Children's Hospital Critical Care Skills

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Unit:	**Title:**

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Skills **Skills listed as "Performs per Policy" are located only within the first 2 pages for sign off.** **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**
Children's Hospital Developmental Pediatric Coping	DAHS-NSCCHDPC14		
Children's Hospital Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention	DAHS-NSCCHPHMESSIP14		
Children's Hospital Blood Draws	DAHS-NSCCHBD14		
Children's Hospital Car Seat Safety	DAHS-NSCCHCSS		
Hugs System Training **Online Module Only**	DAHS-NCHHST08		
Pediatric Falls Assessment using the Cummings Scale	DAHS-NSCPFACS12		
Children's Hospital Recovery, Post-Surgical	DAHS-NSCCHRPS14		
Children's Hospital Transporting Critical Care Patients to Procedure or Diagnostic Study	DAHS-NSCCHTCCPPDS14		
Children's Hospital Pediatric IV and Fluid Management	DAHS-NSCCHPIVFM14		
Children's Hospital Arterial Pressure Monitoring: Performs per UC Davis Health Policy 13010: Peripheral Arterial Line Management	DAHS-NSCCHAPM14		
Hemodynamic Monitoring: Performs per UC Davis Policy 13039 Pulmonary Artery Thermodilution Catheter Management	DAHS-NSCHDM14		
Children's Hospital Pediatric Critical Care Fluid Resuscitation	DAHS-NSCCHPCCAM14		
Completed Fundamentals of Capnography **Online Module Only**	DAHS-NGNFC		
Children's Hospital Pediatric Nutritional Assessment and Support	DAHS-NSCPNAS14		
Children's Hospital Gastrostomy Tube: Performs per UC Davis Health Policy 8018 Enteral Tubes and Nutrition for Pediatric and Neonatal Patients	DAHS-NSCCHNGT		
Children's Hospital Epidural Catheter Care and Maintenance: Performs per UC Davis Health Policy 13022: Epidural Analgesia Management	DAHS-NSCCHECCM14		
Children's Hospital Neuromuscular Blocking Agents (NMBAs) in the PICU	DAHS-NSCCHNBAP14		
Children's Hospital Basic Dysrhythmia Detection and Treatment	DAHS-NSCCHBDDT15		
Children's Hospital Bi-PAP	DAHS-NSCCHBP14		

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Children's Hospital Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System Pediatric : Performs per UC Davis Health Policy 15015 Care of the Patient Requiring a Ventriculostomy and Monitoring Device	DAHS-NSCCHCPVCNSMDSAP14		
Children's Hospital Cervical Collar : Performs per UC Davis Health Policies 4041: Spinal Precautions and 14003: Cervical Collar Change Procedure	DAHS-NSCCHCC14		
Children's Hospital Chest Tube : Performs per UC Davis Health Policy 17002, Chest Tube Management	DAHS-NSCCHCT13		
Children's Hospital Epidural and Subdural Drains	DAHS-NSCCHESD14		
Children's Hospital High Frequency Oscillating Ventilator	DAHS-NSCCHHFOV14		
Children's Hospital Lumbar Puncture and/or Drain : Performs per UC Davis Health Policies 15008 and 15007	DAHS-NSCCHLPD14		
Children's Hospital MDI with Spacer	DAHS-NSCCHMDIS14		
Children's Hospital Obtaining a 12-Lead ECG	DAHS-NSCCHOLE14		
Children's Hospital Pediatric Critical Care Airway Management Skills: Performs per UC Davis Health Policy 17038, Pediatric and Neonatal Airway	DAHS-NSCCHPCCAM14		
Children's Hospital Pediatric Critical Care Mechanical Ventilation	DAHS-NSCPCCMV14		
Children's Hospital Pediatric Critical Care Respiratory Assessment	DAHS-NSCCHPCCRA14		
Children's Hospital Tracheostomy Care Skills: Performs per UC Davis Health Policy 17038, Pediatric and Neonatal Airway	DAHS-NSCCHTC15		
Children's Hospital Extracorporeal Life Support	DAHS-NSCCHELS14		
Children's Hospital Breast Milk Usage	DAHS-NSCCHBMU		
Automated Pupillometry	DAHS-NSCAPU25		

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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:**	**Date:**

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Children's Hospital Developmental Pediatric Coping #DAHS-NSCCHDPC14	**Date**	**Verifier Initials**
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. • Infant • Toddler • Preschool • School-age • Adolescent		
Provides information and support to prepare the child and parents/caregiver for procedures and/or surgery.		

