If humidification (i.e., a nebulizer with corrugated tubing) is being used, periodically check the tubing and drain the tubing of excess water as needed.		
Monitor all O ₂ delivery devices to ensure that they are functioning correctly and delivering the desired concentrations of O ₂ .		

Pain Management #DAHS-NSCPM15	Date	Verifier Initials
References:		
1. UC Davis Health Policy 4054: Pain Assessment and Management		
Define "pain" according to UC Davis Health Policy 4054 .		
Use age-appropriate scale to obtain a pain intensity score.		
Perform a thorough pain assessment for a pre-verbal or non-verbal patient.		
Demonstrate appropriate documentation of pain assessment, including pain scale score, intervention and response		
Name three common sequelae of unrelieved pain.		
Name three common side effects of opioid pain medication.		
Name three non-pharmacological approaches to pain management.		
Verbalize rationale for ATC (around the clock) dosing.		
Verbalize two precautions/concerns related to PCA use.		
Able to cite one special pain management consideration for each of the following as appropriate to practice setting: - Elder patient. - Patient with chronic, non-malignant pain - Patient with current or remote history of substance abuse. - Patient with pain related to a terminal illness.		
Able to name two interventions that interrupt transmission of pain signals: - At the site of injury. - At the level of the spinal cord. - In the central nervous system.		
Describe when NSAIDs are useful.		
Describe two precautions for NSAID use.		
Name two differences between nociceptive and neuropathic pain.		
Name two differences between visceral and somatic pain.		

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Pyxis MedStation® ES System Equipment Checklist #DAHS-NSCPXMES14	Date	Verifier Initials
Completed Pyxis MedStation® ES Station Online Module		
Pyxis MedStation® ES system policies and procedures reviewed		
STATION BASICS		
Keyboard		
Printer paper change - move black spindle from empty roll to full roll		
Scanner		
Locate and access Tutorial and Help		
Medication reference for nursing (Lexi-comp™ online via CRC or link on the Kernel)		
Sign in/sign out to the Pyxis MedStation® ES system		
Register Bio ID fingerprint identification system scan / Reset finger scan		
Main Menu screen		
PATIENTS		
All Available Patients		
Create/modify My Patient list		
REMOVE MEDICATION		
NON-PROFILE - Remove medication(s) in non-profile mode		
PROFILE - Remove profile medication: scheduled and PRN		
From My Patients view (blue dots)		
Selecting patient, then Remove		
Due Now tab will show orders due 1 hour before and 2 hours after current time		
All Orders tab - complete profile includes Due Now, PRNs, doses scheduled in future		
Review order details		
OVERRIDE MEDICATIONS		
Remove a medication with override		
Take appropriate steps for an existing order for an override medication - override warning		
RETURN MEDICATION		
Return a medication previously removed for a patient		
Scan medication barcode (if unable to scan return to Rx)		
WASTING MEDICATION		
Document amount wasting of full dose and replace as needed (not amount given)		

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Pyxis MedStation® ES System Equipment Checklist #DAHS-NSCPXMES14 continued	Date	Verifier Initials
Document amount wasting of partial dose during remove process (not amount given)		
Document amount wasting of partial dose after completing remove process (not amount given)		
Witness waste		
Undocumented waste warning		

Safe Handling Hazardous Drugs/ Chemotherapeutic Agents #DAHS-NSCSHHDC	Date	Verifier Initials
References: 1. UC Davis Health Policy 10001 Hazardous Drugs (HD) (Chemo): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures		
Completes Containment of Hazardous Medication Spills (Oncology) Online Module (DAHS-NGNMOCS-ECS)		
Completes Safe Handling of Hazardous Medications (Oncology) Online Module (DAHS-NGNSHOHM-ECS)		

Seizure Precautions #DAHS-NSCAMBSP	Date	Verifier Initials
References: 1. Elsevier Clinical Skills: Seizure Precautions and Management - CE		
Completion of online module "Seizure Precautions and Management" DAHS-NGNSP-ECS		
Ensure a safe environment if possible		
Ensure emergency equipment is available		
Note time, duration, and type of seizure activity		
Remain aware of patient safety during seizure, including positioning and airway		
Notify appropriate personnel of seizure activity		

Therapeutic Phlebotomy #DAHS-NSCTP	Date	Verifier Initials
References: 1. UC Davis Health Policy 13019: Therapeutic Phlebotomy		
Review therapy plan/order set in its entirety to confirm the following: a. Indication for treatment b. Laboratory parameters for phlebotomy which may include hemoglobin, hematocrit, ferritin c. Total volume (or weight) of blood to be removed d. Minimum duration of blood removal e. Frequency of procedure f. Fluid replacement as ordered		
Ensure vital signs are obtained prior to start of procedure		
Obtain vascular access as indicated (PIV or central line), utilizing sterile technique. Confirm line patency; flush with normal saline		

