Float Pool Children's Hospital Skills

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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 Car Seat Safety Skills Checklist	DAHS-NSCCHCSS		
Children's Hospital Developmental Pediatric Coping Skills Checklist	DAHS-NSCCHDPC14		
Children's Hospital Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention Skills Checklist	DAHS-NSCCHPHMESSIP14		
Children's Hospital Blood Draws Skills Checklist	DAHS-NSCCHBD14		
Hugs System Training **Online Module Only**	DAHS-NCHHST08		
Pediatric Falls Assessment using the Cummings Scale Skills Checklist	DAHS-NSCPFACS12		
Children's Hospital Recovery, Post-Surgical Skills Checklist	DAHS-NSCCHRPS14		
Children's Hospital Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist	DAHS-NSCCHTCCPPDS14		
Children's Hospital Pediatric IV and Fluid Management Skills Checklist	DAHS-NSCCHPIVFM14		
Children's Hospital Arterial Pressure Monitoring Skills Checklist: Performs per UC Davis Health Policy 13010: Peripheral Arterial Line Management	DAHS-NSCCHNCCAPM		
Hemodynamic Monitoring Skills Checklist: Performs per UC Davis Policy 13039 Pulmonary Artery Thermodilution Catheter Management	DAHS-NSCHDM14		
Children's Hospital Pediatric Critical Care Fluid Resuscitation Skills Checklist	DAHS-NSCCHPCCAM14		
Capnometry and Capnography **Online Module Only**	DAHS-NEN167-ECS		
Children's Hospital Pediatric Nutritional Assessment and Support Skills Checklist	DAHS-NSCPNAS14		
Children's Hospital Gastrostomy Tube Skills: 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 Skills Checklist: Performs per UC Davis Health Policy 13022: Epidural Analgesia Management	DAHS-NSCCHECCM14		
Children's Hospital Neuromuscular Blocking Agents (NMBAs) in the PICU Skills Checklist	DAHS-NSCCHNBAP14		
Children's Hospital Basic Dysrhythmia Detection and Treatment Skills Checklist	DAHS-NSCCHBDDT15		
Children's Hospital Bi-PAP Skills Checklist	DAHS-NSCCHBP14		

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Children's Hospital Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System Pediatric Skills Checklist	DAHS-NSCCHCPVCNSMDSAP14		
Children's Hospital Cervical Collar Skills Checklist: Performs per UC Davis Health Policies 4041: Spinal Precautions and 14003: Cervical Collar Change Procedure	DAHS-NSCCHCC14		
Children's Hospital Chest Tube Skills: Performs per UC Davis Health Policy 17002, Chest Tube Management	DAHS-NSCCHCT13		
Children's Hospital Epidural and Subdural Drains Skills Checklist	DAHS-NSCCHESD14		
Children's Hospital High Frequency Oscillating Ventilator Skills Checklist	DAHS-NSCCHHFOV14		
Children's Hospital Lumbar Puncture and/or Drain Skills Checklist	DAHS-NSCCHLPD14		
Children's Hospital MDI with Spacer Skills Checklist	DAHS-NSCCHMDIS14		
Children's Hospital Obtaining a 12-Lead ECG Skills Checklist	DAHS-NSCCHOLE14		
Children's Hospital Pediatric Critical Care Airway Management Skills: Performs per UC Davis Health Policy 17038, Pediatric and Neonatal Airway	DAHS-NSCPCCAM14		
Children's Hospital Pediatric Critical Care Mechanical Ventilation Skills Checklist	DAHS-NSCPCCMV14		
Children's Hospital Pediatric Critical Care Respiratory Assessment Skills Checklist	DAHS-NSCCHPCCRA14		
Children's Hospital Intravenous Chemotherapy Administration Skills Checklist	DAHS-NSCCHIVCA14		
Children's Hospital Breast Milk Usage Skills Checklist	DAHS-NSCCHBMU		
Children's Hospital Developmental Care of the Neonate and Infant Skills Checklist	DAHS-NSCCHDCNI		
Children's Hospital Neonatal Health Maintenance and Environmental Safety Skills Checklist	DAHS-NSCCHNHMES		
Children's Hospital Neonatal and Infant Blood Draws Skills Checklist	DAHS-NSCCHNIBD		
Children's Hospital Neonatal Safe Sleep Skills Checklist	DAHS-NSCCHNSS		
Children's Hospital Newborn Screen Skills Checklist: Performs per UC Davis Health Policy 4014: Newborn Screening Test	DAHS-NSCCHNS		