Children's Hospital Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention #DAHS-NSCCHPHMESSIP14	**Date**	**Verifier Initials**
References: 1. Fact sheets from Safe Kids Coalition with annual reports of childhood injury. (http://www.safekids.org/) 2. Review of safety and car seat videos 3. UC Davis Health Policy 3302: HUGS Infant/Child Security Program 4. PLS: Caring for the Behaviorally Challenged PLS: Health Care Advanced Directives: Communicating Wishes		
Provide age-appropriate health screening and maintenance that promotes child/family health.		
Provide a developmentally safe and sensitive environment for the hospitalized child.		
Provide injury prevention and general safety information that is developmentally appropriate to the individual need of the child/family.		

Children's Hospital Blood Draws #DAHS-NSCCHBD14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric) 2. UC Davis Health Policy 13029: Venipuncture Verification and Blood Withdrawal 3. NCCLS (CLSI) clinical laboratory guideline		
State the importance of correct serum lab specimen collection.		
Select appropriate blood specimen tubes, obtain correct labels.		

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Children's Hospital Blood Draws #DAHS-NSCCHBD14 continued	**Date**	**Verifier Initials**
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 Car Seat Safety # DAHS-NSCCHCSS	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 4018: Child Passenger Safety 2. PCS Car Seat Resources webpage		
Confirm patient has an appropriate car seat prior to discharge		
Assess the condition of any seat provided by parent/caregiver		
If appropriate seat is not available, order infant carrier from distribution and have parent/caregiver sign a Car Seat Agreement Form		
Show car seat education video (see below) to parent/caregiver		
Demonstrate safe positioning of infant in car seat or infant carrier		
Have parent/caregiver return demonstrate safe positioning		
Give parents/caregiver information for free UCDHS car seat installation services		
Document in EMR		

Pediatric Falls Assessment using the Cummings Scale Online Module #DAHS-NSCPFACS12	**Date**	**Verifier Initials**
Completed Pediatric Falls Assessment using the Cummings Scale **Online Module** #DAHS-NCHPFACS12		
Assess fall score and implement appropriate clinical practice guideline and patient safety measures		

Children's Hospital Recovery, Post-Surgical #DAHS-NSCCHRPS14	**Date**	**Verifier Initials**
References: 1. SICU Structure Standards 2. Performance Standards for Clinical Nurses-PACU 3. Elsevier - Postoperative Care: Immediate Recovery Period (Pediatric)		
Perform initial rapid assessment of cardiorespiratory systems		
Receive patient and report from anesthesia provider (e.g., anesthetic events, medications, vital signs, EBL, intake & output, lab values).		

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Children's Hospital Recovery, Post-Surgical #DAHS-NSCCHRPS14 continued	**Date**	**Verifier Initials**
Perform quick visual assessment, measure vital signs, assess LOC, and report abnormal findings to the anesthesia provider at the bedside.		
Monitor vital signs Q15 minutes X 6 or more frequently if unstable.		

Children's Hospital Transporting Critical Care Patients to Procedure or Diagnostic Study #DAHS-NSCCHTCCPPDS14	**Date**	**Verifier Initials**
References: 1. PCS Critical Care Structure Standards		
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.		

Children's Hospital Pediatric IV and Fluid Management #DAHS-NSCCHPIVFM14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric) 2. PLS: Pediatric Peripheral IV care and Management 3. PLS Management of PIV complications in the pediatric patient 4. PLS: Fluid & Electrolytes Imbalance: Dehydration 5. PLS: Fluid & Electrolytes: Laboratory Assessment of Imbalances 6. PLS: Fluid & Electrolytes: Physiological Differences 7. PLS: Fluid & Electrolytes: Replacement Therapy 8. PLS: Fluid & Electrolytes: Water Intoxication and Fluid Shift		
Implement developmentally appropriate procedural preparation, IV site cannulation, and fluid administration to children. • General pediatrics • Infant • Toddler • Preschool • School-age • Adolescent		
Evaluate fluid needs, recognize fluid disturbances, and be able to initiate fluid resuscitation.		

