Pre-op/PACU Skills (Perioperative Services)

Name:	Employee ID #:
Unit:	Title:
Due Date:	

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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
PACU BASIC			
Adult Respiratory Assessment	DAHS-NSCARA14		
Automated Pupillometry	DAHS-NSCAPU25		
Basic Dysrhythmia Detection and Treatment	DAHS-NSCBDDT25		
Blood Draws Skills Check: Performs per UC Davis Health Policies 13001 Vascular Access Policy (Adult/Pediatric), 13002 Vascular Access Policy (Neonatal), and 13029 Venipuncture Verification and Blood Withdrawal	DAHS-NSCBD14		
Cardiac Pain Assessment & Management	DAHS-NSCCPAM14		
End-tidal Carbon Dioxide Monitoring	DAHS-NSCETCDM15		
Fluid Resuscitation	DAHS-NSCFR14		
Lidocaine Skin Anesthetic Intradermal Injection	DAHS-NSCLFIUA11		
Lidocaine Skin Anesthetic Needle Free Injection	DAHS-NSCLSANFI22		
MDI with Spacer	DAHS-NSCMDIS14		
Obtaining a 12-Lead ECG	DAHS-NSCOLE14		
Peripheral Nerve Block	DAHS-NSCPNB24		
Recovery of the Post Anesthesia Patient in the Post-Anesthesia Care Unit	DAHS-NSCRPAPPACU		
Respiratory Emergencies and Equipment	DAHS-NSCREE14		
Temporal Scanner	DAHS-NSCTS17		
Using the Clipper	DAHS-NSCUTC17		
Zoll R Series ALS	DAHS-NSCRSALS17		

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PACU GENERAL			
Acute Stroke Patient Care and Documentation	DAHS-NSCASPCPACU25		
Arterial Pressure Monitoring : Performs per UC Davis Health Policy 13010: Peripheral Arterial Line Management	DAHS-NSCAPM14		
Belmont Fluid Management System	DAHS-NSCBFM16		
Bi-PAP	DAHS-NSCBP14		
Cardiac Tamponade	DAHS-NSCCT14		
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		
Carotid Artery Blowout Skills: Performs per UC Davis Health Policy 4060 Carotid Precautions/Carotid Rupture	DAHS-NSCAB14		
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		
Endotracheal Intubation & Mechanical Ventilation	DAHS-NSCEIMV14		
Epidural and Subdural Drains	DAHS-NSCESD14		
Epidural Catheter Care and Maintenance	DAHS-NSCECCM14		
Gastrostomy Tube Performs per Clinical Policies 8011, Enteral Nutrition for Adult Patients, and 4055, Medication Administration	DAHS-NSCGT14		
Halo Vest Skills: 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		
HOTLINE Fluid Warmer Equipment	DAHS-NSCHFWE16		

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PACU GENERAL Continued			
ICU Eye Care Assessment: Performs per UC Davis Health Standardized Procedure 302: ICU Eye Care Assessment Tool for Adult Patients	DAHS-NSCICUECA14		
Implanted Venous Port Care and Maintenance: Performs per UC Davis Health Policy 13001 Vascular Access Policy	DAHS-NSCIVPCM		
Intravesical Chemotherapeutic Agent Drainage (PACU)	DAHS-NSCICADPACU		
Laryngectomy Care Skills: Performs per UC Davis Health Policy 17003, Airway Management for Adult Inpatients	DAHS-NSCLC15		
Level 1 Rapid Infuser	DAHS-NSCLTU16		
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		
Management of Hazardous Drug Waste and Spills : Performs per UC Davis Health Policy 1623 Management of Hazardous Drug Waste and Spills	DAHS-NSCMHDWS		
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		
Nurse Swallow Screen in Patients with Stroke Skills: Performs per UC Davis Health Policy 15017 Dysplasia (Swallow) Screen for Adult Patients with Stroke	DAHS-NSCNSSPS15		
Pericardial Catheter Management : Completion of online module DAHS-NGNPCM10 and performs per UC Davis Health Policy 5009: Pericardiocentesis Assist Procedure and Pericardial Catheter Management	DAHS-NSCPCM		
Temporary Transvenous /Epicardial Pacemaker	DAHS-NSCTTEP14		
Tracheostomy Care : Performs per UC Davis Health Policy 17003, Airway Management for Adult Patients, and Policy 17038, Pediatric and Neonatal Airway	DAHS-NSCTC15		
Transporting Critical Care Patients to Procedure or Diagnostic Study	DAHS-NSCTCCPPDS14		

