

Lidocaine Skin Anesthetic Intradermal Injection #DAHS-NSCLFIUA11

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

Prerequisite Learning	Date Completed	Verifier Initials
References: 1. UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by a Certified Registered Nurse		
Review UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by a Certified Registered Nurse		
Completion of e-module Lidocaine Skin Anesthetic Injection by a Certified Registered Nurse with a post test score of at least 80% #DAHS-NGNLFUIA22		

Prerequisite Learning	Date Completed	Verifier Initials
Demonstrate one supervised lidocaine skin anesthetic intradermal injection in the clinical setting. Supervision will be provided by a lidocaine certified RN or MD.		

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:
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