

LVN Lidocaine Skin Anesthetic Injection

Name:	Employee ID #:
Unit:	Title:

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and page 1 has been scanned and emailed to: cppn@health.ucdavis.edu

LVN Lidocaine Skin Anesthetic Injection # DAHS-NSCLVNLSAI26	Date	Verifier Initials
References: 1. UC Davis Health Policy 4051: Use of Pain Reduction Interventions Prior to Needlesticks 2. Cancer Center Departmental Policy: LVN Lidocaine Administration for Needlestick Procedures		
Review UCD Cancer Center Adult Infusion Departmental Policy: LVN Lidocaine Administration for Needlestick Procedures		
Complete e-module Lidocaine Administration for Pain Reduction Prior to Needlestick by LVN with post test score of at least 80% (DAHS-NGNLANP26)		
Successful demonstration of one supervised lidocaine skin anesthetic intradermal injection in the simulation/clinical setting. Supervision will be provided by a lidocaine certified RN		
Successful demonstration of one supervised lidocaine skin anesthetic subcutaneous injection in the simulation/clinical setting. Supervision will be provided by a lidocaine certified RN		

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:	Date:
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