

**Cancer Center Pediatric RN Clinic and Infusion Room**

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<b>Name:</b>	<b>Employee ID #:</b>
<b>Unit:</b>	<b>Title:</b>

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**PEDIATRIC CLINIC AND INFUSION ROOM**

Core Skills: Collaboration & Communication	DAHS-NCCCAC12		
Core Skills: Cultural Sensitivity/Patient-Centered Care	DAHS-NCCCSPCC12		
Core Skills: Evidence-Based Practice	DAHS-NCCEB12		
Core Skills: Infection Prevention	DAHS-NCCIP12		
Core Skills: Informatics	DAHS-NCCIFO12		
Core Skills: Medication Safety	DAHS-NCCMS12		
Core Skills: Patient Rescue	DAHS-NCCPR12		
Core Skills: Patient Safety	DAHS-NCCPS12		
Core Skills: Professional Practice	DAHS-NCCPP12		
Anterior Nares Specimen Collection	DAHS-NSCANSC		
Central Line Maintenance Bundle	DAHS-NSCCLMB15		
Children's Hospital Developmental Pediatric Coping	DAHS-NSCCHDPC14		
Covid Anterior Nares Antigen Testing	DAHS-NSCCANAT		
Hand Hygiene: Performs per <a href="#">UC Davis Health Policy 11023: Hand Hygiene</a>	DAHS-NSCHH15		
Incident Report	DAHS-NSCIR15		

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**PEDIATRIC CLINIC AND INFUSION ROOM, continued**

Injections: Intramuscular (IM), Subcutaneous (SQ), Z-Track Method (Ambulatory)	DAHS-NSCAMBIIMSZ		
Lumbar Puncture, non-sedated (Pediatric Oncology only)	DAHS-NSCLPNSPEDO		
Nurse Patient Relationship	DAHS-NSCNPR15		
Pediatric Holds for Injection and Procedures	DAHS-NSCPHIP14		

**CANCER CENTER PEDIATRIC CLINIC ONLY**

Telephone Triage (Ambulatory)	DAHS-NSCTELTTRN17		
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**PEDIATRIC INFUSION ROOM ONLY**

Antineoplastic Administration: see <a href="#">Antineoplastic Administration Tiers One, Two, and Three</a>			
BD Alaris IV Infusion System	DAHS-NSCBD18-ALARIS		
Blood Culture Collection Adult: Performs per <a href="#">UC Davis Health Policy 13015: Blood Culture Collection</a>	DAHS-NSCBCCA15		
Blood Culture Collection for Neonates and Peds: Performs per <a href="#">UC Davis Health Policy 13015: Blood Culture Collection</a>	DAHS-NSCBCCNP15		
Blood Withdraw from Central Venous Catheters and PIV: Performs per <a href="#">UC Davis Health Policies 13001 Vascular Access Policy</a> and <a href="#">13029: Venipuncture Verification and Blood Withdrawal</a>	DAHS-NSCBWFCVCP1V		
Children's Hospital Blood Draws	DAHS-NSCCHBD14		
Children's Hospital Neonatal Lumbar Puncture	DAHS-NSCCHNLPD14		
Implanted Venous Port Care and Maintenance: Performs per <a href="#">UC Davis Health Policy 13001 Vascular Access Policy</a>	DAHS-NSCIVPCM		

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**PEDIATRIC INFUSION ROOM ONLY, continued**

Lidocaine Needle Free Injection: See <a href="#">Lidocaine Skin Anesthetic Needle Free Injection</a>			
Nasal Cannula or Oxygen Mask Application	DAHS-NSCNCOMA15		
Oxygen Therapy and Oxygen Delivery Principles	DAHS-NSCOTODP15		
Pain Management	DAHS-NSCPM15		
Nursing BCMA	DAHS-NSCNBCMACW16		
Pediatric IV Verification Check Sheet	DAHS-NSCPIV		
PICC Care and Maintenance/Blood Draw: Performs per <a href="#">UC Davis Health Policy 13001 Vascular Access Policy</a>	DAHS-NSCPICCCMBD		
Pyxis MedStation® ES System	DAHS-NSCPXMES14		
Safe Handling Hazardous Drugs/Chemotherapeutic Agents: Completes “Management of Chemotherapy Spills (Oncology) DAHS-NGNSHOCS-ECS” and “Safe Handling of Hazardous Medications (Oncology) DAHS-NGNSHOHM-ECS” and performs per <a href="#">UC Davis Health Policy 10001 Hazardous Drugs (HD) (Chemo): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures</a>	DAHS-NSCSHHDCA		
Therapeutic Phlebotomy	DAHS-NSCTP		

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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.