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Children's Hospital Pediatric Critical Care Fluid Resuscitation #DAHS-NSCPCCAM14	**Date**	**Verifier Initials**
References: 1. AHA 2017 PALS 2. Elsevier: Fluid Administration, Rapid: Pressure Bag Method (Pediatrics) 3. Elsevier: Fluid Administration, Rapid: Pressure Infusion Device (Pediatrics) 4. Elsevier: Fluid Administration, Rapid: Syringe Method (Pediatrics) 5. Elsevier: Intraosseous Access		
State indications for fluid resuscitation in Pediatric patients experiencing hypovolemia.		
State the objectives for fluid resuscitation in the Pediatric patient.		
State the signs/symptoms of hypovolemia.		
Notify charge nurse and physician of evidence of hypovolemia.		
State the appropriate type of fluid and volume administered during fluid resuscitation and the rationale for each.		
Identify the sites that can be used for rapid fluid administration during hypovolemic shock.		
Document pertinent data during fluid resuscitation.		
State additional considerations to safely fluid resuscitate your patient.		

Children's Hospital Pediatric Nutritional Assessment and Support #DAHS-NSCPNAS14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 4061:Aspiration (Oral and Enteral) Precautions 2. UC Davis Health Policy 16024: Breast Milk Collection, Storage, Thawing, and Delivery 3. Booklets (UC Davis Nutritional Education series. 1997. Pitcher, J. & Crandall, M.): 4. Feeding Assessment Skills, Normal Infant Assessment, Supporting Oral Intake, Oral Hypersensitivity, Nasogastric Feedings 5. PLS: Pediatric Nutritional Overview 6. PLS: Nutrition in the Critically Ill Child 7. Elsevier: Feeding Tube: Enteral Nutrition Administration (Pediatric)		
Provide developmentally appropriate nutritional screening; promote normal nutrition with children of varied age groups		
Provide developmentally appropriate and safe parental nutritional to children of varied age groups		
Implement developmentally appropriate and safe enteral nutritional to children of varied age groups		

Children's Hospital Neuromuscular Blocking Agents (NMBAs) in the PICU #DAHS-NSCCHNBAP14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 13036: Monitoring and Care of The Adult ICU Patient on Neuromuscular Blocking Agent 2. American College of Critical Care Medicine of the Society of Critical Care Medicine. Clinical practice guidelines for sustained neuromuscular blockade in the adult critically ill patient. Critical Care Medicine, 2002; Vol. 30, No. 1 3. Lange Clinical Anesthesiology, Neuromuscular Blocking Agents, Chapter 9. McGraw-Hill Companies, Inc. 2006 4. Elsevier: Peripheral Nerve Stimulator (Pediatric)		
State indications for NMBAs.		

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Children's Hospital Neuromuscular Blocking Agents (NMBAs) in the PICU #DAHS-NSCCHNBAP14 continued	Date	Verifier Initials
Describe mode of action. Also, for the commonly used NMBAs describe: dosage range, duration of action, interactions with other medications, adverse reactions.		
Perform systems assessment prior to initiation of paralytic.		
Post signs that patient is receiving neuromuscular blockade.		
Ensure that narcotics and/or sedatives are administered concurrently with neuromuscular blockade administration.		
Frequently repeat systems assessment, including use of peripheral nerve stimulator, per hospital protocol.		
Provide supportive nursing care as per hospital policy.		
Provide emotional support to patient and family.		
After discontinuing the paralytic, perform a systems assessment and compare to baseline assessment.		
Document all pertinent information and revise care plan.		