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Children's Hospital Critical Congenital Heart Defect Screening Skills Checklist	DAHS-NSCCHNHDS		
Children's Hospital Neonatal Nutritional Assessment and Support Skills Checklist	DAHS-NSCCHNNAS		
Children's Hospital Neonatal IV, Fluid Management, and Fluid Resuscitation Skills Checklist	DAHS-NSCCHNIFMFR		
Children's Hospital Neonatal Pain Assessment Skills Checklist	DAHS-NSCCHNPA14		
Children's Hospital Neonatal Basic Dysrhythmia Detection and Treatment Skills Checklist	DAHS-NSCCHNBDDT		
Children's Hospital Neonatal Chest Tube Skills Checklist	DAHS-NSCCHNCT		
Children's Hospital Neonatal High Frequency Oscillating Ventilator Skills Checklist	DAHS-NSCCHNHFOV14		
Children's Hospital Neonatal Lumbar Puncture Skills Checklist	DAHS-NSCCHNLPD14		
Children's Hospital Neonatal Obtaining a 12-Lead ECG Skills Checklist	DAHS-NSCCHNOLE14		
Children's Hospital Neonatal Critical Care Mechanical Ventilation Skills Checklist	DAHS-NSCCHNPCCMV14		
Children's Hospital Neonatal Care Respiratory Assessment Skills Checklist	DAHS-NSCCHNCRA14		
Children's Hospital Neonatal Retinopathy of Prematurity Skills Checklist	DAHS-NSCNRP		
Children's Hospital Neonatal Tracheostomy Care Skills: Performs per UC Davis Health Policy 17038, Pediatric and Neonatal Airway	DAHS-NSCCHNTC15		
Lidocaine Skin Anesthetic Intradermal Injection	DAHS-NSCLFIUA11		
Lidocaine Skin Anesthetic Needle Free Injection	DAHS-NSCLSANFI22		

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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 Car Seat Safety Skills Checklist #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 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		

Children's Hospital Developmental Pediatric Coping Skills Checklist #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.		

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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. UC Davis Health Policy 3302: HUGS Infant/Child Security Program 3. 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 Skills Checklist #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.		
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.		

Pediatric Falls Assessment using the Cummings Scale Online Module & Skills Checklist #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 Skills Checklist #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		

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Children's Hospital Recovery, Post-Surgical Skills Checklist #DAHS-NSCCHRPS14 continued	**Date**	**Verifier Initials**
Receive patient and report from anesthesia provider (e.g., anesthetic events, medications, vital signs, EBL, intake & output, lab values).		
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 Skills Checklist #DAHS-	**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 Skills Checklist #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 Skills Checklist #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 Skills Checklist #DAHS-NSCPNAS14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 4061:Aspiration Precautions 2. UC Davis Health Policy 16024: Breast Milk Collection, Storage, Thawing, and Delivery 3. Feeding Assessment Skills, Normal Infant Assessment, Supporting Oral Intake, Oral Hypersensitivity, Nasogastric Feedings 4. PLS: Pediatric Nutritional Overview 5. PLS: Nutrition in the Critically Ill Child 6. Elsevier: Feeding Tube: Enteral Nutrition Administration (Pediatric)		
Provide developmentally appropriate nutritional screening assessments and 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 Skills Checklist #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 Skills Checklist #DAHS-NSCCHNBAP14 continued	**Date**	**Verifier Initials**
Describe mode of action. 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 Skills Checklist #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.		