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PACU GENERAL Continued

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
Vascular Surgery-Vascular Assessment for Critical Care In-patients on Vascular Service	DAHS-NSCVSVACCIPCS14		
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 & Drain Care After Head & Neck Surgery : Performs per UC Davis Health Policies 12009 Free Flap, Pedicle Flap, and Skin Graft Care for the Otolaryngology Patient and 12010: Closed-Suction Drain Care for the Otolaryngology Patient	DAHS-NSCWDCAHNS14		
Wound VAC (Vacuum Assisted Closure) Therapy : Performs per UC Davis Health Policy 12014 Application of Negative Pressure Wound Therapy	DAHS-NSCWVT14		
Zoll X Series	DAHS-NSCXS17		

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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:	Date:

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PACU BASIC

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.		
Palpate neck, chest, and shoulders to assess for the presence of subcutaneous air.		
Monitor and document oxygen saturations and End Tidal CO_2 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.		

Automated Pupillometry # DAHS-NSCAPU25	Date	Verifier Initials
References: 1. UC Davis Health Clinical Policy 15005: Automated Pupillometry 2. Pupillometer - Video: NPi®-200 Pupillometer Pupil Exam (youtube.com) 3. Pupillometer - https://linktr.ee/neuroptics 4. Pupillometer - Manufacturer's Instructions for Use (PDF)		
Describes pupillometry		
Identifies normal and reportable NPI and NPi difference values		
Verbalizes how pupillometry assessment data can be used to anticipate neurologic changes		
Identifies patient populations where pupillometry assessment is not obtainable/ relevant		
Demonstrates NPi assessment procedure		
Completes documentation in appropriate flowsheet rows		

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Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT25

References:
1. Elsevier Skills for Review: Cardiac Monitor Setup and Lead Placement
2. AACN Procedure Manual for High-Acuity, Progressive, and Critical Care: Section Eight Electrocardiographic Leads and Cardiac Monitoring, Wiegand, D.L. & ANCC, Elsevier, 2017.
3. Emergency Nursing Core Curriculum: Chapter 12 Cardiovascular Emergencies. Navarroli, J.E., Elsevier, 2018.
4. Clinical Nursing Skills & Techniques 10th ed: Chapter 6 Health Assessment: Cardiovascular Assessment, Elsevier, 2022

There are three ways to complete this checklist. Check with your department to determine which option(s) are acceptable.
Only ONE of the following needs to be successfully completed to satisfy this checklist:
1) The ECG Interpretation Assessment is provided to new hires during CPPN onboarding. If the assessment was completed successfully, a certificate of completion and corresponding score are available in the participant's UC Learning training transcripts. Completion of the checklist objectives below is not required.
2) The ECG Interpretation Course is offered by CPPN. If the course was completed successfully, a certificate of completion and corresponding score are available in the participant's UC Learning training transcripts. Completion of the checklist objectives below is not required.
3) By completing the checklist objectives below.

	Date of Assessment	Verifier Initials
Passing the ECG Interpretation Assessment (score of 83% or higher)		

	Date of Course	Verifier Initials
or Completing the ECG Interpretation Course (score of 83% or higher)		

or Completing Checklist Objectives Listed Below **(ONLY if this option is approved by your department)**	Date	Verifier Initials
Identify proper lead placement for 5 lead cardiac monitoring.		
Explain the waves and intervals of the normal ECG and their significance.		
Identify normal sinus rhythms and the following sinus dysrhythmias and discuss the causes/treatments: sinus bradycardia, sinus tachycardia, sinus arrhythmia, and sick sinus syndrome.		
Identify the following atrial dysrhythmias and discuss the causes/treatments: premature atrial contractions, atrial flutter, atrial fibrillation, supraventricular tachycardia, and wandering atrial pacemaker.		
Identify the following junctional dysrhythmias and discuss the causes/treatments: junctional rhythm, accelerated junctional rhythm, and junctional tachycardia.		
Identify the following cardiac conduction blocks and discuss the causes/treatments: first-degree, second-degree type 1, second-degree type 2, third degree, bundle branch blocks.		
Identify the following ventricular dysrhythmias and discuss the causes/treatments: premature ventricular contractions, idioventricular rhythm, ventricular tachycardia, ventricular fibrillation, PEA, asystole.		

