UC DAVIS HEALTH | Center for Professional Practice of Nursing

Name:	Employee ID #:
Unit:	Title:

Due Date: _____   (new hires: prior to end of orientation period)

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GENERAL CORE SKILLS

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
Adult IV Verification Stick Sheet	DAHS-NADRNIV10		
BD Alaris IV Infusion System	DAHS-NSCBD18-ALARIS		
Blood Culture Collection Adult : Completes Blood Culture Collection Online Module (Adult Populations Only) #DAHS- NGNBCCNP12 and Performs per UC Davis Health Policy 13015: Blood Culture Collection	DAHS-NSCBCCA15		
Blood Product Administration Performs per UC Davis Health Policy 13012 Administration of Blood and Blood Components	DAHS-NSCBPA15		
Fall Prevention for RNs	DAHS-NSCFPFRN		
Incident Report: Performs per UC Davis Health Policy 1466: Incident Reports	DAHS-NSCIR15		
Professional Practice Core Skill	DAHS-NCCPP12		
Pyxis MedStation® ES System	DAHS-NSCPXMES14		
Restraints	DAHS-NSCR09		
Suicide Risk Skills Performs per UC Davis Health Policy 4016 Identification and Management of Patients at Risk for Suicide	DAHS-NSCSRA-17		

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EMERGENCY CARE CORE SKILLS

	Skill Code (For CPPN Use Only)	Date Completed (or N/A)	Verifier Initials
Adult Respiratory Assessment	DAHS-NSCARA14		
Arterial Pressure Monitoring : Performs per UC Davis Health Policy 13010: Arterial Line Management	DAHS-NSCAPM14		
Basic Dysrhythmia Detection and Treatment	DAHS-NSCBDDT15		
Bi-PAP	DAHS-NSCBP14		
Cardiac Pain Assessment & Management	DAHS-NSCCPAM14		
Chest Tube Skills: Performs per UC Davis Health Policy 17002 Chest Tube Management	DAHS-NSCCT13		
ED Lab Draw and Labeling Process	DAHS-NSC2EDLABDLP		
Endotracheal Intubation and Mechanical Ventilation	DAHS-NSCEIMV14		
End-tidal carbon dioxide monitoring	DAHS-NSCETCDM15		
Fluid Resuscitation	DAHS-NSCFR14		
Gastrostomy Tube Performs per Clinical Policies 8011, Enteral Nutrition for Adult Patients, and 4055, Medication Administration	DAHS-NSCGT14		
HOTLINE® Fluid Warmer Equipment	DAHS-NSCHFWE16		
Intravenous Heparin Infusion	DAHS-NSCIVHI14		
MDI with Spacer	DAHS-NSCMDIS14		
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		

Emergency Department Traveler Skills

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EMERGENCY CARE CORE SKILLS, 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
Nurse Swallow Screen in Patients with Stroke Skills: Performs per policy 15017 Dysphagia (Swallow) Screen for Adult Patients with Stroke	DAHS-NSCNSSPS15		
Obtaining a 12-Lead ECG	DAHS-NSCOLE14		
Rapid Sequence Intubation (RSI) in the ED	DAHS-NSCRSIED		
Respiratory Emergencies and Equipment	DAHS-NSCREE14		
Tracheostomy Care : Performs per UC Davis Health Policy 17003, Airway Management for Adult Inpatients	DAHS-NSCTC15		
Transporting Critical Care Patients to Procedure or Diagnostic Study	DAHS-NSCTCCPPDS14		
Using the Clipper	DAHS-NSCUTC17		
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		
Zoll R Series ALS	DAHS-NSCRSALS17		

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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 and Date

