

Extended Recovery Unit Skills (Perioperative Services)

Name:	Employee ID #:
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
Adult Respiratory Assessment	DAHS-NSCARA14		
Basic Dysrhythmia Detection and Treatment Skills Checklist	DAHS-NSCBDDT15		
Blood Draw Skills Performs per UC Davis Health Policies 13001 Vascular Access Policy (Adult/Pediatric) , 13002 Vascular Access Policy (Neonatal) , and 13029 Venipuncture Verification and Blood Withdrawal	DAHS-NSCBD14		
Cardiac Pain Assessment & Management Skills Checklist	DAHS-NSCCPAM14		
Cervical Collar Skills Performs per UC Davis Health Policy 4041: Spinal Precautions and Elsevier Skills Checklist Cervical Collar Management	DAHS-NSCCC14		
Chest Tube Skills Performs per policy 17002 Chest Tube Management and Elsevier Skills Checklist Chest Tube: Closed Drainage System Management , Chest Tube: Closed Drainage System Setup , Chest tube dressing change- Adult	DAHS-NSCCT13		
End Title Carbon Dioxide Monitoring Skills Checklist	DAHS-NSCETCDM15		
Epidural Catheter Care and Maintenance Skills Checklist	DAHS-NSCECCM14		
Fluid Resuscitation	DAHS-NSCFR14		
Gastrostomy Tube Skills Performs per UC Davis Health Policies 8011, Enteral Nutrition for Adult Patients , and 4055, Medication Administration	DAHS-NSCGT14		
Implanted Venous Port Care Performs per UC Davis Health Policy 13001 Vascular Access Policy and Elsevier Skills Implanted Venous Port Access , Implanted Venous Port De-access , Implanted Venous Port Blood Sampling	DAHS-NSCIVPCM		
Intravesical Chemotherapy Agent Drainage (PACU)	DAHS-NSCICADPACU		
Laryngectomy Care Skills Performs per UC Davis Health Policy 17003, Airway Management for Adult Patients	DAHS-NSCLC15		
Lidocaine Skin Anesthetic Intradermal Injection	DAHS-NSCLFIUA11		
Lidocaine Skin Anesthetic Needle Free Injection	DAHS-NSCLSANFI22		
MDI with Spacer	DAHS-NSCMDIS14		
Obtaining a 12 Lead ECG	DAHS-NSCOLE14		

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Peripheral Nerve Block Performs care per UC Davis Health Policy Peripheral Nerve Block UC Davis Health Policy 13052	DAHS-NSCPNB24		
Respiratory Emergencies and Equipment	DAHS-NSCREE14		
Temporal Scanner	DAHS-NSCTS17		
Tracheostomy Care Skills Performs per UC Davis Health Policy 17003 Airway Management for Adult Patients	DAHS-NSCTC15		
Wound VAC (Vacuum Assisted Closure) Therapy Skills Performs per UC Davis Health Policy 12014 Application of Negative Pressure Wound Therapy and Elsevier Skill Negative-Pressure Wound Therapy	DAHS-NSCWVT14		
Using the Clipper	DAHS-NSCUTC17		
Children's Hospital Developmental Coping Skills	DAHS-NSCCHDPC14		
Children's Hospital MDI with Spacer	DAHS-NSCCHMDIS14		
Children's Hospital Pediatric IV and Management and Support Skills Checklist	DAHS-NSCCHPIVFM14		
Pediatric Falls Assessment using the Cummings Scale	DAHS-NSCPFACS12		

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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Adult Respiratory Assessment #DAHS-NSCARA14	Date	Verifier Initials
Note type of oxygen delivery system, method of airway management and/or mode of ventilation.		
Make general observation of patient's overall status.		
Observe for rate, depth, pattern, symmetry, and effort of respirations. Observe for use of accessory muscles.		
Observe for color and pallor of skin and mucous membranes.		
Observe for color, quantity, odor and consistency of secretions.		
Observe position of trachea.		
Auscultate in an orderly manner all lung fields and describe lung sounds appropriately.		
Palpate neck, chest, and shoulders to assess for the presence of subcutaneous air.		
Monitor and document oxygen saturations and End Tidal CO ₂ levels when appropriate.		
Describe/demonstrate method for contacting respiratory therapy.		
Have available in the patient's room, and know how to use, necessary respiratory equipment.		
Locate/describe emergency respiratory equipment.		
Document all pertinent information in the appropriate locations.		

Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT25
References:
1. Elsevier Skills for Review: Cardiac Monitor Setup and Lead Placement
2. AACN Procedure Manual for High-Acuity, Progressive, and Critical Care: Section Eight Electrocardiographic Leads and Cardiac Monitoring , Wiegand, D.L. & ANCC, Elsevier, 2017.
3. Emergency Nursing Core Curriculum: Chapter 12 Cardiovascular Emergencies . Navarroli, J.E., Elsevier, 2018.
4. Clinical Nursing Skills & Techniques 10 th ed: Chapter 6 Health Assessment: Cardiovascular Assessment , Elsevier, 2022
There are three ways to complete this checklist. Check with your department to determine which option(s) are acceptable. Only ONE of the following needs to be successfully completed to satisfy this checklist:
1) The ECG Interpretation Assessment is provided to new hires during CPPN onboarding. If the assessment was completed successfully, a certificate of completion and corresponding score are available in the participant's UC Learning training transcripts. Completion of the checklist objectives below is not required.
2) The ECG Interpretation Course is offered by CPPN. If the course was completed successfully, a certificate of completion and corresponding score are available in the participant's UC Learning training transcripts. Completion of the checklist objectives below is not required.
3) By completing the checklist objectives below.

	Date of Assessment	Verifier Initials
Passing the ECG Interpretation Assessment (score of 83% or higher)		
	Date of Course	Verifier Initials
or Completing the ECG Interpretation Course (score of 83% or higher)		

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Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT25 continued		
or Completing Checklist Objectives Listed Below (ONLY if this option is approved by your department)	Date	Verifier Initials
Identify proper lead placement for 5 lead cardiac monitoring.		
Explain the waves and intervals of the normal ECG and their significance.		
Identify normal sinus rhythms and the following sinus dysrhythmias and discuss the causes/treatments: sinus bradycardia, sinus tachycardia, sinus arrhythmia, and sick sinus syndrome.		
Identify the following atrial dysrhythmias and discuss the causes/treatments: premature atrial contractions, atrial flutter, atrial fibrillation, supraventricular tachycardia, and wandering atrial pacemaker.		
Identify the following junctional dysrhythmias and discuss the causes/treatments: junctional rhythm, accelerated junctional rhythm, and junctional tachycardia.		
Identify the following cardiac conduction blocks and discuss the causes/treatments: first-degree, second-degree type 1, second-degree type 2, third degree, bundle branch blocks.		
Identify the following ventricular dysrhythmias and discuss the causes/treatments: premature ventricular contractions, idioventricular rhythm, ventricular tachycardia, ventricular fibrillation, PEA, asystole.		

Cardiac Pain Assessment & Management #DAHS-NSCCPAM14	Date	Verifier Initials
References: 1. Advanced Cardiac Life Support (ACLS) Provider Manual, 2010 Edition 2. Frishman, William H., & Sica, Domenic A., Cardiovascular Pharmacotherapeutics. 3rd Edition, Cardiotext Publishing, May, 2011. 3. Davis, L. 2004. Cardiovascular Nursing Secrets. Elsevier. 4. JCAHO Core Measures 2011 5. Standardized Procedure 322: Nursing Intervention in the Event of Certain Medical Emergencies in Adult Patients		
Assess the chest pain to determine if it is cardiac ischemic in origin. Utilize the 0-10 pain scale and the PQRST scale.		
Diagnostics and Interventions: <ul style="list-style-type: none"> Place patient on cardiac, pulse oximetry and automatic BP monitor. Obtain/review 12-lead ECG during chest pain episode. Assess for signs of hypoxemia; administer oxygen therapy as indicated. Establish IV and draw and review cardiac labs.		
Administer medications as ordered: Nitroglycerin sublingual or spray; IV Nitroglycerin infusion; Morphine Sulfate IV, ASA, and beta-blockers, if stable. State the rationale of the above treatment and the patient monitoring requirements.		
Provide continuous ECG monitoring to evaluate ST, T-wave changes and detect dysrhythmia development.		
State the overall goals of treatment in the management of pain related to myocardial ischemia.		
Assess level of anxiety and indicate means to alleviate it.		
Reassess patient after each intervention. Alert MD if no improvement.		
Anticipate other medications and interventions that might be indicated.		
Document all assessments, interventions, medications and responses.		

