Page 1 of 24

Pre-op/PACU Skills (Perioperative Services)		
Name:	Employee ID #:	
Unit:	Title:	
Due Date:		
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Skill/Learning 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
PACU BASIC			
Adult Respiratory Assessment	DAHS-NSCARA14		
Automated Pupillometry	DAHS-NSCAPU25		
Basic Dysrhythmia Detection and Treatment	DAHS-NSCBDDT15		
Blood Draws Skills Check: Performs per UC Davis Health Policies <u>13001 Vascular Access Policy</u> (Adult/Pediatric), <u>13002 Vascular Access Policy (Neonatal)</u> , and <u>13029 Venipuncture Verification and</u> Blood Withdrawal	DAHS-NSCBD14		
Cardiac Pain Assessment & Management	DAHS-NSCCPAM14		
End-tidal Carbon Dioxide Monitoring	DAHS-NSCETCDM15		
Fluid Resuscitation	DAHS-NSCFR14		
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		
Peripheral Nerve Block	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		
Using the Clipper	DAHS-NSCUTC17		
Zoll R Series ALS	DAHS-NSCRSALS17		

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PACU GENERAL			
Arterial Pressure Monitoring : Performs per <u>UC Davis Health Policy 13010: Peripheral Arterial Line</u> Management	DAHS-NSCAPM14		
Belmont Fluid Management System	DAHS-NSCBFM16		
Bi-PAP	DAHS-NSCBP14		
Cardiac Tamponade	DAHS-NSCCT14		
Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System: Performs per UC Davis Health Policy <u>15015</u> , Care of the Patient Requiring a Ventriculostomy and Monitoring Device	DAHS- NSCCPVCNSMDSAP14		
Carotid Artery Blowout Skills: <u>Performs per UC Davis Health Policy 4060 Carotid Precautions/Carotid</u> <u>Rupture</u>	DAHS-NSCAB14		
Cervical Collar : Performs per UC Davis Health Policy 4041: Spinal Precautions	DAHS-NSCCC14		
Chest Tube Skills: Performs per UC Davis Health Policy 17002 Chest Tube Management	DAHS-NSCCT13		
Endotracheal Intubation & Mechanical Ventilation	DAHS-NSCEIMV14		
Epidural and Subdural Drains	DAHS-NSCESD14		
Epidural Catheter Care and Maintenance	DAHS-NSCECCM14		
Gastrostomy Tube Performs per Clinical Policies <u>8011, Enteral Nutrition for Adult Patients</u> , and <u>4055</u> , <u>Medication Administration</u>	DAHS-NSCGT14		
Halo Vest Skills: Performs per UC Davis Health Policy 15002 Care of the Patient in a Halo Vest	DAHS-NSCHV14		
Hemodynamic Monitoring : Performs per <u>UC Davis Policy 13039 Pulmonary Artery Thermodilution</u> Catheter Management	DAHS-NSCHDM14		
HOTLINE Fluid Warmer Equipment	DAHS-NSCHFWE16		