Children's Hospital Basic Dysrhythmia Detection and Treatment #DAHS-NSCCHBDDT15	Date	Verifier Initials
References: 1. Elsevier Skills for review: Cardiac Monitor Setup and Lead Placemen 2. Elsevier Nursing Consult - Clinical Updates CE: 3. Differentiating Dysrhythmias Part 1: Recognizing and Treating Atrial Dysrhythmias 4. PLS Arrhythmia Recognition: 5. PLS Structure and Function of the Heart 6. PLS Arrhythmia Recognition: Electrophysiology 7. PLS Arrhythmia Recognition: Lines, waves and segments 8. PLS Arrhythmia Recognition: Analyzing the ECG Rhythm 9. PLS Arrhythmia Recognition: Sinus 10. PLS Arrhythmia Recognition: Atrial 11. PLS Arrhythmia Recognition: Junctional 12. PLS Arrhythmia Recognition: Atrioventricular Blocks 13. PLS Arrhythmia Recognition: Ventricular 14. PLS Arrhythmia Recognition: Channelopathies		
Describe the electrical conduction system of the heart.		
Explain the waves and intervals of the normal EKG 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.		

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Children's Hospital Basic Dysrhythmia Detection and Treatment #DAHS-NSCCHBDDT15	**Date**	**Verifier Initials**
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.		

Children's Hospital Bi-PAP #DAHS-NSCCHBP14	**Date**	**Verifier Initials**
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 criteria to discontinue BiPAP.		
Identify the most common reasons for alarms.		
Document all necessary information.		

Children's Hospital Epidural and Subdural Drains #DAHS-NSCCHESD14	**Date**	**Verifier Initials**
Identify the clinical applications of epidural and subdural drains.		
Maintain a closed system.		
Maintain the head of the bed at the ordered degree of elevation.		
Secure the subdural drain at the level directed by the physician.		
Assess the color and amount of drainage.		
Document all pertinent information.		

Children's Hospital High Frequency Oscillating Ventilator #DAHS-NSCCHHFOV14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 17019: High Frequency Oscillatory Ventilator (HFOV) –Adult 2. PLS: High Frequency Ventilation 3. Elsevier: Mechanical Ventilation: High Frequency Oscillatory Ventilation (Pediatrics)		
Verbalizes indication for the use of the HFOV.		
Notifies Respiratory Therapy and assembles any nursing equipment necessary.		
Demonstrates proper operation of the HFOV.		
Troubleshoots HFOV alarms.		
Verbalizes an understanding of the reset and start buttons and when to use them.		

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Children's Hospital MDI with Spacer #DAHS-NSCCHMDIS14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant) 2. Elsevier: Medication Administration: Nebulizer (Pediatrics)		
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.		

Children's Hospital Obtaining a 12-Lead ECG #DAHS-NSCCHOLE14	**Date**	**Verifier Initials**
References: 1. Structure Standards: Critical Care, Telemetry, Maternal Child Health 2. GE Marquette Resting ECG Analysis System Operator's Manual 3. Elsevier: Electrocardiogram 12-lead (Pediatrics)		
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.		
Cleanse the skin areas to be used, if needed.		
Correctly place leads, ensure that there is no tension on the cable.		
Obtain 12-lead reading, trouble-shooting artifact.		
Recognize proper 12-lead tracings.		
Disconnect equipment and clean as necessary.		
Document all pertinent data, and notify appropriate staff of results		

Children's Hospital Pediatric Critical Care Mechanical Ventilation #DAHS-DAHS-NSCPCCMV14	**Date**	**Verifier Initials**
References: 1. PLS: Mechanical Ventilation: Introduction to Pediatric Practices 2. PLS: Preventing Ventilator Associated Pneumonia		
Identify indications for mechanical ventilation.		
Describe various modes/methods of mechanical ventilation.		
Perform ventilator checks a minimum of every two hours and document appropriately.		
Assess the patient's need for suctioning.		

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Children's Hospital Pediatric Critical Care Mechanical Ventilation #DAHS-DAHS-NSCPCCMV14 continued	**Date**	**Verifier Initials**
Discuss the use of sedation and/or paralytics to maintain optimal mechanical ventilation.		
Discuss the use of respiratory pharmacology in the management of a patient requiring mechanical ventilation.		
Assess reasons for changes in peak pressure, tidal volumes, breath sounds, oxygen saturation, and ETCO2 in the patient receiving mechanical ventilation.		
Describe ventilator changes needed based on ABG results or noninvasive blood gas monitoring.		
Assess a patient's readiness for mechanical ventilator weaning and/or extubating.		

