

**Outpatient Pre-op/PACU Skills (Perioperative Services)**

<b>Name:</b>	<b>Employee ID #:</b>
<b>Unit:</b>	<b>Title:</b>

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<b>Skills</b> 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	<b>Skill Code</b> (For CPPN Use Only)	<b>Date Completed</b> (or N/A)	<b>Verifier</b> <b>Initials</b>
Adult Respiratory Assessment	DAHS-NSCARA14		
Basic Dysrhythmia Detection and Treatment	DAHS-NSCBDDT15		
Blood Draws Skills Check: Performs per UC Davis Health Policies <a href="#">13001 Vascular Access Policy (Adult/Pediatric)</a> , <a href="#">13002 Vascular Access Policy (Neonatal)</a> , and <a href="#">13029 Venipuncture Verification and Blood Withdrawal</a>	DAHS-NSCBD14		
Cardiac Pain Assessment & Management	DAHS-NSCCPAM14		
Cervical Collar : Performs per <a href="#">UC Davis Health Policy 4041: Spinal Precautions</a>	DAHS-NSCCC14		
Chest Tube Skills: Performs per UC Davis Health Policy <a href="#">17002 Chest Tube Management</a>	DAHS-NSCCT13		
Children’s Hospital Developmental Pediatric Coping Skills	DAHS-NSCCHDPC14		
Children’s Hospital MDI with Spacer Skills Checklist	DAHS-NSCCHMDIS14		
Children’s Hospital Pediatric IV and Fluid Management and Support Skills Checklist	DAHS-NSCCHPIVFM14		
End-tidal Carbon Dioxide Monitoring	DAHS-NSCETCDM15		
Epidural Catheter Care and Maintenance	DAHS-NSCECCM14		
Fluid Resuscitation	DAHS-NSCFR14		
Gastrostomy Tube Performs per Clinical Policies <a href="#">8011. Enteral Nutrition for Adult Patients</a> , and <a href="#">4055. Medication Administration</a>	DAHS-NSCGT14		
Implanted Venous Port Care and Maintenance: Performs per <a href="#">UC Davis Health Policy 13001 Vascular Access Policy</a>	DAHS-NSCIVPCM		
Intravesical Chemotherapeutic Agent Drainage (PACU)	DAHS-NSCICADPACU		
Laryngectomy Care Skills: Performs per <a href="#">UC Davis Health Policy 17003, Airway Management for Adult Inpatients</a>	DAHS-NSCLC15		
Lidocaine Skin Anesthetic Intradermal Injection	DAHS-NSCLFIUA11		
Lidocaine Skin Anesthetic Needle Free Injection	DAHS-NSCLSANFI22		
Management of Hazardous Drug Waste and Spills : Performs per UC Davis Health Policy <a href="#">1623 Management of Hazardous Drug Waste and Spills</a>	DAHS-NSCMHDWS		

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MDI with Spacer	DAHS-NSCMDIS14		
Obtaining a 12-Lead ECG	DAHS-NSCOLE14		
Pediatric Falls Assessment Using the Cummings Scale	DAHS-NSCHPFACS12		
Peripheral Nerve Block Performs per <a href="#">UC Davis Health Policy 13052: Peripheral Nerve Block</a>	DAHS-NSCPNB24		
Recovery of the Post Anesthesia Patient in the Post-Anesthesia Care Unit	DAHS-NSCRPAPPACU		
Respiratory Emergencies and Equipment	DAHS-NSCREE14		
Temporal Scanner	DAHS-NSCTS17		
Tracheostomy Care : Performs per <a href="#">UC Davis Health Policy 17003, Airway Management for Adult Patients</a> , and <a href="#">Policy 17038, Pediatric and Neonatal Airway</a>	DAHS-NSCTC15		
Using the Clipper	DAHS-NSCUTC17		
Wound VAC (Vacuum Assisted Closure) Therapy : Performs per <a href="#">UC Davis Health Policy 12014 Application of Negative Pressure Wound Therapy</a>	DAHS-NSCWVT14		
Zoll R Series ALS	DAHS-NSCRSALS17		

**PRECEPTOR SIGNATURE:**

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

<b>Initials:</b>	<b>Print Name:</b>	<b>Signature:</b>

**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.

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
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<b>Adult Respiratory Assessment #DAHS-NSCARA14</b>	<b>Date</b>	<b>Verifier Initials</b>
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 <sub>2</sub> 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.		

