

Cardiovascular Access and Sheath Management Checklist #DAHS-NSCCVPPMVAS

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 page 1 and has been scanned and emailed to: cppn@health.ucdavis.edu	

Pre-Requisite Learning	Date Completed
References: UC Davis Health Policy 5019 Cardiovascular Post-Procedure Management of Vascular Access Site	
Review UC Davis Health Policy 5019 Cardiovascular Post-Procedure Management of Vascular Access Site	
Completion of e-module DAHS-NGNCINOC21 "Cardiovascular Access and Sheath Management Online Course"	

Perform/Complete	Date Completed	Verifier Initials
Demonstrate three sheath pulls or successful management of radial compression band along with demonstrated pre/post vascular access site management per Policy 5019: Cardiovascular Post-Procedure Management of Vascular Access Site .		
▪ Demonstration 1		
▪ Demonstration 2		
▪ Demonstration 3		

PRECEPTOR SIGNATURE:

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

Initials:	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.

Name:	Signature:	Date: