

Arterial Puncture (Respiratory Care Provider) #DAHS-NSCAPRESP

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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 pages 1 have been scanned and emailed to: cppn@health.ucdavis.edu | |

| Arterial Puncture (Respiratory Care Provider) #DAHS-NSCAPRESP | Date | Verifier Initials |
|---|-------------|--------------------------|
| References: 1. UC Davis Health Policy 17012: Arterial Puncture for Adults and Children | | |
| Demonstrate three successful arterial punctures on a human or simulated patient (at least one human) under the supervision of a skill verified clinician | | |
| Demonstration 1 (Circle one) human patient/simulated patient Site: | | |
| Demonstration 2 (Circle one) human patient/simulated patient Site: | | |
| Demonstration 3 (Circle one) human patient/simulated patient Site: | | |

PRECEPTOR SIGNATURE:

Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:

| Initials: | Print Name: | Signature: |
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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.

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| Name: | Signature: | Date: |
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