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

Children's Hospital Bi-PAP Skills Checklist #DAHS-NSCCHBP14	Date	Verifier Initials
Describe BiPAP		
Identify the most common indications and 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 Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System Pediatric Skills Checklist #DAHS-NSCCHCPVCNSMDSAP14	Date	Verifier Initials
References: 1. PLS: Intracranial Pressure Monitoring 2. Elsevier: Intracranial Pressure Monitoring (Pediatrics) 3. Elsevier: Intracranial Pressure Monitoring: External Ventricular Drain 4. Elsevier: Cerebrospinal Fluid Sampling from Ventriculostomy Catheter or EVD		
Identify the clinical indications for ventriculostomy placement		
Identify the correct location of a ventriculostomy		
Demonstrate proper assembly and placement of monitor and drainage device		
Demonstrate collection of CSF specimen for low/normal CSF output, infected CSF		
Correctly level and calibrate device		
Document intracranial pressure (ICP) and cerebral perfusion pressure (CPP) every hour or as ordered, and if changes in the patients neurological status		
Briefly describe the Monroe-Kellie hypothesis and brain compliance		
Identify the intracranial component most effective for controlling volume and pressure		
Identify four therapeutic interventions that can alter ICP compliance		

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Children's Hospital Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System Pediatric Skills Checklist #DAHS-NSCCHCPVCNSMDSAP14 continued	**Date**	**Verifier Initials**
Based upon the pediatric Total Brain Injury Management guidelines, list anticipated therapeutic interventions, in order of priority that can alter intracranial dynamics. (Peds Only)		
Drain the CSF as directed by the physician		
Maintain a closed ventricular monitoring system and intact occlusive dressing		
Correctly document all pertinent data		

Children's Hospital Epidural and Subdural Drains Skills Checklist #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 Skills Checklist #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.		

Children's Hospital Lumbar Puncture and/or Drain Skills Checklist #DAHS-NSCCHLPD14	**Date**	**Verifier Initials**
References: 1. Elsevier: Lumbar Puncture		
State the different types of drainage management protocols.		
Identify the clinical indications for a lumbar puncture or a lumbar drain.		
Assemble the necessary equipment for insertion.		

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Children's Hospital Lumbar Puncture and/or Drain Skills Checklist #DAHS-NSCCHLPD14 continued	**Date**	**Verifier Initials**
Position the patient in the lateral knee-chest position with the neck flexed toward the chest or in a sitting position curled over a bedside table or pillow roll.		
Drain CSF as ordered by physician.		
Demonstrate how to collect cerebral spinal fluid (CSF) specimens and change lumbar drainage bag.		
Describe necessary steps for ensuring patient safety if the lumbar drain is accidentally discontinued.		
Post LP asses vital signs, neuro status, site post 15 minutes, 30 minutes, 1 hours and q 4 hours x 24 hours		
State how to manage a break in system or catheter, loss of waveform or decreased/increased/excessive CSF drainage		
State possible complications of a lumbar drain.		
Document neurological assessment, amount, color, clarity of CSF drainage, level of drainage and condition of site/dressing.		
Document patient/family education.		
Maintain a closed system, with an intact occlusive dressing.		

Children's Hospital MDI with Spacer Skills Checklist #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 Skills Checklist #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.		

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Children's Hospital Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCCHOLE14 continued	**Date**	**Verifier Initials**
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 Skills Checklist #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.		
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 Skills Checklist #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 Gases		
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 ETCO2).		
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.		

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Children's Hospital Pediatric Critical Care Respiratory Assessment Skills Checklist #DAHS-NSCCHPCCRA14 continued	**Date**	**Verifier Initials**
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 Intravenous Chemotherapy Administration Skills Checklist #DAHS-NSCCHIVCA14	**Date**	**Verifier Initials**
States indications for Chemotherapy Administration.		
Verify height and weight and re-calculate BSA or mg/Kg needed for dosing. 2 nurses must independently verify the drug names and dose including all the calculations, the route, the rate, the time of administration, the compatible IV fluid, the expiration date, and the patient identification with the MD order. Verifies all lab parameters in order have been met.		
Determines the vesicant or irritant potential of the drugs. Determines the appropriate access site for type of agent and evaluates access site for signs for infiltration/infection.		
Ascertains patency of IV access by flushing with 10-30 ml of IV solution and verifying blood return.		
Reminds patient to notify nurse should any pain, stinging or discomfort occur at the IV site or if the patient develops any signs of infusion or anaphylactic reaction to the medication at any time during the treatment paying particular attention during administration of chemotherapeutic agents. (See Standardized Procedure XIV-3.)		
Ascertains blood backflow prior to administration of any chemotherapeutic agent as well as during and after administration of a vesicant drug. Directly observes site at peripheral vesicant administration.		
Flushes site post-administration with at least 10ml of IV solution.		
Disposes of all items that have potentially come in contact with chemotherapeutic drugs appropriately.		
Documents all pertinent information.		