Printed Name	Signature
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**PEDIATRIC CLINIC AND INFUSION ROOM**

**Core Skill: Collaboration & Communication #DAHS-NCCCAC12**

Expected Outcome: The nurse will function effectively within nursing role and interprofessional teams

Demonstrates consistent performance in precepted experience of professional collaboration and communication		
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**Core Skill: Cultural Sensitivity/Patient-Centered Care #DAHS-NCCCSPCC12**

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 – Completed in CPPN General Nursing Orientation		
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Population-Specific Care – Completed in CPPN General Nursing Orientation		
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Advance Directives for Healthcare & Physician Order for Life-Sustaining Treatment Online Module #DAHS-NGNADPOLST16		
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Age Specific Care Online Module #DAHS-NGNASC11- <i>Passing score of 85% on test</i>		
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Pediatric Learning Solutions Online Module: Age Specific Care: Newborn through Adult and Child Abuse and Neglect		
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**Core Skill: Evidence-Based Practice #DAHS-NCCEB12**

Expected Outcome: The nurse will integrate current evidence, including Quality and Safety Data, in planning, delivering, and evaluating patient care

Evidence-Based Practice (EBP) – Completed in CPPN General Nursing Orientation		
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Demonstrates consistent performance in precepted experience of ability to find EBP and demonstrate use		
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**Core Skill: Infection Prevention #DAHS-NCCIP12**

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		
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**PEDIATRIC CLINIC AND INFUSION ROOM, continued**

**Core Skill: Informatics #DAHS-NCCIFO12**

Expected Outcome: The nurse will effectively utilize information and technology to communicate, improve safety, and support decision making.

EMR Training			
Demonstrates basic technology skills (load paper, un-jam printers, print)			
Documentation Standards according to unit specific charting			
Documentation in Nurses' Progress Notes			
Use of Professional Exchange Report			
Navigates in Windows environment effectively			
Uses computer technology safely (log-in/log-out, protects passwords)			

**Core Skill: Medication Safety #DAHS-NCCMS12**

Expected Outcome: Nurse will administer patient medications in a consistent safe manner

Completed Pediatric Learning Solutions <b>Online Module:</b> Basic Medication Calculation			
Demonstrates consistent performance in precepted experience of safe medication practices			

**Core Skill: Patient Rescue Core #DAHS-NCCPR12**

Expected Outcome: The nurse will effectively manage patient emergencies

Demonstrates consistent performance in precepted experience of appropriate management of patient emergencies			
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**Core Skill Patient Safety #DAHS-NCCPS12**

Expected Outcome: The nurse will provide safe nursing care

Demonstrates consistent performance in precepted experience of provision of patient safety			
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**Core Skill: Professional Practice #DAHS-NCCPP12**

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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**PEDIATRIC CLINIC AND INFUSION ROOM, continued**

**Anterior Nares Specimen Collection #DAHS-NSCANSC**

**References:**

- [Standardized Procedure 501: COVID-19 Testing of Employees and Ambulatory Patients with a Standing Order](#)
- [Centers for Disease Control and Prevention Training Document: How to Collect an Anterior Nasal Swab Specimen for COVID-19 Testing](#)
- [UC Davis Health Policy 11023: Hand Hygiene](#)
- [UC Davis Health Policy 11025: Standard and Transmission Based Precautions](#)
- [UC Davis Health Policy 18004: Specimen Labeling for Laboratory Processing](#)
- [UC Davis Health Policy 2111: Disinfection in Patient Care Areas](#)

Perform hand hygiene, don PPE, identify patient using two patient identifiers, explain procedure to patient			
Assist patient into a neutral relaxed position			
Insert entire swab tip into the nostril—approximately ½ to ¾ inch (1-1.5 centimeters)			
Rotate swab firmly against nasal wall in a circular path at least 4 times, taking about 15 seconds. Collect drainage if present			
Use the same swab to repeat the process in the other nostril			
Place swab, tip first, into the transport tube provided.			
Label specimen, place in biohazard bag on ice, and send to lab			
Doff PPE as needed, perform hand hygiene, and disinfect patient area			

**Central Line Maintenance Bundle #DAHS-NSCCLMB15**

**References:**

- [UC Davis Health Policy 13001: Vascular Access Policy \(Adult/Pediatric\)](#)
- [UC Davis Health Policy 13026: Intravenous \(IV\) Administration Set Changes](#)

Completes Central Line Maintenance Bundle <b>Online Module</b> #DAHS-NGNCLMB12			
Performs per Policy 13001, <a href="#">Attachment 4: Central Line Indications and Bundles</a>			
Places, handles, and changes IV administration sets per <a href="#">Policy 13026</a>			

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**PEDIATRIC CLINIC AND INFUSION ROOM, continued**

**Children's Hospital Developmental Pediatric Coping #DAHS-NSCCHDPC14**

- 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. <ul style="list-style-type: none"> <li>• Infant</li> <li>• Toddler</li> <li>• Preschool</li> <li>• School-age</li> <li>• Adolescent</li> </ul>		
Provides information and support to prepare the child and parents/caregiver for procedures and/or surgery.		

**Covid Anterior Nares Antigen Testing # DAHS-NSCCANAT**

**References:**  
[Inpatient COVID Antigen Testing Update](#)

Don full PPE (N95, face shield, gown and gloves)		
Identify patient using name and DOB		
Mark label with your initials and the time of collection		
Open a sterile swab package		



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**PEDIATRIC CLINIC AND INFUSION ROOM, continued**

**Covid Anterior Nares Antigen Testing DAHS-NSCCANAT, continued**

Have patient tilt their head back to 70 degrees		
Insert the swab ½ to ¾ of an inch into the patient's naris. Rotate the swab, coming into contact with the mucus membranes for 15 seconds. Remove swab and repeat in opposite naris.		
Insert the swab inside the vial of medium and swirl 5 times while pressing the swab tip against the vial wall		
Let the swab sit in the solution for 1 minute		
Roll the swab 5 more times while pressing the swab tip against the vial wall		
Remove and discard the swab, and securely re-cap vial tube. Ensure vial is correctly labeled before sending to the lab		
Remove PPE and perform hand hygiene		

**Incident Report #DAHS-NSCIR15**

<b>References:</b>		
1. <a href="#">UC Davis Health Policy 1466: Incident Reports</a>		
Completes all sections of the incident report form		
If incident involved an injury, takes steps to restore individual's safety such as stabilizing patient's position after a fall and assessing for further injuries		
Notifies appropriate personnel for patient, staff or visitor injury		
Documents appropriately in patient record for injury/incident		

**Injections: Intramuscular, Subcutaneous, and Z-Track Methods #DAHS-NSCAMBIIMSZ**

<b>References:</b>		
1. <a href="#">Clinical Policy 4007: Intramuscular Medication Injection</a>		
2. <a href="#">Clinical Policy 4010: Subcutaneous Injection</a>		
3. <a href="#">Clinical Policy 11010: Medications/Solutions/Vaccines in Single and Multiple Dose Containers</a>		
4. <a href="#">Clinical Policy 4055: Medication Administration</a>		
5. <a href="#">Elsevier Clinical Skills: Injection Preparation from Ampules and Vials - CE</a>		

Completion of online module "Medication Administration: Intramuscular Injection" DAHS-NGNMAINTRAMI-ECS		
Completion of online module "Medication Administration: Subcutaneous Injection" DAHS-NGNMASI-ECS		

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**PEDIATRIC CLINIC AND INFUSION ROOM, continued**

<b>Injections: Intramuscular, Subcutaneous, and Z-Track Methods #DAHS-NSCAMBIIMSZ, continued</b>			
Selects ordered medication according to the Eight Rights of Medication Administration, <a href="#">Clinical Policy 4055: Medication Administration</a>			
Draws medication up into syringe per <a href="#">Clinical Policy 11010: Medications/Solutions/Vaccines in Single and Multiple Dose Containers</a> and <a href="#">Elsevier Clinical Skills: Injection Preparation from Ampules and Vials - CE</a>			
Performs IM injections per <a href="#">Clinical Policy 4007: Intramuscular Medication Injection</a> (Includes Z Track Method)			
Performs subcutaneous injections per <a href="#">Clinical Policy 4010: Subcutaneous Injection</a>			