Children's Hospital Pediatric Critical Care Respiratory Assessment #DAHS-NSCCHPCCRA14	**Date**	**Verifier Initials**
References: 1. American Heart Association, 2017 – Pediatric Advanced Life Support 2. PLS: Basic Principles of Oxygen Therapy, Specialty Gases and Noninvasive Ventilation 3. PLS: Understanding Abnormal Blood Gasses		
Recognizes normal respiratory rates and pulmonary developmental findings for infants, children, and adolescents.		
Performs all aspects of respiratory assessment.		
Recognizes respiratory distress in children and intervenes appropriately.		
Monitors and documents non-invasive respiratory monitoring values (oxygen saturation, transcutaneous or $ETCO_2$).		
Recognizes when an arterial blood gas is indicated to further evaluate respiratory status.		
Demonstrates ability to correlate ABG results with respiratory and/or patient findings.		
Prepares for potential respiratory emergency by having emergency respiratory equipment available in the patient's room.		
Notifies physician of changes in patient's respiratory status.		
Documents all pertinent information in the appropriate locations.		

Children's Hospital Extracorporeal Life Support #DAHS-NSCCHELS14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 5001: Extracorporeal Life Support Program 2. ECMO, Extracorporeal Cardiopulmonary Support in Critical Care, 3rd Edition. Zwischenberger, Steinhorn, Bartlett. Extracorporeal Life Support Organization, 2005 3. ECMO Specialist Training Manual, 3rd Edition. Short, BL, Williams, L. Extracorporeal Life Support Organization, 2010. 4. Extracorporeal Life Support Guidelines, 2009.		
Pass written examination with 90% accuracy.		
State the purpose of ECLS.		
State the difference between VA and VV ECLS.		
Identify components of the ECLS circuit.		

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Children's Hospital Extracorporeal Life Support #DAHS-NSCCHELS14 continued	**Date**	**Verifier Initials**
State roles and responsibilities of the attending ECLS Physician, ECLS Pump Nurse, and Bedside Nurse prior to initiation, during cannulation and during management of ECLS therapy.		
State indications for adjusting blood flow, sweep gas and blender FiO2.		
State procedure for traveling with ECLS patient.		
Demonstrate priming of the circuit.		
Demonstrate initiation of ECLS blood flow; state goal pediatric and adult blood flows.		
Demonstrate ability to draw pump gases from ECLS Circuit.		
Demonstrate ability to remove air from ECLS circuit.		

Children's Hospital Breast Milk Usage #DAHS-NSCCHBMU	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 16024: Breast Milk Collection, Storage, Thawing, and Delivery 2. UC Davis Health Policy 16043: Donor Human Breast Milk: Procurement, Storage and Administration		
States contraindications to using breast milk according to policy		
Describes qualifications for use of donor breast milk and the process for obtaining assent		
Correctly identifies expiration of fresh breast milk, thawed breast milk, and breast milk with fortification		
Safely prepares and administers breast milk using correct labeling methods and in chronologic order		
Accurately logs breast milk in and out using the Breast Milk Storage Log		

Automated Pupillometry # DAHS-NSCAPU25	**Date**	**Verifier Initials**
References: 1. UC Davis Health Clinical Policy 15005: Automated Pupillometry 2. Pupillometer - Video: NPi®-200 Pupillometer Pupil Exam (youtube.com) 3. Pupillometer - https://linktr.ee/neuroptics 4. Pupillometer - Manufacturer's Instructions for Use (PDF)		
Describes pupillometry		
Identifies normal and reportable NPI and NPi difference values		
Verbalizes how pupillometry assessment data can be used to anticipate neurologic changes		
Identifies patient populations where pupillometry assessment is not obtainable/ relevant		
Demonstrates NPi assessment procedure		
Completes documentation in appropriate flowsheet rows		