Children's Hospital Breast Milk Usage Skills Checklist #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		
Provide education to families regarding labeling and storing breast milk containers		

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Children's Hospital Developmental Care of the Neonate and Infant Skills Checklist #DAHS-NSCCHDCNI	**Date**	**Verifier Initials**
References: 1. Verklan, M.T., & Walden, M. (2015). Core Curriculum for Neonatal Intensive Care Nursing (fifth edition). Elsevier: St. Louis, MO 2. Maternal/Child Structure Standards: Neonatal Units Structure Standards 3. Newborn Individualized Developmental Care and Assessment Program (nidcap.org)		
Pediatric Learning Solutions: Age Specific Care of the Newborn **Online Module** (DAHS-NCHASCN14-PLS)		**For Reference**
Pediatric Learning Solutions: Age Specific Care of Infant **Online Module** (DAHS-NCHASCI14-PLS)		**For Reference**
Pediatric Learning Solutions: Developmental Care of the Newborn **Online Module** (DAHS-NCHDCN16-PLS)		**For Reference**
Pediatric Learning Solutions: Family-Centered Care in the NICU **Online Module** (DAHS-NCHFCCNICU16-PLS)		**For Reference**
Assess the family's coping and makes referrals as needed (Social work, Ronald McDonald/Kiwanis, Child Life)		
Involve parents or caregiver in care and appropriately documents parental education as provided		
Implement developmentally appropriate nursing interventions which can assist in alleviating stress and minimizing the effect of hospitalization for the following age groups: • Extremely premature infant (< 28 weeks) • Very premature infant (28 to 32 weeks) • Early premature infant (32 to 36 weeks) • Term neonate (>37 weeks) • Infant		
Provide support to prepare the infant and parents/caregiver for procedures and/or surgery		
Assist families in providing Kangaroo care		

Children's Hospital Neonatal Health Maintenance and Environmental Safety Skills Checklist # DAHS-NSCCHNHMES	**Date**	**Verifier Initials**
References: 1. Fact Sheets from Safe Kids Coalition with Annual Reports of Childhood Injury (http://www.safekids.org/) 2. Neonatal Units Structure Standards		
Pediatric Learning Solutions: Comprehensive Assessment of the Neonate **Online Module** (DAHS-NCHCANE16-PLS)		**For Reference**
Pediatric Learning Solutions: Thermoregulation of Newborn Infant **Online Module** (DAHS-HCHTNI16-PLS)		**For Reference**
Provide appropriate health screening and maintenance promoting infant and family health		
Provide a developmentally safe and sensitive environment for the hospitalized infant		
Provide injury prevention and general safety information developmentally appropriate to the infant and family		

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Children's Hospital Neonatal and Infant Blood Draws Skills Checklist # DAHS-NSCCHNIBD	**Date**	**Verifier Initials**
References: 1. Elsevier Neonatal Blood Specimen Collection, Heelstick, Radial Artery Puncture		
State the importance of correct serum lab specimen collection		
Select appropriate blood specimen tubes and obtain correct labels		
Choose method of blood draw: heel stick, venipuncture, arterial puncture, central or arterial line draw		
Verify the identity of patient using two identifiers and obtain specimen per policies		
Handle and label specimens appropriately using the BCMA workflow guidelines		
Compare lab results to normal values and the patient's previous results		

Children's Hospital Neonatal Safe Sleep Skills Checklist #DAHS-NSCCHNSS	**Date**	**Verifier Initials**
References: 1. UC Learning Module Safe Sleep (DAHS-NCHISSBEP19) 2. Safe Sleep Brochure		
Completed Safe Sleep **Online Module** #DAHS-NCHISSBEP19		
State when Safe Sleep is to be practiced		
Demonstrate ability to create Safe Sleep environment using appropriate Halo Sleep Sack		