**Lumbar Puncture, non-sedated (Pediatric HemOnc only) #DAHS-NSCLPNSPEDO**

<b>References:</b>			
<ol style="list-style-type: none"> <li><a href="#">UC Davis Health Policy 15008: Assisting with Diagnostic Lumbar Puncture</a></li> <li><a href="#">UC Davis Health Policy 10008: Intrathecal Chemotherapy Administration</a></li> <li><a href="#">2016 Updated American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Administration Safety Standards, Including Standards for Pediatric Oncology</a></li> <li><a href="#">UC Davis Health Children's Hospital Comfort Commitment Initiative</a></li> </ol>			
Verifies patient meets parameters and requirements for lumbar puncture (LP) procedure. Includes, but not limited to, provider assessment, vital signs, and lab parameters			
Verifies LP consent is completed and current			
Coordinates and communicates with Child Life about Comfort Commitment Care Plan specific to patient care plan			
Coordinates and communicates with Medical Assistant availability for assistance, if needed, during procedure			
Ensures appropriate procedure room setup			
Fills out Procedure Room white board with correct patient information			
Updates communication white board in Doc Box			
Double checks intrathecal (IT) chemotherapy against Roadmap			
Double checks intrathecal chemotherapy against Beacon Orders			
Ensures the patient is checked in to EMR LP encounter			
Prints out IT lab labels under EMR LP encounter			

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**PEDIATRIC CLINIC AND INFUSION ROOM, continued**

**Lumbar Puncture, non-sedated (Pediatric HemOnc only) #DAHS-NSCLPNSPEDO, continued**

Assists with procedure according to Policy 15008		
Properly documents procedure in EMR flowsheet		
Properly documents procedure in Progress Note		
Provides post LP care: patient to lie flat for minimum of 30 minutes, vital signs obtained post procedure and 30 minutes post IT chemotherapy administration, LP site assessment		
After Visit Summary (AVS) discharge instructions given to family and/or caregiver		

**Nurse Patient Relationship #DAHS-NSCNPR15**

Verifies the correct patient using two identifiers per <a href="#">UC Davis Health Policy 2702, Patient Identification and Safety Bands for the Hospitalized Patient</a>		
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		

**Pediatric Holds for Injection and Procedures #DAHS-NSCPHIP14**

<b>INFANT</b>		
Correctly identifies appropriate location for injection		
Provides proper instructions for parent / co-worker to hold infant		
<b>TODDLER / PRE-SCHOOLER</b>		
Correctly identifies appropriate location for injection		
Provides proper instructions for parent / co-worker to hold child		

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**PEDIATRIC CLINIC AND INFUSION ROOM, continued**

**Pediatric Holds for Injection and Procedures #DAHS-NSCPHIP14, continued**

Assures the knee is flexed on affected leg			
Identifies appropriate distraction technique			

**SCHOOL AGE**

Correctly identifies appropriate location for injection			
Provides proper instructions for parent / co-worker to hold child			
Assures elbow is flexed on affected arm			
Identifies appropriate participatory techniques			
Identifies appropriate incentive techniques			

**PEDIATRIC CLINIC ONLY**

**Telephone Triage #DAHS-NSCTELTTRN17**

**References:**

- [UC Davis Health Standardized Procedure 2: Telephone Triage and Advice Protocol for Patients in Ambulatory Care by an RN](#)
- [UC Davis Health Clinical Policy 4094: Clinic Telephone Management for Medical Problems](#)
- [UC Davis Health Policy 2720: Communicating Critical Lab Values](#)
- [UC Davis Health Standardized Procedure 231: Prescription Refill by Clinic Registered Nurses](#)
- [UC Davis Health Policy 2711: Medication Reconciliation](#)
- [UC Davis Health Policy 2305: Approved Abbreviations](#)
- [Epic and IT Education Website](#)
- [Ambulatory Practice Standards](#)
- [PCS Strategy Map and Goals 2021-22](#)
- Cleartrriage training video
- Carol Rutenberg video series

**DATA COLLECTION/INFORMATION GATHERING**

Demonstrates systematic, logical data collection.			
Uses available resources (e.g. EMR, interpreter, patient, family member or significant other)			
Gathers comprehensive, pertinent data: signs and symptoms, problem identification			

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**PEDIATRIC CLINIC ONLY, continued**