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End-Tidal Carbon Dioxide Monitoring #DAHS-NSCETCDM15	Date	Verifier Initials
References: 1. Elsevier Skills <ul style="list-style-type: none"> • Capnometry and Capnography • End-Tidal Carbon Dioxide Measurement: Continuous Monitoring 		
Elsevier Skills for reference only		
If the patient was not intubated, applied the ETCO ₂ -nasal cannula and connected it to the capnograph.		
If the patient is intubated, assembled the airway adapter, and connected it to the patient circuit as close as possible to the patient's ventilator connection.		
Observed waveform for quality.		

Epidural Catheter Care and Maintenance # DAHS-NSCECCM14	Date	Verifier Initials
References: 1. American Society for Pain Management Nursing (ASPMN). 2007. Registered Nurse Management and Monitoring of Analgesia by Catheter Techniques. Lenexa, KS: American Society for Pain Management Nursing (ASPMN).		
PRE-INSERTION		
Describe the epidural space.		
State contraindications of placing an epidural.		
Specify equipment that should be assembled at bedside by nursing staff.		
PATIENT ASSESSMENT		
Describe the differences between epidural morphine and fentanyl concerning delayed respiratory depression.		
Describe purpose of sedation score.		
State when sensory level and motor block assessments are required and demonstrate how to do them.		
Explain why hypotension is a risk following local anesthetic administration via the catheter.		
Place "Caution: Epidural in Place" signs appropriately.		
Describe assessment of catheter site the dressing and related interventions		
CATHETER REMOVAL		
Explain the importance of verifying patient is not anticoagulated prior to catheter removal.		
Describe procedure for removal of catheter.		
DOCUMENTATION		
List specific monitoring/documentation requirements for: – Insertion of catheter or after boluses or infusion rate change– Epidurals with opioids– Local anesthetics– Pediatrics– Prior to first ambulation		
Describe procedure for wasting unused opioid.		
Demonstrate documentation of epidural infusion in EMR.		

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Fluid Resuscitation #DAHS-NSCFR14	Date	Verifier Initials
References: 1. ATLS, Advanced Trauma Life Support for Doctors, 8th Ed., 2008 2. TNCC, Trauma Nursing Core Course, Provider Manual, 6th Ed., 2007		
Assess for signs/symptoms of hypovolemia.		
Notify charge nurse and MD of evidence of hypovolemia.		
Administer fluids as ordered. State rationale, volume and rate for each. (Crystalloids, Colloids, Blood Products)		
Obtain and review any additional hemodynamic, lab, and diagnostic assessments.		

Intravesical Chemotherapy Agent Drainage (PACU)	Date	Verifier Initials
References: 1. UC Davis Health Policy 10003: Intravesical and Topical Upper Tract Therapy with Chemotherapeutic/Biologic Agents 2. UC Davis Health Policy 9005: Bladder Irrigation 3. UC Davis Health Policy 10001 Hazardous Drugs (HD) (Chemo): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures		
Identify common agents seen in PACU.		
Explain procedure to patient.		
Reposition patient per orders.		
Don chemo rated protective personal equipment (PPE) prior to draining bladder after ordered dwell time.		
Drain chemotherapy/urine by removing clamp(s) and irrigate if ordered.		
Don chemo rated PPE to discontinue urinary catheter or change to clean drainage bag if catheter to remain in place.		
Utilize Hazardous Waste (bulk chemo) bin.		
Manage spills per Policy 10001 Hazardous Drugs (HD) (Chemo): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures		

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		
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		
Demonstrate one supervised lidocaine skin anesthetic intradermal injection in the clinical setting. Supervision will be provided by a lidocaine certified RN or MD.		