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GENERAL CORE SKILLS

Skill/Learning. Not all skills are applicable to all nursing areas. If not applicable, mark as N/A	Date	Verifier Initials
Adult IV Verification Stick Sheet		
The above named person is verified to start and administer intravenous fluids, and venipuncture for blood withdrawal at UC Davis Health System facilities under guidelines of UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric) **Starts and dressing techniques must be supervised by verified personnel**.		
Adult IV Stick Sheet #DAHS-NADRNIV10 (only if required for nursing area)		
Completed RN Adult IV **Online Module** #DAHS-NADRNIV and reads associated policy		
Complete three (3) sticks observed by verified personnel		
Location:		
Location:		
Location:		
BD Alaris IV Infusion System #DAHS-NSCBD18-ALARIS		
References:		
Complete the assigned Alaris **Online Modules** in UC Learning.		
BD Alaris IV Infusion System policies and procedures reviewed.		
Alaris™ Pump module		
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. − Swabs the SmartSite™ Needle-Free Valve with a sterile 70% isopropyl alcohol wipe prior to any connection. 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.		

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GENERAL CORE SKILLS, *continued*

	Date	Verifier Initials
BD Alaris IV Infusion System #DAHS-NSCBD18-ALARIS, 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.		
Alaris™ Syringe module		
Demonstrate Syringe Module Setup – The patient's heart level should be in line with [**CHANNEL SELECT**] key.		
– Priming the set using the Syringe Channel Option feature "Prime Set with Syringe." (**Infant and Child Only**) – Proper priming technique when using an administration set with Pressure Sensing Disc tubing. (**Infant and Child Only**)		
– Clamping the tubing after priming to prevent uncontrolled flow. – Loading and unloading a syringe into the Alaris Syringe module. – Correct selection of syringe manufacturer and size. Demonstrate Programming with Guardrails™ Safety Software – Recognizing the Guardrails™ Soft and Hard Limit alarm with audio alerts and visual prompts. – Use of the [**RESTORE**] key after pausing and changing a syringe. – Use of the "NEOI" (Near End of Infusion) option. Verbalizes how to silence the alert sound. – Pausing an infusion by pressing the [**PAUSE**] hard key on the syringe module and the Alaris™ PC unit.		
– Recommend measures to help reduce start-up delays. (**Infant and Child Only**)		
Demonstrate Basic Programming **Without** Guardrails™ Safety Software – Programming of a Basic Infusion. Verbalize safety concerns when this mode is used.		

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GENERAL CORE SKILLS, *continued*

	Date	Verifier Initials
BD Alaris IV Infusion System #DAHS-NSCBD18-ALARIS, Alaris™ syringe module, continued		
Demonstrate and Verbalize Measures to help Reduce Start-Up Delays **(Infant and Child Only)** – Use the smallest syringe size possible (e.g., if infusing 2.3 mL of fluid, use a 3 mL syringe). – Use compatible components which have the smallest internal volume or "dead space". – Ensure the device is as close to level of the patient's heart as possible. Patient's heart should be in line with **[CHANNEL SELECT]** key. – Use the **[PRIME SET WITH SYRINGE]** 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. – 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. – 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 value is opened, particularly at low infusion rates. **Note: These recommendations are especially important when infusing high-risk or life- sustaining medications at low infusion rates (for example, <5mL/h and especially at flow rates <0.5mL/h).**		

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GENERAL CORE SKILLS, *continued*

BD Alaris IV Infusion System #DAHS-NSCBD18-ALARIS, continued	Date	Verifier Initials
Alaris™ PCA module		