**Telephone Triage #DAHS-NSCTELTTRN17, continued**

Gathers comprehensive supplemental data (e.g. age, allergies, medications, pregnancy status, past medical history. (Navigates EMR to find pertinent information)			
Involves caller in self-assessment process			
Verifies subjective information by asking appropriate open-ended questions			
Uses directive statements to keep caller focused			
Clarifies information as needed			
Reviews significant symptoms, problems as necessary			
<b>TELEPHONE TRIAGE</b>			
Determines emergency situations and acts accordingly			
Demonstrates proper use of 911			
Prioritizes problems correctly			
Selects appropriate telephone triage protocol (Cleartriage)			
Uses all available data in analysis of problem			
Demonstrates use of nursing/medical diagnoses			
Demonstrates decision making/problem-solving skills			
Involves caller in interventions			
Offers alternative interventions when appropriate			
Makes EMR appointments or transfers patient to appropriate person when appropriate			
Refers to appropriate person as needed (e.g. physician, PA, NP, pharmacist, social worker, dietitian)			
Routes/closes telephone encounters to providers through EMR			
<b>TEACHING</b>			
Adapts teaching techniques to telephone			

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**PEDIATRIC CLINIC ONLY, continued**

**Telephone Triage #DAHS-NSCTELTRN17, continued**

Assesses caller's understanding of teaching			
Has caller repeat back information to confirm understanding of information/education			
Identifies barriers to learning (e.g. use interpreter)			
Teaches at appropriate learning level			
Uses resources when teaching (e.g. Patient education protocol, Cleartriage protocol, Elsevier, approved handouts)			
Provides callers with other resources if appropriate (Patient education, Healthwise, protocols, handouts, triage protocols, community resources)			
<b>DOCUMENTATION</b>			
Begins documentation in telephone encounter using Cleartriage as soon as call begins			
Documentation is clear, accurate and complete, using approved abbreviations			
Documents patient education, teaching and any barriers to learning			
Routes EMR telephone encounter to physician for co-signature			
<b>COMMUNICATION/INTERVIEWING SKILLS AND QUALITY OF SERVICE</b>			
Greets caller appropriately, announcing name, title and clinic/department			
Performs three forms of patient identification (e.g. Name, DOB, address, Alternative phone number)			
Speaks slowly, acts professional at all times (even when assisting with a difficult or challenging patient)			
Demonstrates empathy and is non-judgmental			
Ask caller if they mind being placed on hold or transferred and waits for response from caller			
Monitors call so caller has sufficient time in order disclose necessary information, while keeping caller focused.			
Uses medical terminology appropriately/uses layman's terms when necessary			
Adheres to Ambulatory Care Customer Service Addendum and BEST principles at all times			
Disagrees diplomatically and with tact when appropriate			
Respects caller's opinion			
Ends call appropriately without hanging up on caller.			

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**Telephone Triage, continued DAHS-NSCTELTTRN17**

**PERFORMANCE IMPROVEMENT**

Aware of Ambulatory Care Standards		
Follows up appropriately on critical calls		
Recommends and documents appropriate dispositions while using Cleartrriage		
Appropriately prioritizes tasks (e.g. calls, My Chart messages, test result review, medication refills)		

**INDEPENDENT FUNCTION**

Able to make independent, appropriate decisions without preceptor		
Refers to appropriate person(s) when appropriate (e.g. physician, PA, NP, pharmacist, social worker, dietitian)		
Demonstrates knowledge of internal and external resources		

**COMPUTER SKILLS**

Demonstrates knowledge of scheduling, rescheduling and cancelling appointments when applicable		
Able to display schedules and print schedules when applicable		
Able to access and review patient test results		

**TELEPHONE SKILLS**

Knowledge of ACD telephone (e.g. ACD, My lines (login/off/break functions) when applicable		
Demonstrates procedure for placing caller on hold		
Demonstrates procedure for transferring call		
Demonstrates procedure for using conference call feature		
Demonstrates procedure for accessing telephonic interpreter		
Demonstrates procedure for using voice mail feature		
Demonstrates procedure for paging and/or texting paging MD		

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**Telephone Triage, continued DAHS-NSCTELTRN17**

Date

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MISCELLANEOUS SKILLS (CLINIC SPECIFIC)

Demonstrates ability to perform medication reconciliation		
Demonstrates ability to perform medication refill per policy		
Knowledge of Communicating Critical Lab Values ( <a href="#">UC Davis Health Policy 2720: Communicating Critical Lab Values</a> )		
Demonstrates ability to respond to MyChart messages		
Liaison to Home Health, Hospice and/or other community agencies		

