

Pediatric Pre-op/PACU Skills (Perioperative Services)

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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 Bi-PAP Skills Checklist	DAHS-NSCCHBP14		
Children's Hospital Blood Draws Skills Checklist	DAHS-NSCCHBD14		
Children's Hospital Car Seat Safety Skills Checklist	DAHS-NSCCHCSS		
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	DAHS-NSCCHCC14		
Children's Hospital Chest Tube Skills Checklist: Performs per UC Davis Health Policy 17002, Chest Tube Management	DAHS-NSCCHCT13		
Children's Hospital Developmental Pediatric Coping Skills Checklist	DAHS-NSCCHDPC14		
Children's Hospital Epidural Catheter Care and Maintenance Skills Checklist	DAHS-NSCCHECCM14		
Children's Hospital Epidural and Subdural Drains Skills Checklist	DAHS-NSCCHESD14		
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 Lumbar Puncture and/or Drain Skills Checklist: Performs per UC Davis Health Policies 15008 and 15007	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-NSCCHPCCAM14		
Children's Hospital Pediatric Critical Care Fluid Resuscitation Skills Checklist	DAHS-NSCCHPCCAM14		
Children's Hospital Pediatric Critical Care Mechanical Ventilation Skills Checklist	DAHS-NSCPCCMV14		
Children's Hospital Pediatric Critical Care Respiratory Assessment Skills Checklist	DAHS-NSCCHPCCRA14		

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Children's Hospital Pediatric Falls Assessment using the Cummings Scale Skills Checklist	DAHS-NSCPFACS12		
Children's Hospital Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention Skills Checklist	DAHS-NSCCHPHMESSIP14		
Children's Hospital Pediatric IV and Fluid Management Skills Checklist	DAHS-NSCCHPIVFM14		
Children's Hospital Pediatric Nutritional Assessment and Support Skills Checklist	DAHS-NSCPNAS14		
Children's Hospital Tracheostomy Care Skills: Performs per UC Davis Health Policy 17038, Pediatric and Neonatal Airway	DAHS-NSCCHTC15		
Children's Hospital Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist	DAHS-NSCCHTCCPPDS14		

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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Children's Hospital Bi-PAP Skills Checklist #DAHS-NSCCHBP14	Date	Verifier Initials
Describes BiPAP.		
Identifies the most common indications for BiPAP use.		
States contraindications for BiPAP use.		
States patient characteristics for successful use of BiPAP.		
Monitors the patient and assess for possible complications.		
Identifies criteria to discontinue BiPAP.		
Identify the most common reasons for alarms.		
Documents all necessary information.		

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		
States the importance of correct serum lab specimen collection.		
Selects appropriate blood specimen tubes, obtain correct labels.		
Chooses method of blood draw: venipuncture, arterial puncture, central or arterial line draw.		
Verifies identity of patient.		
Explains the procedure to the patient.		
Obtains specimen per policy. Observe standard precautions and use appropriate safety devices.		
Handles specimen appropriately.		
Compares lab results to normal values and the patient's previous results.		
Documents on electronic record flowsheet.		

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		
Confirms patient has an appropriate car seat prior to discharge		
Assesses the condition of any seat provided by parent/caregiver		

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Children's Hospital Car Seat Safety Skills Checklist # DAHS-NSCCHCSS continued	Date	Verifier Initials
If appropriate seat is not available, orders infant carrier from Distribution and have parent/caregiver sign a Car Seat Agreement Form		
Shows car seat education video (see below) to parent/caregiver		
Demonstrates safe positioning of infant in car seat or infant carrier		
Have parent/caregiver return demonstrate safe positioning		
Gives parents/caregiver information for free UCDHS car seat installation services		
Documents in EMR		

Children's Hospital Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System Pediatric Skills Checklist #DAHS-NSCCHCPVCNSMDSAP1	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		
Identifies the clinical indications for ventriculostomy placement.		
Identifies the correct location of a ventriculostomy.		
Demonstrates proper assembly and placement of monitor and drainage device.		
Demonstrates collection of CSF specimen for low/normal CSF output, infected CSF		
Correctly levels and calibrates device.		
Documents the intracranial pressure (ICP) and the cerebral perfusion pressure (CPP) every hour, or as ordered, and with changes in the patient's neurological status.		
Briefly describes the Monroe-Kellie hypothesis and brain compliance.		
Identifies the intracranial component most effective for controlling volume and pressure.		
Identifies four therapeutic interventions that can alter ICP compliance		
Based upon the pediatric Total Brain Injury Management guidelines, lists anticipated therapeutic interventions, in order of priority that can alter intracranial dynamics. (Peds Only)		
Drains the CSF as directed by the physician.		
Maintains a closed ventricular monitoring system and intact occlusive dressing.		
Correctly documents all pertinent data.		

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Children's Hospital Cervical Collar Skills Checklist #DAHS-NSCCHCC14	Date	Verifier Initials
References: 1. Elsevier: Cervical Collar Application (Pediatrics)		
Demonstrates proper placement of cervical collar, changing collar, and skin assessment.		
Describes procedure for skin care, including care of pressure or other high-risk areas and proper documentation.		
States when and how to obtain a hard cervical collar.		
Demonstrates how to change a hard cervical collar and replace pads.		
Documents all necessary information.		