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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 　− Understanding of what happens when [NEW PATIENT] is selected. 　− Understanding of the Patient Care Profile and how to change it.		
Alaris™ Pump Module continued		
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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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		
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: • Place patient on cardiac, pulse oximetry and automatic BP monitor. • Obtain/review 12-lead ECG during chest pain episode. Assess for signs of hypoxemia; administer oxygen therapy as indicated. Establish IV and draw and review cardiac labs.		

Cardiac Pain Assessment & Management #DAHS-NSCCPAM14 continued		
Administer medications as ordered: Nitroglycerin sublingual or spray; IV Nitroglycerin infusion; Morphine Sulfate IV, ASA, and beta-blockers, if stable. State the rationale of the above treatment and the patient monitoring requirements.		
Provide continuous ECG monitoring to evaluate ST, T-wave changes and detect dysrhythmia development.		
State the overall goals of treatment in the management of pain related to myocardial ischemia.		
Assess level of anxiety and indicate means to alleviate it.		
Reassess patient after each intervention. Alert MD if no improvement.		
Anticipate other medications and interventions that might be indicated.		
Document all assessments, interventions, medications and responses.		

End-Tidal Carbon Dioxide Monitoring #DAHS-NSCETCDM15	Date	Verifier Initials
References: 1. 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 $ETCO_2$-nasal cannula and connected it to the capnograph.		
If the patient is intubated, assembled the airway adapter, and connected it to the patient circuit as close as possible to the patient's ventilator connection.		
Observed waveform for quality.		

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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.		

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		
Review 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		■
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 Initials**
References: 1. UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by A Certified Registered Nurse		
Review 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-NGNLFIUA22		
Demonstrate one supervised lidocaine injection using the needle free injector device in the clinical setting. Supervision will be provided by a lidocaine certified RN or MD.		

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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.		

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		

Peripheral Nerve Block #DAHS-NSCPNB24	Date	Verifier Initials
References: 1. Peripheral Nerve Block UC Davis Health Policy 13052		
Performs care per UC Davis Health Policy 13052: Peripheral Nerve Block		

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Recovery of the Post Anesthesia Patient in the Post-Anesthesia Care Unit #DAHS-NSCRPAPPACU	Date	Verifier Initials
References: 1. Recovery of the General Anesthesia and Monitored Anesthesia Patient Policy 2. PACU Documentation Audit Tool 3. ASPAN Structure Standards		
Perform rapid assessment and place on monitor on arrival to unit		
Demonstrates receiving complete handoff from OR team		
Perform and document vital signs q15 minutes x 6, q30 minutes and q60 minutes until sign-out		
Complete full assessment on arrival, then every 60 minutes, as well as focused assessment as needed/ordered		
Assess and manage pain, discuss pharmacological and non-pharmacological options		
Assess and manage post-operative nausea and vomiting, discuss pharmacological and non-pharmacological options		
Use Aldrete (ambulatory/med surg) and RASS (ICU) scales (adult) and SBS (pediatric)		
Assesses readiness/discuss criteria for sign-out		
Demonstrates transfer to floor		
Demonstrates discharge to home		
Document assessment and discharge/transfer notes, as well as focus note when needed		
Consider pediatric specific factors		

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 O_2 flow meter; identify types of patients likely in need of O_2 administration.		
Describe use of and demonstrates proficiency in use of O_2 equipment		
Demonstrate setup for endotracheal intubation including equipment and drugs commonly used and state indication for ET intubation. (See Policy 13035)		
Identify basic concepts of what alarms indicate and rationale for never 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.		

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Respiratory Emergencies and Equipment #DAHS-NSCREE14 continued	Date	Verifier Initials
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.		