**BD Alaris IV Infusion System #DAHS-NSCBD18-ALARIS**

**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 <b>Online Modules</b> in UC Learning		
BD Alaris IV Infusion System policies and procedures reviewed		
<p>Demonstrate Pump Setup</p> <ul style="list-style-type: none"> <li>- The patient's heart level should be in line with [CHANNEL SELECT] key</li> <li>- Closes the administration set roller clamp when the safety clamp is open, to prevent free flow</li> <li>- Does not use needles or blunt cannulas to access a SmartSite™ Needle-Free Valve</li> <li>- 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</li> <li>- Demonstrate System Start Up and Operation</li> <li>- Understanding of what happens when [NEW PATIENT] is selected</li> <li>- Understanding of the Patient Care Profile and how to change it</li> </ul>		
<p>Demonstrate Programming with Guardrails™ Safety Software</p> <ul style="list-style-type: none"> <li>- Programming a primary infusion on the Alaris™ Pump module</li> <li>- Responding to a Guardrails™ Soft or Hard Limit alarm with audio alerts and visual prompts</li> <li>- Programming an intermittent infusion on the Alaris™ Pump module</li> <li>- Programming a Volume/Duration infusion on the Alaris™ Pump module</li> <li>- Use of the "RESTORE" feature (previous programming, VTBI, bolus)</li> <li>- Programming a medication bolus and describing the "Rapid Bolus" infusion feature</li> <li>- Pausing an infusion by pressing the [PAUSE] hard key on the pump module and the PC unit</li> <li>- The appropriate head height differential when hanging a 2° medication bag, or a 2° medication bottle</li> <li>- Demonstrate Basic Programming Without Guardrails™ Safety Software Programming of a Basic Infusion. Verbalize safety concerns when this mode is used.</li> </ul>		



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**PEDIATRIC INFUSION ROOM ONLY**

**BD Alaris IV Infusion System #DAHS-NSCBD18-ALARIS, continued**

**Alaris™ Syringe module**

<p>Demonstrate Syringe Module Setup</p> <ul style="list-style-type: none"> <li>- The patient's heart level should be in line with <b>[CHANNEL SELECT]</b> key.</li> </ul>		
<ul style="list-style-type: none"> <li>- Priming the set using the Syringe Channel Option feature "Prime Set with Syringe." <b>(Infant and Child Only)</b></li> <li>- Proper priming technique when using an administration set with Pressure Sensing Disc tubing. <b>(Infant and Child Only)</b></li> <li>- Clamping the tubing after priming to prevent uncontrolled flow.</li> <li>- Loading and unloading a syringe into the Alaris Syringe module.</li> <li>- Correct selection of syringe manufacturer and size.</li> </ul> <p>Demonstrate Programming with Guardrails™ Safety Software</p> <ul style="list-style-type: none"> <li>- Recognizing the Guardrails™ Soft and Hard Limit alarm with audio alerts and visual prompts.</li> <li>- Use of the <b>[RESTORE]</b> key after pausing and changing a syringe.</li> <li>- Use of the "NEO" (Near End of Infusion) option. Verbalizes how to silence the alert sound.</li> <li>- Pausing an infusion by pressing the <b>[PAUSE]</b> hard key on the syringe module and the Alaris™ PC unit.</li> </ul>		
<ul style="list-style-type: none"> <li>-Recommend measures to help reduce start-up delays. <b>(Infant and Child Only)</b></li> </ul>		
<p>Demonstrate Basic Programming <i>Without</i> Guardrails™ Safety Software</p> <ul style="list-style-type: none"> <li>- Programming of a Basic Infusion. Verbalize safety concerns when this mode is used.</li> </ul>		
<p>Demonstrate and Verbalize Measures to help Reduce Start-Up Delays <b>(Infant and Child Only)</b></p> <ul style="list-style-type: none"> <li>- Use the smallest syringe size possible (e.g., if infusing 2.3 mL of fluid, use a 3 mL syringe).</li> <li>- Use compatible components which have the smallest internal volume or "dead space".</li> <li>- Ensure the device is as close to level of the patient's heart as possible. Patient's heart should be in line with <b>[CHANNEL SELECT]</b> key.</li> <li>- Use the <b>[PRIME SET WITH SYRINGE]</b> 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.</li> <li>- 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.</li> <li>- 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.</li> <li>- <b>Note: These recommendations are especially important when infusing high-risk or life- sustaining medications at low infusion rates (for example, &lt;5mL/h and especially at flow rates &lt;0.5mL/h).</b></li> </ul>		

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**PEDIATRIC INFUSION ROOM ONLY, continued**

**Children's Hospital Blood Draws #DAHS-NSCCHBD14**

<b>References:</b>			
1.	<a href="#">UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric)</a>		
2.	<a href="#">UC Davis Health Policy 13029: Venipuncture Verification and Blood Withdrawal</a>		
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.			