Children's Hospital Critical Congenital Heart Defect Screening Skills Checklist # DAHS-NSCCHNHDS	**Date**	**Verifier Initials**
References: 1. Center for Disease Control and Prevention (www.cdc.gov/ncbddd/heartdefects/screening.html)		
State reason for CCHD screen and provide education to parents		
Perform CCHD screen per policies		

Children's Hospital Neonatal Nutritional Assessment and Support Skills Checklist # DAHS-NSCCHNNAS	**Date**	**Verifier Initials**
References: 1. Pediatric Inpatient Structure Standards 2. UC Davis Health Policy 4061: Aspiration (Oral and Enteral) Precautions 3. UC Davis Health Policy 8018: Neonatal and Pediatric Patients Receiving Enteral Tube Feeding 4. UC Davis Health Policy 13040: Nutrient-Drug Interactions 5. Elsevier Feeding Tube: Enteral Nutrition Administration (Pediatric) DAHS-NCHENAP-ECS 6. NICU Feeding Protocol, Staff web page		
Pediatric Learning Solutions: Neonatal Nutrition **Online Module** (DAHS-NCHNN16-PLS)		**For Reference**
Provide developmentally appropriate nutritional assessment and promote optimal nutrition		
Implement developmentally appropriate and safe enteral nutrition		

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Children's Hospital Neonatal Nutritional Assessment and Support Skills Checklist # DAHS-NSCCHNNAS continued	**Date**	**Verifier Initials**
Provide appropriate and safe parenteral nutrition		
Demonstrate knowledge of common feeding practices in the Neonatal Units		
Identify feeding cues, determine signs of readiness for feedings and signs of feeding intolerance		

Children's Hospital Neonatal IV, Fluid Management, and Fluid Resuscitation Skills Checklist # DAHS-NSCCHNIFMFR	**Date**	**Verifier Initials**
References: 1. Neonatal Units Structure Standards 2. UC Learning Module Newborn IV Therapy and Blood Withdraw DAHS-NCHNIVTBW16 3. American Heart Association: 2017 NRP Guidelines 4. Verklan, M.T., & Walden, M. (2015). Core Curriculum for Neonatal Intensive Care Nursing (fifth edition). Elsevier: St. Louis, MO Fluid and electrolyte management 5. NICU Nutrition guidelines, NICU webpage		
Completed PLS: Pediatric Peripheral IV Care & Management e-module (DAHS-NCHPPIVCM 14-PLS)		**For Reference**
Completed PLS: Management of Peripheral IV Complications in the Pediatric Patient e-module (DAHS-NCHMPIVCP14-PLS)		**For Reference**
Completed Newborn IV Therapy and Blood Withdrawal **Online Module** #DAHS-NCHNIVTBW16		
List potential risk factors for increased insensible water loss in preterm and term neonates. States reduction measures		
State the signs and symptoms of hypovolemia in the neonate		
State the objectives for fluid resuscitation in the neonate		
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		
Differentiate between administration of fluid resuscitation to preterm neonates compared to term neonates		

Children's Hospital Neonatal Pain Assessment Skills Checklist #DAHS-NSCCHNPA14	**Date**	**Verifier Initials**
Pediatric Learning Solutions: Neonatal Pain Assessment and Management (DAHS-NCHNPAM16-PLS)		**For Reference**
Perform physical and environmental assessment prior to administration of pain medication		
Implement potential age-specific, developmentally supportive cares to decrease need for pain medication		
Demonstrate ability to safely administer oral sucrose and/or pain medications as indicated		
Appropriately assess patient's response and need for further intervention		
Provide and document parental education		
Document all pertinent information, including PRN response		

