

Lidocaine Injection by a Certified RN #DAHS-NGNLFUIA11-1

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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 have been scanned and emailed to: hs-cppn@ucdavis.edu	
	Date
	Verifier Initials

References:
[UC Davis Health Standardized Procedure 315: Use of Lidocaine Injection by a Certified Registered Nurse](#)

Prerequisite Learning	Date Completed
Review UC Davis Health Standardized Procedure 315: Use of Lidocaine Injection by a Certified Registered Nurse	
Completion of e-module Lidocaine Administration Module DAHS-NGNLFUIA11	

Perform/Complete	Date Completed	Verifier Initials
Demonstrate one supervised lidocaine injection in the clinical setting. Supervision will be provided by a lidocaine certified RN or MD.		

VERIFIER SIGNATURE		
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/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.

Printed Name	Signature and date