Demonstrate PCA Module Setup
– The patient's heart level should be in line with [**CHANNEL SELECT**] key.
– System Start Up and Security key lock feature.
  • Use of the security key or security code when installing a new syringe or changing the syringe.
– Priming the set using the "Prime Set with Syringe" feature
  • Prime set prior to attaching to patient.
  • The tubing should be clamped to prevent inadvertent or uncontrolled flow with a primed administration set.
– Loading the syringe into the Alaris™ PCA module
  • Hold the installed syringe plunger to prevent accidental push on the plunger when lowering the drive head.
  • Clamp off fluid flow to the patient before loading and unloading a syringe.
  • Check that the installed syringe matches the manufacturer and size displayed on pump.
Demonstrate Programming the Alaris™ PCA module
– Programing the following
  • PCA dose + Continuous dose infusion
– How to modify PCA parameters during an active PCA infusion (PCA dose, Lockout interval, Continuous dose, Maximum limit).
Demonstrate Accessing Patient History and the Alaris™ PCA module
– How to view and clear patient history.
– Verbalize that patient history data is stored as a rolling 24-hour time period.
– Verbalize what actions will delete the PCA patient history.
Demonstrate Pausing the infusion, Changing the syringe and Restoring the infusion
– Clamping off fluid flow to the patient before loading and unloading a syringe.
– Pause the infusion, change the current syringe, and then use the [**RESTORE**] key to restore the previous programming parameters.
– Verbalize that [**RESTORE**] key should only be used if Drug, Therapy, Concentration and Dosing Units remain the same.
Demonstrate Understanding of the Alaris™ PCA Pause Protocol
The Alaris™ PCA module will pause when hospital-established parameters on the Alaris™ etCO2 module are met.
Demonstrate Understanding of the near end of infusion (NEOI) option.
– Near end of infusion (NEOI) option allows an alert to sound at a hospital-established remaining syringe volume before the infusion is complete (Empty Syringe alert).
  An audio prompt will sound at NEOI, which requires being silenced just once, and will not re-occur following the initial silencing until the empty syringe alert sounds.		

I am not responsible for the PCA module.		

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GENERAL CORE SKILLS, *continued*

	Date	Verifier Initials
BD Alaris IV Infusion System #DAHS-NSCBD18-ALARIS, continued		

Alaris™ EtCO$_2$ module		

Demonstrate Preparation for EtCO$_2$ Monitoring
– Understanding of the basic parameters monitored using the Alaris™ etCO$_2$ module, including basic Ventilation vs. Oxygenation and a normal etCO$_2$ waveform.
– Locating the Gas Inlet on the Alaris™ etCO$_2$ module and attach the disposable.
Using the directions for use insert as a reference before attaching the disposable to the patient. Alarms and Limits
– How to view etCO$_2$ alarm limits, RR alarm limits, and etCO$_2$ waveform from the main display.
– How change etCO$_2$, RR, and No Breath limits. Demonstrate Pre-silencing Alarm.
– Understands this mode will only pre-silence monitoring alarm for 2 minutes and will not silence infusion alarms.
Demonstrate Viewing EtCO$_2$ Trend Data
– Understand how to view the trend data.
  • How to tell which value has triggered an alarm (bell icon).
  • If there is no data for time period displayed, dashes (---) will be displayed.
–Current patient data will not be displayed while Trend Data feature is being viewed.
Demonstrate Understanding of Alarms/Alerts/Troubleshooting
– Verbalize meaning and response to:
  • Auto zero in progress Alarm
  • Disposable Disconnected Alarm
  • Clearing Disposable Alarm
  • Disconnect Occluded Disposable Alarm
– Verbalize possible causes and possible actions to:
  • Low etCO$_2$ Alarm
  • High etCO$_2$ Alarm
  • High FiCO$_2$ Alarm
  • No Breath Detected Alarm		

I am not responsible for the etCO$_2$ module.		
Cleaning		

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GENERAL CORE SKILLS, continued

	Date	Verifier Initials

Fall Prevention for RNs #DAHS-NSCFPFRN

References:
UC Davis Health Policy 4005 Patient at Risk for Falling

	Date	Verifier Initials
Assess fall score and implement appropriate clinical practice guideline and patient safety measures		

Pyxis MedStation® ES System Equipment Checklist #DAHS-NSCPXMES14

	Date	Verifier Initials
Completed Pyxis MedStation® ES Station Online Module #DAHS-NSCPXMES14		
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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GENERAL CORE SKILLS, *continued*

Pyxis MedStation® ES System Equipment Checklist #DAHS-NSCPXMES14, continued	Date	Verifier Initials
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		
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		
Restraints Checklist #DAHS-NSCR09		
References: 1. UC Davis Health Policy 4069: Restraints		
Completion of Restraints Online Module **#DAHS-NGNRSTR20**		
Attach and release the safety clip.		
Remove and reapply a mitt to a simulated patient.		
Remove and reapply a limb restraint to a simulated patient		
Remove and reapply a belt restraint device to a simulated patient.		