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Children's Hospital Neonatal Basic Dysrhythmia Detection and Treatment Skills Checklist # DAHS-NSCCHNBDDT	**Date**	**Verifier Initials**
References: 1. Verklan, M.T., & Walden, M. (2015). *Core Curriculum for Neonatal Intensive Care Nursing* (fifth edition). Elsevier: St. Louis, MO		
Pediatric Learning Solutions Arrhythmia Recognition: Structure and Function of the Heart (DAHS-NCHARSFH16-PLS)		**For Reference**
Pediatric Learning Solutions Arrhythmia Recognition: Electrophysiology (DAHS-NCHARE16-PLS)		**For Reference**
Pediatric Learning Solutions Arrhythmia Recognition: Lines, Waveforms, and Segments (DAHS-NCHARLWS16-PLS)		**For Reference**
Pediatric Learning Solutions Arrhythmia Recognition: Sinus (DAHS-NCHARS16-PLS)		**For Reference**
Pediatric Learning Solutions Arrhythmia Recognition: Atrial (DAHS-NCHARA16-PLS)		**For Reference**
Pediatric Learning Solutions Arrhythmia Recognition: Ventricular **(**DAHS-NCHARV16-PL)		**For Reference**
Describe the major anatomy of the heart and normal flow of blood through the heart		
Identify the waves and intervals of the normal EKG and describe their significance		
Describe the electrical conduction system of the heart		
Explain sinus, atrial and ventricular dysrhythmias and discuss the causes/treatments		
Explain heart blocks and discuss the causes/treatments		

Children's Hospital Neonatal Chest Tube Skills Checklist # DAHS-NSCCHNCT	**Date**	**Verifier Initials**
Pediatric Learning Solutions: Nursing Management of Chest Tubes (DAHS-NCHNMCT14-PLS)		**For Reference**
Pediatric Learning Solutions: Pneumothorax in the Neonate (DAHS-NCHPN16-PLS)		**For Reference**
State indications for chest tube insertion and explain the parts of the chest tube drainage system		
Consider pain medication in anticipation of procedural pain and provide developmentally appropriate comfort measures		
Assess for air leaks and examine water seal chamber for presence of fluctuation (tidaling), bubbling, and proper water level		
Assess for type of chest drainage and amount		
When chest tube is discontinued, consider pain management and ensure an occlusive dressing is placed		

Children's Hospital Neonatal High Frequency Oscillating Ventilator Skills Checklist # DAHS-NSCCHNHFOV14	**Date**	**Verifier Initials**
References: 1. Operating Manual, High Frequency Oscillating Ventilator 3100B		
Completed Pediatric Learning Solutions High Frequency Ventilation Online Module DAHS-NCHHFV17-PLS		
Notify Respiratory Therapy and assembles necessary equipment		
Verbalize an understanding of monitoring SpO2 and chest wiggle		
Demonstrate proper operation of the HFOV and verbalize indications for the use of the HFOV		

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Children's Hospital Neonatal High Frequency Oscillating Ventilator Skills Checklist # DAHS-NSCCHNHFOV14 continued	**Date**	**Verifier Initials**
Troubleshoot HFOV alarms		
Verbalize an understanding of the reset and start buttons and when to use them		

Children's Hospital Neonatal Lumbar Puncture Skills Checklist # DAHS-NSCCHNLPD14	**Date**	**Verifier Initials**
References: 1. Elsevier Lumbar puncture Neonate		
Elsevier Module: Lumbar Puncture (DAHS-NAD108-ECS)		**For Reference**
Identify the clinical indications for a lumbar puncture		
Describe the process of obtaining consent for a lumbar puncture		
Consider pain management and appropriate developmental care		
Position the patient in the lateral knee-chest position with the neck flexed toward the chest or in a sitting position		
Correctly label and send CSF samples for lab studies as ordered by the provider		
State possible complications of a lumbar puncture		

Children's Hospital Neonatal Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCCHNOLE14	**Date**	**Verifier Initials**
References: 1. Structure Standards: Critical Care, Telemetry, Maternal Child Health 2. GE Marquette Resting ECG Analysis System Operator's Manual 3. Pediatric Learning Solutions Electrocardiogram 12 lead, DAHS-NAD69-ECS		
Demonstrate use of 12-lead ECG available in the area		
Place patient supine and provide comfort measures		
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 cables		
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		