Temporal Scanner #DAHS-NSCTS17	Date	Verifier Initials
References: 1. Exergen Virtual classroom training video		
View Exergen Virtual classroom training video		
Recognize proper equipment is in working order.		
Demonstrate use of temporal scanner.		
Proper cleaning of scanner after use.		
Document in EMR.		

Using the Clipper #DAHS-NSCUTC17	Date	Verifier Initials
References:		
Describes the indications and contraindications for clipper use		
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.		

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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.		
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).		

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Zoll R Series ALS # DAHS-NSCRSALS17, continued	Date	Verifier Initials
CPR FEEDBACK		
Demonstrates steps to fill CPR Index™ – understands proper rate/depth.		
Shows that if rate is too slow, metronome beeps and <u>Rate</u> prompt appears.		
Speeds up to silence metronome and allow the <u>Rate</u> prompt to disappear.		
Shows that if depth is too shallow, the <u>Depth</u> prompt appears on the screen.		
Pushes hard to allow <u>Depth</u> prompt to disappear.		
Demonstrates understanding of See-Thru CPR® filtered ECG.		
SYNCHRONIZED CARDIOVERSION		
Puts device into SYNC mode.		
Selects desired energy.		
Presses charge button.		
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.		

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Pre-op/PACU Skills (Perioperative Services)	
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Zoll R Series ALS # DAHS-NSCRSALS17, continued	Date	Verifier Initials
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, EtCO$_2$, SpO$_2$).		
Understands purpose of Code Marker.		
Can access data from the code (Print Chart, Print Log, or Transfer Data).		
User demonstrates sufficient understanding of device to train other users in its use.		

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Pre-op/PACU Skills (Perioperative Services)	
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PACU GENERAL

Acute Stroke Patient Care and Documentation #DAHS-NSCASPCPACU25	Date	Verifier Initials
References: 1. UC Davis Health Policies: 13010 , 15005, 15017, 15019, 5019, 18001, 15015, 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. UCD Stroke intranet page 8. 2022 Guideline for the Management of Patients With Spontaneous Intracerebral Hemorrhage: A Guideline From the American Heart Association/American Stroke Association 9. 2023 Guideline for the Managaement of Patients with Aneurysmal Subarachnoid Hemorrhage 10. AANN Nursing Care of the Patient with an Aneurysmal Subarachnoid Hemorrhage 11. Lumbar drain protocol: https://ecrc.ucdmc.ucdavis.edu/document-viewer 12. UCD TCD (transcranial doppler) vasospasm protocol: https://ecrc.ucdmc.ucdavis.edu/document-viewer		
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.		
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		
Review placement, deflation, removal and documentation requirements for TR band. Policy 5019 attachment 3		
Demonstrate neurologic assessment.		
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 #DAHS-NSCASPCPACU25 continued	Date	Verifier Initials
Ischemic Stroke Patient Care and Documentation- PACU		
• Explain interventions for acute ischemic stroke. • Describe blood pressure goals with or without ischemic stroke interventions and review complications post ischemic stroke with and without intervention • Review neurologic changes requiring MD notification and the process of notifying MD for an emergent issue • Demonstrate post intervention acute ischemic stroke documentation: Neuro checks, vitals, sheath site, pulse checks, and education		
Intracerebral Hemorrhage Stroke Patient Care and Documentation- PACU		
• Review anticoagulant, antithrombotic and antiplatelet reversal agents. • Demonstrate hemorrhagic stroke documentation: vitals, neuro checks		
Subarachnoid Hemorrhage Stroke Patient Care and Documentation- PACU		
• Discuss Joint Commission certification and stroke measures: o Nimodipine administration and documentation in <24 hours from hospital arrival • Review blood pressure goals, SAH complications, and management of subarachnoid hemorrhage patients. • Demonstrate post intervention documentation for subarachnoid hemorrhage: Neuro checks, vitals, sheath site, pulse checks, and education		

Belmont Fluid Management System #DAHS-NSCBFM16	Date	Verifier Initials
References: 1. UC Davis Health Policy 13012: Administration of Blood and Blood Components 2. Belmont Quick Guide		
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.		

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Bi-PAP #DAHS-NSCBP14 continued	Date	Verifier Initials
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.		