<b>Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT25</b>
<b>References:</b>
1. Elsevier Skills for Review: <a href="#">Cardiac Monitor Setup and Lead Placement</a>
2. AACN Procedure Manual for High-Acuity, Progressive, and Critical Care: Section Eight <a href="#">Electrocardiographic Leads and Cardiac Monitoring</a> , Wiegand, D.L. & ANCC, Elsevier, 2017.
3. Emergency Nursing Core Curriculum: Chapter 12 <a href="#">Cardiovascular Emergencies</a> . Navarrolli, J.E., Elsevier, 2018.
4. Clinical Nursing Skills & Techniques 10 <sup>th</sup> ed: Chapter 6 Health Assessment: <a href="#">Cardiovascular Assessment</a> , 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.

	<b>Date of Assessment</b>	<b>Verifier Initials</b>
Passing the <a href="#">ECG Interpretation Assessment</a> (score of 83% or higher)		
	<b>Date of Course</b>	<b>Verifier Initials</b>
<b>or</b> Completing the <a href="#">ECG Interpretation Course</a> (score of 83% or higher)		

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<b>Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT25 continued</b>		
<b>or Completing Checklist Objectives Listed Below (ONLY if this option is approved by your department)</b>	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.		

<b>Cardiac Pain Assessment &amp; Management #DAHS-NSCCPAM14</b>	Date	Verifier Initials
<b>References:</b> 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. <a href="#">Standardized Procedure 322: Nursing Intervention in the Event of Certain Medical Emergencies in Adult Patients</a>		
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"> <li>Place patient on cardiac, pulse oximetry and automatic BP monitor.</li> <li>Obtain/review 12-lead ECG during chest pain episode.</li> </ul> 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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<b>Children's Hospital Developmental Pediatric Coping Skills Checklist #DAHS-NSCCHDPC14</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>References:</b> 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"> <li>• Infant</li> <li>• Toddler</li> <li>• Preschool</li> <li>• School-age</li> </ul> Adolescent		
Provides information and support to prepare the child and parents/caregiver for procedures and/or surgery.		

<b>Children's Hospital MDI with Spacer Skills Checklist #DAHS-NSCCHMDIS14</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>References:</b> 1. <a href="#">UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant)</a> 2. Elsevier: Medication Administration: Nebulizer (Pediatrics)		
Demonstrates knowledge of how the Pharmacy is notified for MDI.		
Verbalizes 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.		
Verbalizes when to notify Respiratory Therapy or Pharmacy.		
Demonstrates documentation of teaching.		

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<b>Children’s Hospital Pediatric IV and Fluid Management and Support Skills #DAHS-NSCCHPIVFM14</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>References:</b> 1. <a href="#">UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric)</a> 2. <b>PLS: Pediatric Peripheral IV care and Management</b> 3. <b>PLS Management of PIV complications in the pediatric patient</b> 4. <b>PLS: Fluid &amp; Electrolytes Imbalance: Dehydration</b> 5. <b>PLS: Fluid &amp; Electrolytes: Laboratory Assessment of Imbalances</b> 6. <b>PLS: Fluid &amp; Electrolytes: Physiological Differences</b> 7. <b>PLS: Fluid &amp; Electrolytes: Replacement Therapy</b> 8. <b>PLS: Fluid &amp; Electrolytes: Water Intoxication and Fluid Shift</b>		
Implements developmentally appropriate procedural preparation, IV site cannulation, and fluid administration to children. <ul style="list-style-type: none"> <li>• General pediatrics</li> <li>• Infant</li> <li>• Toddler</li> <li>• Preschool</li> <li>• School-age</li> <li>• Adolescent</li> </ul>		
Evaluate fluid needs, recognize fluid disturbances, and be able to initiate fluid resuscitation.		

<b>End-Tidal Carbon Dioxide Monitoring #DAHS-NSCETCDM15</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>References:</b> 1. Elsevier Skills <ul style="list-style-type: none"> <li>• Capnometry and Capnography</li> <li>• End-Tidal Carbon Dioxide Measurement: Continuous Monitoring</li> </ul>		
Elsevier Skills for reference only		
If the patient was not intubated, applied the ETCO <sub>2</sub> -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.		