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Children's Hospital Neonatal Critical Care Mechanical Ventilation Skills Checklist # DAHS-NSCCHNPCCMV14	**Date**	**Verifier Initials**
References: 1. Servo -i Ventilator Manual V3.2		
Completed Pediatric Learning Solutions: Mechanical Ventilation: Introduction to Pediatric Practices Online Module #DAHS-NCHMVIPP 16-PLS		
Identify indications and modes of mechanical ventilation		
Discuss the use of sedation and/or paralytics to maintain optimal mechanical ventilation		
Assess reasons for changes in peak pressure, tidal volumes, breath sounds, oxygen saturation		
Describe ventilator changes needed based on ABG results and/or end-tidal CO2 monitoring		
Assess a patient's readiness for mechanical ventilator weaning and/or extubation per unit protocol		

Children's Hospital Neonatal Care Respiratory Assessment Skills Checklist #DAHS-NSCCHNCRA14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 17038: Pediatric and Neonatal Airway Policy 2. American Heart Association: 2017– NRP Guidelines 3. American Heart Association: 2017 – PALS Guidelines 4. Verklan, M.T., & Walden, M. (2015). Core Curriculum for Neonatal Intensive Care Nursing (fifth edition). Elsevier: St. Louis, MO		
Completed Arterial Blood Gas Online Module #DAHS-NGNABGA-ECS		
Pediatric Learning Solutions: Understanding Abnormal Blood Gases (DAHS-NCHUABG 16-PLS)		**For Reference**
Pediatric Learning Solutions: Basic Principles of Oxygen Therapy, Specialty Gases and Noninvasive Ventilation (DAHS-NCHBPOTSGNV16-PLS)		**For Reference**
Recognize normal respiratory rates and pulmonary developmental findings		
Able to identify respiratory distress and intervene appropriately based on respiratory assessment		
Recognize when an arterial blood gas is indicated and correlate ABG results with patient assessment findings		
Ensure functioning emergency respiratory equipment is available in the patient's room every shift		
Monitor and document non-invasive patient monitoring (i.e., pulse oximetry, end tidal CO2 monitoring)		

Children's Hospital Neonatal Retinopathy of Prematurity Skills Checklist #DAHS-NSCNRP	**Date**	**Verifier Initials**
References: 1. Policy 17024: Continuous Pulse Oximeter 2. Retinopathy of Prematurity (nei.nih.gov/health/rop/) 3. Verklan, M.T., & Walden, M. (2015). Core Curriculum for Neonatal Intensive Care Nursing (fifth edition). Elsevier: St. Louis, MO		
Pediatric Learning Solutions: Retinopathy of Prematurity (DAHS-NCHRP17)		**For Reference**
Identify pulse oximetry alarm settings according to gestational age		

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Children's Hospital Neonatal Retinopathy of Prematurity Skills Checklist #DAHS-NSCNRP continued	**Date**	**Verifier Initials**
Identify problem solving steps for low pulse oximetry saturations before increasing FiO2		
Identify protocol for increasing/decreasing FiO2 to maintain pulse oximetry saturations within appropriate parameters		
Identify interventions for desaturations associated with handling, suctioning, procedures etc.		
Identify appropriate interventions for apnea		
Describe the pathophysiology of Retinopathy of Prematurity		

Lidocaine Skin Anesthetic Intradermal Injection #DAHS-NSCLFIUA11	**Date**	**Verifier Initials**
References: 1. UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by A Certified Registered Nurse		
Prerequisite Learning		
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-NSCLFIUA22		
Perform/Complete		
Demonstrate one supervised lidocaine skin anesthetic intradermal injection in the clinical setting. Supervision will be provided by a lidocaine certified RN or MD.		

Lidocaine Skin Anesthetic Needle Free Injection #DAHS-NSCLSANFI22	**Date**	**Verifier Initials**
References: 1. UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by A Certified Registered Nurse		
Prerequisite Learning		
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-NSCLFIUA22		
Perform/Complete		
Demonstrate one supervised lidocaine injection using the needle free injector device in the clinical setting. Supervision will be provided by a lidocaine certified RN or MD.		