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Therapeutic Phlebotomy #DAHS-NSCTP continued	Date	Verifier Initials
If utilizing blood collection bag: a. Connect tubing, place bag on scale positioned below access site to encourage gravity flow b. Zero scale, then slowly unclamp tubing to allow blood to flow		
Alternate: a. Attach syringe to extension tubing & withdraw the ordered volume of blood. A three-way stopcock can be used if preferred. b. Flush line with normal saline as needed during phlebotomy to maintain patency		
Once ordered amount of blood has been withdrawn, clamp and disconnect removal device - collection bag or syringe/stopcock		
Scrub hub of connection site, attach normal saline syringe, flush line		
Obtain vital signs		
If IV replacement fluid is ordered, attach the administration set to PIV or central venous catheter and infuse as ordered. Note this may be ordered to occur prior to removal of blood. Ensure correct sequence is followed.		
Following completion of procedure: a. Remove PIV and hold pressure to the site until hemostasis occurs b. If using a central venous catheter, flush the catheter with normal saline followed by the appropriate dose of heparin per Standardized Procedure 318: Maintenance of Locked Intravenous Peripheral and Central Catheters with Heparin or Normal Saline . If using a port, de-access per Policy 13001: Vascular Access Policy (Adult/Pediatric) and hold pressure to the site as needed.		
Observe patient for 30 minutes post-procedure, ending with a final set of vital signs		
Discard blood waste in the appropriate biohazard container		

Topical Upper Tract: #DAHS-NSCTUT26	Date	Verifier Initials
References: 1. UC Davis Health Policy 10003 Intravesical and Topical Upper Tract Therapy with Chemotherapeutic/Biologic Agents		
Assesses patient for side effects after previous treatment, including fever and chills		
Documents and notifies provider		
Provides patient teaching and education, assesses understanding		
Reviews policy for staff and medication precautions		
Demonstrates understanding of safe handling for BCG		
Wears agent appropriate PPE		
Gathers equipment for upper tract instillation		
Verifies patient identification		
Performs chemotherapeutic/biologic agent double check		
Follows protocol per policy for preparing care environment		

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Topical Upper Tract: #DAHS-NSCTUT26 continued	Date	Verifier Initials
Follows protocol for instillation times and patient positions		
Follows safe handling with voiding and/or emptying nephrostomy bag(s)		
Provides nephrostomy tube site care as needed		
Provides post-procedure urostomy care instructions, if applicable		
Provides discharge instructions for waste management at home		
Documents procedure in EMR		

Zoll AED Plus (Automated External Defibrillator) #DAHS-NSCZAEDP	Date	Verifier Initials
References:		
1. UC Davis Health Policy 1640: Use of Automated External Defibrillator Zoll Plus Series		
Read UC Davis Health Policy 1640: Use of Automated External Defibrillator Zoll Plus Series		
Complete Automated External Defibrillator (AED) eCourse DAHS-NGN391-ECS with post-test		
Complete Elsevier Skills Automated External Defibrillator (AED) Checklist (checklist is found in the e-course and in the Elsevier skill. Do not return checklist to CPPN)		
State how to decrease the risk of fire when using the AED in an oxygen-rich environment.		
Select the correct electrode pads based upon patient's age and weight.		
Ensure AED is ready for use daily and after each use.		
Describe when to send AED to Clinical Engineering after a code for uploading and analysis of event data and when to call Clinical Engineering for assistance with AED.		

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Pediatric Skills

Pediatric Learning Solutions (PLS) Bundle (In UC Learning)	Date	Verifier Initials
Complete Age-Specific Care for School-Age Children #DAHS-NCHASCSAC23-PLS		
Complete Basic Medication Calculation #DAHS-NCHBMC23-PLS		
Complete Comfort Commitment: Optimizing Care for Pediatric Procedures #DAHS-NGNCC24		
Complete Diabetes Mellitus #DAHS-NCHDM24-PLS		
Complete Emergency Response for the Deteriorating Pediatric Patient #DAHS- NCHERNALS24-PLS		
Complete Fluid and Electrolyte Management: Physical Assessment #DAHS-NCHFEMPA24-PLS		
Complete Medication Error Reduction #DAHS- NCHMER23-PLS		
Complete Pain Management: Non-Pharmacological Therapies in the Management of Pediatric Pain #DAHS-NCHPMNPTMPP23-PLS		
Complete Pediatric Assessment: Performing a Head-to-Toe Assessment #DAHS-NCHPAPHTA23-PLS		
Complete Pediatric Assessment: The Neurological System #DAHS-NCHPANS23-PLS		
Complete Blood Pressure Measurement (Pediatric) #DAHS-NCH798-ECS		
Complete Weight Measurement (Pediatric) #DAHS-NGN24586-ECS		
Complete Length or Height Measurement (Pediatric) #DAHS-NGN24587-ECS		
Complete Medication Administration: Oral (Pediatric) #DAHS-NCH898-ECS		

Children's Hospital Blood Draws #DAHS-NSCCHBD14	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. NCCLS (CLSI) clinical laboratory guideline		
State the importance of correct serum lab specimen collection.		
Select appropriate blood specimen tubes, obtain correct labels.		
Choose method of blood draw: venipuncture, arterial puncture, central or arterial line draw.		
Verify identity of patient.		
Explain the procedure to the patient.		
Obtain specimen per policy. Observe standard precautions and use appropriate safety devices.		
Handle specimen appropriately.		
Compare lab results to normal values and the patient's previous results.		
Documentation on electronic record flowsheet.		

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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.		
Pediatric Falls Assessment using the Cummings Scale #DAHS-NSCPFACS12	Date	Verifier Initials
Completed Pediatric Falls Assessment using the Cummings Scale Online Module #DAHS-NCHPFACS12		
Assess fall score and implement appropriate clinical practice guideline and patient safety measures		