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. <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 Epidural Catheter Care and Maintenance Skills Checklist #DAHS-NSCCECCM14	Date	Verifier Initials
References: 1. PLS: Pain Technologies: PCA and Epidural Analgesia 2. Elsevier: Epidural Catheter Insertion, Management and Removal		
PRE-INSERTION		
Describes the epidural space		
States contraindications of placing an epidural		

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Children's Hospital Epidural Catheter Care and Maintenance Skills Checklist #DAHS-NSCCHECCM14 continued	Date	Verifier Initials
PRE-INSERTION continued		
Specifies equipment that should be assembled at bedside by nursing staff		
PATIENT ASSESSMENT		
Describes the differences between epidural morphine and fentanyl concerning delayed respiratory depression		
Demonstrates sensory level and motor block assessments and state frequency.		
Explains why hypotension is a risk following local anesthetic administration via the catheter.		
Places "Caution: Epidural in Place" signs appropriately		
CATHETER REMOVAL		
Explains the importance of verifying patient is not anticoagulated prior to catheter removal		
Describes procedure for removal of catheter		

Children's Hospital Epidural and Subdural Drains Skills Checklist #DAHS-NSCCHESD14	Date	Verifier Initials
Identifies the clinical applications of epidural and subdural drains.		
Maintains a closed system.		
Maintains the head of the bed at the ordered degree of elevation.		
Secures the subdural drain at the level directed by the physician.		
Assesses the color and amount of drainage.		
Documents all pertinent information.		

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)		
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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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)		
Demonstrates use of 12-lead ECG available in area.		
Places patient supine and provide for patient privacy.		
Enters patient data prior to obtaining 12-lead ECG.		
Cleanses the skin areas to be used, if needed.		
Correctly places leads, ensure that there is no tension on the cable.		
Obtains 12-lead reading, trouble-shooting artifact.		
Recognizes proper 12-lead tracings.		
Disconnects equipment and clean as necessary.		
Documents all pertinent data, and notify appropriate staff of results		

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		
States indications for fluid resuscitation in Pediatric patients experiencing hypovolemia.		
States the objectives for fluid resuscitation in the Pediatric patient.		
States the signs/symptoms of hypovolemia.		
Notifies charge nurse and physician of evidence of hypovolemia.		
States the appropriate type of fluid and volume administered during fluid resuscitation and the rationale for each.		
Identifies the sites that can be used for rapid fluid administration during hypovolemic shock.		
Documents pertinent data during fluid resuscitation.		
States additional considerations to safely fluid resuscitate your patient.		

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		
Identifies indications for mechanical ventilation.		

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Children's Hospital Pediatric Critical Care Mechanical Ventilation Skills Checklist #DAHS-DAHS-NSCPCM14 continued	Date	Verifier Initials
Describes various modes/methods of mechanical ventilation.		
Performs ventilator checks a minimum of every two hours and document appropriately.		
Assesses the patient's need for suctioning.		
Discusses the use of sedation and/or paralytics to maintain optimal mechanical ventilation.		
Discusses the use of respiratory pharmacology in the management of a patient requiring mechanical ventilation.		
Assesses reasons for changes in peak pressure, tidal volumes, breath sounds, oxygen saturation, and ETCO ₂ in the patient receiving mechanical ventilation.		
Describes ventilator changes needed based on ABG results or noninvasive blood gas monitoring.		
Assesses 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 Gasses		
Recognizes normal respiratory rates and pulmonary developmental findings for infants, children, and adolescents.		
Performs all aspects of respiratory assessment.		

Children's Hospital Pediatric Critical Care Respiratory Assessment Skills Checklist #DAHS-NSCCHPCCRA14	Date	Verifier Initials
Recognizes respiratory distress in children and intervenes appropriately.		
Monitors and documents non-invasive respiratory monitoring values (oxygen saturation, transcutaneous or ETCO ₂).		
Recognizes when an arterial blood gas is indicated to further evaluate respiratory status.		
Demonstrates ability to correlate ABG results with respiratory and/or patient findings.		
Prepares for potential respiratory emergency by having emergency respiratory equipment available in the patient's room.		
Notifies physician of changes in patient's respiratory status.		
Documents all pertinent information in the appropriate locations.		

Children's Hospital Pediatric Falls Assessment using the Cummings Scale Online Module & Skills Checklist #DAHS-NSCPFACS12	Date	Verifier Initials
Completes Pediatric Falls Assessment using the Cummings Scale Online Module #DAHS-NCHPFACS12		
Assesses fall score and implement appropriate clinical practice guideline and patient safety measures		

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

Children's Hospital Pediatric IV and Fluid Management Skills Checklist #DAHS-NSCCHPIVFM14	Date	Verifier Initials
References: 5. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric) 6. PLS: Pediatric Peripheral IV care and Management 7. PLS Management of PIV complications in the pediatric patient 8. PLS: Fluid & Electrolytes Imbalance: Dehydration 9. PLS: Fluid & Electrolytes: Laboratory Assessment of Imbalances 10. PLS: Fluid & Electrolytes: Physiological Differences 11. PLS: Fluid & Electrolytes: Replacement Therapy 12. PLS: Fluid & Electrolytes: Water Intoxication and Fluid Shift		
Implements developmentally appropriate procedural preparation, IV site cannulation, and fluid administration to children. <ul style="list-style-type: none"> • General pediatrics • Infant • Toddler • Preschool • School-age • Adolescent 		
Evaluate fluid needs, recognize fluid disturbances, and be able to initiate fluid resuscitation.		

Children's Hospital Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist #DAHS-NSCCHTCCPPDS14	Date	Verifier Initials
References: 1. PCS Critical Care Structure Standards		
Identifies the circumstances, which may prohibit the transport of a patient or require physician attendance.		
Contacts the procedure area and all personnel needed to coordinate the transport.		
Assembles the necessary equipment and medications for transport, including patient's chart		
Ensures that all IV lines, catheters, tubes and wires are secure.		
Accompanies the patient during transport and continually monitor the patient.		