<b>Epidural Catheter Care and Maintenance #DAHS-NSCECCM14</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>References:</b> 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).		
<b>Pre-Insertion</b>		
Describe the epidural space		
State contraindications of placing an epidural		
Specify equipment that should be assembled at bedside by nursing staff		

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<b>Epidural Catheter Care and Maintenance #DAHS-NSCECCM14 continued</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>PATIENT ASSESSMENT</b>		
Describe the differences between epidural morphine and fentanyl concerning delayed respiratory depression		
Demonstrate sensory level and motor block assessments and state frequency.		
Explain why hypotension is a risk following local anesthetic administration via the catheter.		
Place "Caution: Epidural in Place" signs appropriately		
<b>CATHETER REMOVAL</b>		
Explain the importance of verifying patient is not anticoagulated prior to catheter removal		
Describe procedure for removal of catheter		
<b>DOCUMENTATION</b>		
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.		

<b>Fluid Resuscitation #DAHS-NSCFR14</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>References:</b> 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.		

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<b>Intravesical Chemotherapeutic Agent Drainage Checklist #DAHS-NSCICADPACU</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>References:</b> 1. <a href="#">UC Davis Health Policy 10003: Intravesical and Topical Upper Tract Therapy with Chemotherapeutic/Biologic Agents</a> 2. <a href="#">UC Davis Health Policy 9005: Bladder Irrigation</a> 3. <a href="#">UC Davis Health Policy 10001 Hazardous Drugs (HD) (Chemo): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures</a>		
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 <a href="#">Policy 10001 Hazardous Drugs (HD) (Chemo): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures</a>		

<b>Lidocaine Skin Anesthetic Intradermal Injection #DAHS-NSCLFIUA11</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>References:</b> 1. <a href="#">UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by A Certified Registered Nurse</a>		
Review <a href="#">UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by A Certified Registered Nurse</a>		
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.		

<b>Lidocaine Skin Anesthetic Needle Free Injection #DAHS-NSCLSANFI22</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>References:</b> 1. <a href="#">UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by a Certified Registered Nurse</a>		
Review <a href="#">UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by a Certified Registered Nurse</a>		
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.		

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

<b>Obtaining a 12-Lead ECG #DAHS-NSCOLE14</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>References:</b> 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		

<b>Pediatric Falls Assessment Using the Cummings Scale # DAHS-NSCPFACS12</b>	<b>Date</b>	<b>Verifier Initials</b>
Completes Pediatric Falls Assessment using the Cummings Scale <b>Online Module #DAHS-NCHPFACS12</b>		
Assesses fall score and implement appropriate clinical practice guideline and patient safety measures		

<b>Recovery of the Post Anesthesia Patient in the Post-Anesthesia Care Unit #DAHS-NSCRPAPPACU</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>References:</b> 1. <a href="#">Recovery of the General Anesthesia and Monitored Anesthesia Patient Policy</a> 2. <a href="#">PACU Documentation Audit Tool</a> 3. <a href="#">ASPAN Structure Standards</a>		
Perform rapid assessment and place on monitor on arrival to unit		
Demonstrates receiving complete handoff from OR team		
Perform and document vital signs q15 minutes x 6, q30 minutes and q60 minutes until sign-out		

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<b>Recovery of the Post Anesthesia Patient in the Post-Anesthesia Care Unit #DAHS-NSCRPAPPACU continued</b>	<b>Date</b>	<b>Verifier Initials</b>
Complete full assessment on arrival, then every 60 minutes, as well as focused assessment as needed/ordered		
Assess and manage pain, discuss pharmacological and non-pharmacological options		
Assess and manage post-operative nausea and vomiting, discuss pharmacological and non-pharmacological options		
Use Aldrete (ambulatory/med surg) and RASS (ICU) scales (adult) and SBS (pediatric)		
Assesses readiness/discuss criteria for sign-out		
Demonstrates transfer to floor		
Demonstrates discharge to home		
Document assessment and discharge/transfer notes, as well as focus note when needed		
Consider pediatric specific factors		

<b>Respiratory Emergencies and Equipment #DAHS-NSCREE14</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>References:</b> 4. <a href="#">UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant)</a> 5. Textbook of Advanced Cardiac Life Support, 2006 6. <a href="#">UC Davis Health Policy 13035: Administration of Medications for Rapid Sequence Intubation in Adults</a> 7. Wells and Murphy, Manual of Emergency Airway Management, 2004		
Demonstrate ability to regulate oxygen flow via thumbscrew controller of O <sub>2</sub> flow meter; identify types of patients likely in need of O <sub>2</sub> administration.		
Describe use of and demonstrates proficiency in use of O <sub>2</sub> equipment		
Demonstrate setup for endotracheal intubation including equipment and drugs commonly used and state indication for ET intubation. (See Policy <a href="#">13035</a> )		
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.		