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GENERAL CORE SKILLS, *continued*

	Date	Verifier Initials

Professional Practice Core Skill #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		

Adult Respiratory Assessment #DAHS-NSCARA14		
References:		
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 CO2 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.		

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Emergency Care Core Skills

Basic Dysrhythmia Detection and Treatment #DAHS-NSCBDDT15

References:
1. Cardiovascular Nursing Practice, Jacobson, C. et. al., CNEA, 2007.
2. Elsevier Skills for review: Cardiac Monitor Setup and Lead Placement
3. Elsevier Nursing Consult - Clinical Updates CE: Differentiating Dysrhythmias Part 1: Recognizing and Treating Atrial Dysrhythmias

Describe the electrical conduction system of the heart.		
Explain the waves and intervals of the normal ECG and their significance.		
Identify sinus dysrhythmia and discuss the causes/treatments.		
Identify atrial dysrhythmia and discuss the causes/treatments.		
Identify junctional dysrhythmia and discuss the causes/treatments.		
Identify supraventricular dysrhythmias and discuss the causes/treatments.		
Identify ventricular dysrhythmias and discuss the causes/treatment.		
Identify Torsade de pointes and discuss the causes/treatments.		
Identify life-threatening dysrhythmias and discuss the causes/treatments.		
Identify heart blocks and discuss the causes/treatments.		

Bi-PAP #DAHS-NSCBP14

References:

Describe BiPAP.		
Identify the most common indications for BiPAP use.		
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.		

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Emergency Care Core Skills, continued

	Date	Verifier Initials

Cardiac Pain Assessment & Management #DAHS-NSCCPAM14

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. Mosby.
4. JCAHO Core Measures 2011
5. UC Davis Health Standardized Procedure 322: Nursing Intervention in the Event of Certain Medical Emergencies in Adult Patients (Main Hospital)

	Date	Verifier Initials
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: a. Place patient on cardiac, pulse oximetry and automatic BP monitor b. Obtain/review 12-lead ECG during chest pain episode c. Assess for signs of hypoxemia; administer oxygen therapy as indicated d. Establish IV and draw and review cardiac labs		
Administer medications as MD 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.		

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ED Lab Draw and Labelling Process   #DAHS-NSC2EDLABDLP

References
1. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric)
2. UC Davis Health Policy 13029: Venipuncture Verification and Blood Withdrawal
3. UC Davis Health ED Departmental Policy: Lab Draw & Labeling Process
4. NCCLS (CLSI) clinical laboratory guideline
5. UCDH Laboratory Users Guide

State the importance of correct serum lab specimen collection		
Select appropriate blood specimen tubes/medium, obtain correct labels		
Choose appropriate method of blood draw: venipuncture, arterial puncture, central or arterial line draw		
Verify identify of patient		
Explain the procedure to the patient		
Verbalizes appropriate specimen collection and lab labeling workflow per Emergency Department Policy Lab Draw and Labeling Process		
Observe standard precautions and use of appropriate safety devices		
Handle specimen appropriately		
Compare lab results to normal values and the patient's previous results		
Appropriate documentation in the electronic health record (examples: collection, critical lab value reporting)		
Performs **FIVE (5) successful lab draws** per policy under direct observation of preceptor, Clinical Nurse Leader (CNL), Clinical Nurse III (CN3), or Clinical Nurse Educator (CNE).		
Lab Draw #1		
Lab Draw #2		
Lab Draw #3		
Lab Draw #4		
Lab Draw #5		

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Endotracheal Intubation and Mechanical Ventilation #DAHS-NSCEIMV14

References:
UC Davis Health Clinical Policy 17003: Airway Management for Adult Inpatients
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.		
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 necessary for extubation.		
Perform extubation.		
Assess the patient after extubation and initiate post-extubation care.		
Document all pertinent data.		

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Emergency Care Core Skills, continued

	Date	Verifier Initials

End-Tidal Carbon Dioxide Monitoring #DAHS-NSCETCDM15

References:
1. Elsevier Skills
   - Capnometry and Capnography
1. End-Tidal Carbon Dioxide Measurement: Continuous Monitoring

	Date	Verifier Initials
If the patient was not intubated, applied the ETCO2-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.		

