

Flolan	
Name:	Employee ID #:
Unit:	Title:
Due Date:	
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 have been scanned and emailed to: hs-cppn@ucdavis.edu	

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

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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