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<b>Temporal Scanner #DAHS-NSCTS17</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>References:</b> 1. <a href="#">Exergen Virtual classroom training video</a>		
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.		

<b>Using the Clipper #DAHS-NSCUTC17</b>	<b>Date</b>	<b>Verifier Initials</b>
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.		

<b>Zoll R Series ALS # DAHS-NSCRSALS17</b>	<b>Date</b>	<b>Verifier Initials</b>
Completed the assigned ZOLL R Series ALS Defibrillator <b>Online Modules</b> in UC Learning.		
<b>TEST MODE</b>		
Successfully demonstrates 30 Joule defibrillator test.		
Can check and change paper.		
<b>AED/MANUAL MODE</b>		
Can turn on device and convert from AED to manual mode.		
<b>MONITOR MODE</b>		
Applies 3-lead or 12-lead ECG.		
Locates Recorder key and prints a strip.		
Access HR menu and demonstrate how to change settings.		
Locate NIBP soft key and activate manual BP measurement.		
Access NIBP menu and verbalize options.		
Demonstrate how to change NIBP alarm settings.		
Change NIBP mode from Manual to Automatic.		
Change Automatic mode intervals.		

**Outpatient Pre-op/PACU Skills (Perioperative Services)**

<b>Name:</b>	<b>Employee ID #:</b>
<b>Unit:</b>	<b>Title:</b>
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These skills will be considered complete when all below performance criteria are completed and pages 1 and 2 have been scanned and emailed to: <a href="mailto:cppn@health.ucdavis.edu">cppn@health.ucdavis.edu</a>	

<b>Zoll R Series ALS # DAHS-NSCRSALS17, continued</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>MONITOR MODE continued</b>		
Access SpO <sub>2</sub> menu and verbalize options.		
Access CO <sub>2</sub> menu and verbalize options.		
<b>MANUAL DEFIBRILLATION</b>		
Locates multifunction cable.		
Confirms shockable rhythm.		
Selects defibrillator mode (red).		
Presses Energy Select or Charge button.		
Tells everyone to stand clear.		
Delivers shock at desired energy level.		
Defines and adjusts energy levels for Adults (120, 150, 200J) and Pediatrics (2-4J/kg).		
<b>CPR FEEDBACK</b>		
Demonstrates steps to fill CPR Index™ – understands proper rate/depth.		
Shows that if rate is too slow, metronome beeps and <u>Rate</u> prompt appears.		
Speeds up to silence metronome and allow the <u>Rate</u> prompt to disappear.		
Shows that if depth is too shallow, the <u>Depth</u> prompt appears on the screen.		
Pushes hard to allow <u>Depth</u> prompt to disappear.		
Demonstrates understanding of See-Thru CPR® filtered ECG.		
<b>SYNCHRONIZED CARDIOVERSION</b>		
Puts device into SYNC mode.		
Selects desired energy.		
Presses charge button.		
Tells everyone to stand clear.		
Delivers synchronized shock.		
States and demonstrates that SYNC must be activated for each and every synchronous cardioversion.		
<b>PACING</b>		
Turns up pacing output (mA) until capture is achieved – identifies capture.		
Adjusts pace rate.		
Understands pausing for visualizing patients underlying rhythm.		

**Outpatient Pre-op/PACU Skills (Perioperative Services)**

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<b>Zoll R Series ALS # DAHS-NSCRSALS17, continued</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>PADS</b>		
Connects OneStep™ pads to OneStep cable (or other pads/paddles if applicable).		
Opens OneStep packaging correctly		
Demonstrates proper pad placement for defibrillation, pacing, and cardioversion.		
Identifies CPR Sensor and explains its purpose.		
<b>INTERNAL PADDLES</b>		
Understands how to connect internal paddles to OneStep™ cable.		
Selects defibrillator mode (red).		
Understands 10J default energy level with range of 1 to 50 Joules.		
<b>SUPERUSER/TRAINER</b>		
Demonstrate how to use additional options (Mentor mode, Set the clock, etc.).		
Understands how to change parameter settings (NIBP, EtCO <sub>2</sub> , SpO <sub>2</sub> ).		
Understands purpose of Code Marker.		
Can access data from the code (Print Chart, Print Log, or Transfer Data).		
User demonstrates sufficient understanding of device to train other users in its use.		