**Children's Hospital Neonatal Lumbar Puncture # DAHS-NSCCHNLPD14**

<b>References:</b>			
1.	Elsevier Lumbar puncture Neonate		
	Elsevier Module: Lumbar Puncture (DAHS-NAD108-ECS)		<b>For Reference</b>
Identify the clinical indications for a lumbar puncture			
Describe the process of obtaining consent for a lumbar puncture			
Consider pain management and appropriate developmental care			
Position the patient in the lateral knee-chest position with the neck flexed toward the chest or in a sitting position			
Correctly label and send CSF samples for lab studies as ordered by the provider			
State possible complications of a lumbar puncture			

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**PEDIATRIC INFUSION ROOM ONLY, continued**

**Nasal Cannula or Oxygen Mask Application #DAHS-NSCNCOMA15**

Assesses respiratory status and assesses for signs and symptoms of hypoxemia.		
Verifies the order for oxygen therapy, including delivery method and flow rate.		
Sets up the oxygen delivery system.		
Adjusts the oxygen flow meter to the prescribed liter flow rate.		

**Nursing BCMA Core Workflows Checklist #DAHS-NSCNBCMACW16**

**References:**

[UC Davis Health Policy 4083: Barcoded Medication Administration \(BCMA\)](#)

Demonstrates consistent safe use of BCMA		
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**Oxygen Therapy and Oxygen Delivery Principles #DAHS-NSCOTODP15**

**References:**

[UC Davis Health Policy 6018: Oxygen Administration](#)

Adjust the O2 to the flow rate as directed by the equipment recommendations to deliver the prescribed amount of O2. The float ball in the flowmeter should be positioned so the flow rate line is in the middle of the ball.		
Check to see that O2 is flowing through the cannula or mask.		
For nonrebreather masks, the reservoir bag must be prefilled with O2 before it is applied to the patient. When using an O2 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 O2 delivery devices to ensure that they are functioning correctly and delivering the desired concentrations of O2.		

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**PEDIATRIC INFUSION ROOM ONLY, continued**

**Pain Management #DAHS-NSCPM15**

**References:**

[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 three benefits of PCA use.

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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**PEDIATRIC INFUSION ROOM ONLY, continued**

**Pediatric IV Verification Check Sheet #DAHS-NSCPIV**

**References:**

- [UC Davis Health Policy 13001: Vascular Access Policy \(Adult/Pediatric\)](#)

**Pediatric IV Check Sheet #DAHS-NSCPIV (only if required for nursing area) - Online module passing score of 85%**

Completed Pediatric Learning Solutions <b>Online Modules:</b> Pediatric Peripheral IV Care & Management and Management of Peripheral IV Complications in the Pediatric Patient		
Complete three (3) sticks observed by verified clinician		
<b>Location:</b>		
<b>Location:</b>		
<b>Location:</b>		

**Pyxis MedStation® ES System Equipment Checklist #DAHS-NSCPXMES14**

Completed Pyxis MedStation® ES Station <b>Online Module</b>		
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		

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**PEDIATRIC INFUSION ROOM ONLY, continued**

**Pyxis MedStation® ES System Equipment Checklist #DAHS-NSCPXMES14, continued**

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)			
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			

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**PEDIATRIC INFUSION ROOM ONLY, continued**

**Therapeutic Phlebotomy DAHS-NSCTP**

**References:**  
[UC Davis Health Policy 13019: Therapeutic Phlebotomy](#)

	<b>Date Completed</b>	<b>Verifier Initials</b>
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		
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		

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<b>PEDIATRIC INFUSION ROOM ONLY, continued</b>			
<b>Therapeutic Phlebotomy      DAHS-NSCTP, continued</b>			
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 <a href="#">Standardized Procedure 318: Maintenance of Locked Intravenous Peripheral and Central Catheters with Heparin or Normal Saline</a> . If using a port, de-access per <a href="#">Policy 13001: Vascular Access Policy (Adult/Pediatric)</a> 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			