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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		
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		
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.		

MDI with Spacer #DAHS-NSCMDIS14	Date	Verifier Initials
References: 1. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant)		
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.		

Obtaining a 12-Lead ECG #DAHS-NSCOLE14	Date	Verifier Initials
References: 1. Structure Standards: Critical Care, Telemetry, Maternal Child Health 2. GE Marquette Resting ECG Analysis System Operator's Manual		
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.		
Correctly place leads, ensure that there is no tension on the cable.		
Obtain 12-lead reading, recognize proper tracing, trouble-shooting artifact.		
Disconnect equipment and clean as necessary.		
Document all pertinent data, and notify appropriate staff of results		

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Respiratory Emergencies and Equipment #DAHS-NSCREE14	Date	Verifier Initials
References: 1. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant) 2. Textbook of Advanced Cardiac Life Support, 2006 3. UC Davis Health Policy 13035: Administration of Medications for Rapid Sequence Intubation in Adults 4. Wells and Murphy, Manual of Emergency Airway Management, 2004		
Demonstrate ability to regulate oxygen flow via thumbscrew controller of O ₂ flow meter; identify types of patients likely in need of O ₂ administration.		
Describe use of and demonstrates proficiency in use of O ₂ equipment		
Demonstrate setup for endotracheal intubation including equipment and drugs commonly used and state indication for ET intubation. (See Policy 13035)		
Identify basic concepts of what alarms indicate and rationale for never turning alarms off.		
Describe or demonstrate preparation of a patient for emergent cricothyrotomy or tracheostomy; locates essential equipment;		
Successfully demonstrate ET tube, tracheal and nasal/oral suctioning of airways using correct equipment and technique.		
Describe or demonstrate preparation of patient for a thoracentesis including obtaining necessary equipment; state indications for procedure and function.		
Document all respiratory treatments, medications, related procedures, assessments, interventions, and the effects of each. Re-assess patient's status PRN as indicated by the patient's condition. Obtain MD order for paralytics and sedatives in order to maintain control of patient, patient's airway, and patient's comfort.		
Demonstrate use of pulse oximetry for monitoring patient.		

Temporal Scanner #DAHS-NSCTS17	Date	Verifier Initials
References: 1. Exergen Virtual classroom training video		
View Exergen Virtual classroom training video		
Recognize proper equipment is in working order.		
Demonstrate use of temporal scanner.		
Proper cleaning of scanner after use.		
Document in EMR.		

Using the Clipper #DAHS-NSCUTC17	Date	Verifier Initials
Describes the indications and contraindications for clipper use		
Assesses patient's skin prior to clipping for skin tags, warts, moles or other skin anomalies.		
States the most common complications encountered during clipper use and the nursing interventions required.		
Demonstrates proper use of the clipper which includes cleaning and storage of the clipper.		

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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. <ul style="list-style-type: none"> • 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 MDI with Spacer #DAHS-NSCCHMDIS14	Date	Verifier Initials
References: 3. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant) 4. 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		

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Children's Hospital Pediatric IV and Fluid Management #DAHS-NSCCHPIVFM14	Date	Verifier Initials
References: 1. PLS: Pediatric Peripheral IV care and Management 2. PLS Management of PIV complications in the pediatric patient 3. PLS: Fluid & Electrolytes Imbalance: Dehydration 4. PLS: Fluid & Electrolytes: Laboratory Assessment of Imbalances 5. PLS: Fluid & Electrolytes: Physiological Differences 6. PLS: Fluid & Electrolytes: Replacement Therapy 7. 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.		
Pediatric Falls Assessment using the Cummings Scale #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		