Cardiac Tamponade # DAHS-NSCCT14	Date	Verifier Initials
References: 1. Critical Care Nursing, second edition. Cloochesy, Breu, Cardin, Whittaker and Rudy. 2. Thelan's Critical Care Nursing fifth edition. Urdenm Stacy, and Lough 3. Cardiac Nursing fifth edition. Woods, Froelicher, Motzer, Bridges. 4. Textbook of Medical Physiology. Guyton and Hall. 5. 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?		

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		
Assess proper cuff inflation.		
Describe various modes/methods of ventilation.		
Perform ventilator checks and breathe sound auscultation every two hours and document appropriately.		

Pre-op/PACU Skills (Perioperative Services)	
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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 and perform extubation		
Assess the patient after extubation and initiate post-extubation care.		
Document all pertinent data.		

Epidural and Subdural Drains #DAHS-NSCESD14	Date	Verifier Initials
Identify the clinical applications of epidural and subdural drains.		
Maintain a closed system.		
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 Management Nursing (ASPMN).		
Pre-Insertion		
Describe the epidural space		

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Epidural Catheter Care and Maintenance #DAHS-NSCECCM14 continued	Date	Verifier Initials
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.		

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		

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HOTLINE® Fluid Warmer Equipment Checklist #DAHS-NSCHFWE16 continued	Date	Verifier Initials
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 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		

Intravesical Chemotherapeutic Agent Drainage Checklist #DAHS- DAHS-NSCICADPACU	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 9005: Bladder Irrigation 3. UC Davis Health_Policy 10001_Hazardous Drugs (HD) (Chemo): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures		
Identify common agents seen in PACU.		
Explain procedure to patient.		
Reposition patient per orders.		
Don chemo rated protective personal equipment (PPE) prior to draining bladder after ordered dwell time.		
Drain chemotherapy/urine by removing clamp(s) and irrigate if ordered.		
Don chemo rated PPE to discontinue urinary catheter or change to clean drainage bag if catheter to remain in place.		
Utilize Hazardous Waste (bulk chemo) bin.		
Manage spills per Policy 10001_Hazardous Drugs (HD) (Chemo): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures		

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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		

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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Transporting Critical Care Patients to Procedure or Diagnostic Study #DAHS-NSCTCCP	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.		

Vascular Surgery-Vascular Assessment for Critical Care Inpatients on Vascular Service #DAHS-NSCVSVACCIPCS14	Date	Verifier Initials
Perform an initial and q1h vascular assessments.		
State the rationale for strict q1h vascular assessments for first 24 hours as warranted by patients' conditions.		
State what changes in vascular status are to be reported immediately to the MD on call.		
State the rationale for not using a doppler for pulse checks and indicate the exception when a doppler may be used.		
Upon admission of a vascular surgery patient, do hands-on check of the effected extremity pulse with the MD.		
At change of shift, check vascular assessment with the oncoming nurse.		
State rationale for a heparin drip in some vascular patients and the importance of monitoring the PTT.		

ZOLL X Series #DAHS-NSCXS17	Date	Verifier Initials
References: 1. UC Davis Health Policy 6005: Automated External Defibrillator (AED-Zoll)		
Completes the assigned ZOLL X Series Defibrillator tutorials in UC Learning		
TEST MODE		
Successfully demonstrates 30 Joule defibrillator test		
Can check and change paper		
MONITOR MODE		
Applies 3-lead or 12-lead ECG		

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ZOLL X Series #DAHS-NSCXS17 continued	Date	Verifier Initials
Changes lead (ECG Tracing) views		
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		
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 SpO2 menu and verbalize options		
Access Temp menu and verbalize options		
Locate CO2 soft key and press to activate		
Access CO2 menu and verbalize options		
Access IBP menu and verbalize options		
MANUAL DEFIBRILLATION	**Date**	**Verifier Initials**
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		

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ZOLL X Series #DAHS-NSCXS17, continued		
Demonstrates understanding of See-Thru CPR® filtered ECG		
SYNCHRONIZED CARDIOVERSION		
Puts device into SYNC mode		
Selects desired energy. (Pediatric stat with 0.5-1.0 J/kg)		
Presses charge button		
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)		
User demonstrates sufficient understanding of device to train other users in its use		

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