Fluid Resuscitation #DAHS-NSCFR14

References:
1. ATLS, Advanced Trauma Life Support for Doctors, 8th Ed., 2008
2. TNCC, Trauma Nursing Core Course, Provider Manual, 6th Ed., 2007

	Date	Verifier Initials
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.		

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Emergency Care Core Skills, continued

	Date	Verifier Initials

HOTLINE® Fluid Warmer Equipment Checklist #DAHS-NSCHFWE16

References:
1. HOTLINE® Blood and Fluid Warmer Operator's Manual

	Date	Verifier Initials
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		
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 4. 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		

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Emergency Care Core Skills, continued

	Date	Verifier Initials
Intravenous Heparin Infusion #DAHS-NSCIVHI14		
References: 1. UC Davis Health Policy 13011: Pharmacologic Prevention or Treatment of Thromboembolism		
Describe the process for prescribing heparin		
Identify baseline blood tests before initiating IV heparin therapy.		
Demonstrate the verification of heparin administration.		
State the expectation for patient monitoring.		
Describe the responsibilities of a nurse in response to a heparin overdose.		
State when to notify the physician.		
MDI with Spacer #DAHS-NSCMDIS14		
References: 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.		

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Emergency Care Core Skills, continued

	Date	Verifier Initials

Obtaining a 12-Lead ECG #DAHS-NSCOLE14

References:
1. Structure Standards: Critical Care, Telemetry, Maternal Child Health
2. GE Marquette Resting ECG Analysis System Operator's Manual

	Date	Verifier Initials
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.		

Rapid Sequence Intubation (RSI) in the ED #DAHS-NSCRSIED

References:
1. Complete RSI Skill Quiz
2. ACLS and PALS Certified
3. UC Davis Health Policy 13035: Administration of Medications for Rapid Sequence Intubation (RSI)
4. UC Davis Health Policy 17003: Airway Management for Adult Patients

	Date	Verifier Initials
Ensures all appropriate size emergency equipment is available and functional. Place all monitoring equipment on the patient correctly.		
Administer medications as ordered by physician.		
Verify endotracheal tube placement (CO_2 detector or capnography, symmetrical chest rise, bilateral breath sounds) and document all pertinent information.		
Demonstrate understanding of drugs used for RSI by passing Skill quiz with at least 80% accuracy.		

Emergency Department Traveler Skills	
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Emergency Care Core Skills, continued

	Date	Verifier Initials

Respiratory Emergencies and Equipment #DAHS-NSCREE14

References
1. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant)
2. Textbook of Advanced Cardiac Life Support, 2006
3. Patient Care Standard End Tidal CO2 Monitoring in the Adult Patient
4. UC Davis Health Policy 13035: Administration of Medications for Rapid Sequence Intubations in Adults
5. Wells and Murphy, Manual of Emergency Airway Management, 2004

	Date	Verifier Initials
Demonstrate ability to regulate oxygen flow via thumbscrew controller of O2 flow meter; identify types of patients likely in need of O2 administration.		
Describe use of and demonstrates proficiency in use of O2 equipment		
Demonstrate setup for endotracheal intubation including equipment and drugs commonly used and state indication for ET intubation. (UC Davis Health 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.		
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.		

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Emergency Department Traveler Skills
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Emergency Care Core Skills, *continued*

	Date	Verifier Initials

Transporting Critical Care Patients to Procedure or Diagnostic Study #DAHS- NSCTCCPPDS14

References:	Date	Verifier Initials
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.		

Using the Clipper #DAHS-NSCUTC17

	Date	Verifier Initials
Describes the indications and contraindications for clipper use in the ED.		
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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Emergency Care Core Skills, continued

	Date	Verifier Initials
Zoll R Series ALS # DAHS-NSCRSALS17		
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 SpO2 menu and verbalize options.		
Access CO2 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.		

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Emergency Care Core Skills, continued

Zoll R Series ALS # DAHS-NSCRSALS17 (Continued)	Date	Verifier Initials
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.		
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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Emergency Care Core Skills, continued

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, 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.		