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PACU GENERAL Continued			
ICU Eye Care Assessment: Performs per UC Davis Health Standardized Procedure 302: ICU Eye Care Assessment Tool for Adult Patients	DAHS-NSCICUECA14		
Implanted Venous Port Care and Maintenance: Performs per <u>UC Davis Health Policy 13001 Vascular</u> <u>Access Policy</u>	DAHS-NSCIVPCM		
Intravesical Chemotherapeutic Agent Drainage (PACU)	DAHS-NSCICADPACU		
Laryngectomy Care Skills: Performs per <u>UC Davis Health Policy 17003</u> , Airway Management for Adult <u>Inpatients</u>	DAHS-NSCLC15		
Level 1 Rapid Infuser	DAHS-NSCLTU16		
Lumbar Puncture and/or Drain : Performs per UC Davis Health Policies <u>15008</u> , <u>Assisting with</u> <u>Diagnostic Lumbar Puncture</u> and <u>15007</u> , <u>Care of the Patient with a Lumbar Catheter</u>	DAHS-NSCLPD14		
Management of Hazardous Drug Waste and Spills : Performs per UC Davis Health Policy <u>1623</u> <u>Management of Hazardous Drug Waste and Spills</u>	DAHS-NSCMHDWS		
Neuromuscular Blocking Agents (NMBA) : Performs per <u>UC Davis Health Policy 13036: Monitoring</u> And Care Of The Adult ICU Patient On Neuromuscular Blocking Agent	DAHS-NSCNBA14		
Nurse Swallow Screen in Patients with Stroke Skills: Performs per UC Davis Health Policy 15017 Dysplasia (Swallow) Screen for Adult Patients with Stroke	DAHS-NSCNSSPS15		
Pericardial Catheter Management : Completion of online module DAHS-NGNPCM10 and performs per UC Davis Health Policy 5009: Pericardiocentesis Assist Procedure and Pericardial Catheter Management	DAHS-NSCPCM		
Temporary Transvenous /Epicardial Pacemaker	DAHS-NSCTTEP14		
Tracheostomy Care : Performs per <u>UC Davis Health Policy 17003</u> , Airway Management for Adult <u>Patients</u> , and <u>Policy 17038</u> , Pediatric and Neonatal Airway	DAHS-NSCTC15		
Transporting Critical Care Patients to Procedure or Diagnostic Study	DAHS- NSCTCCPPDS14		

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PACU GENERAL Continued			
Skill/Learning 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
Vascular Surgery-Vascular Assessment for Critical Care In-patients on Vascular Service	DAHS- NSCVSVACCIPCS14		
Vasoactive Cardiac Medications, Parenteral Administration: Performs per <u>UC Davis Health Policy</u> <u>13033 Administration of Adult and Pediatric IV Medications</u> and <u>Attachment 1: Guidelines for</u> Intravenous Vasoactive Medication Administration for Adult Patients	DAHS-NSCVCMPA14		
Wound & Drain Care After Head & Neck Surgery : Performs per <u>UC Davis Health Policies 12009 Free</u> <u>Flap, Pedicle Flap, and Skin Graft Care for the Otolaryngology Patient and 12010: Closed-Suction</u> Drain Care for the Otolaryngology Patient	DAHS- NSCWDCAHNS14		
Wound VAC (Vacuum Assisted Closure) Therapy : Performs per UC Davis Health Policy 12014 Application of Negative Pressure Wound Therapy	DAHS-NSCWVT14		
Zoll X Series	DAHS-NSCXS17		

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Pre-op/PACU Skills (Perioperative Services)			
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	SIGNATURE PAGE:			
Signature	Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:			
Initial:	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:

Scan Page 1, 2, 3, 4 and 5 ONLY and email to: <u>hs-cppn@ucdavis.edu</u>

REVISED January 2025

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Pre-op/PACU Skills (Perioperative Services)			
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Unit:	Title:		
Due Date:			
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PACU BASIC			
Adult Respiratory Assessment #DAHS-NSCARA14 Date V		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 lu	ing sounds appropriately.		

Palpate neck, chest, and shoulders to assess for the presence of subcutaneous air.

Monitor and document oxygen saturations and End Tidal CO₂ 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.

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Pre-op/PACU Skills (Perioperative Services)			
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Basic Dysrhythmia Detection and Treatment #DAHS	NSCBDDT15	Date	Verifier Initials
References: 5. Cardiovascular Nursing Practice, Jacobson, C. et. al., CNEA, 200 6. Elsevier Skills for review: Cardiac Monitor Setup and Lead Placer 7. Elsevier Nursing Consult - Clinical Updates CE: Differentiating Dy	nent		
Passing the ECG Interpretation Assessment satisfies this skill ch	ecklist.	-	
Describe the electrical conduction system of the heart.			
Explain the waves and intervals of the normal ECG and their s	ignificance.		
Identify sinus dysrhythmia and discuss the causes/treatments.			
Identify atrial dysrhythmia and discuss the causes/treatments.			
Identify junctional dysrhythmia and discuss the causes/treatme	ents.		
Identify supraventricular dysrhythmias and discuss the causes	/treatments.		
Identify ventricular dysrhythmias and discuss the causes/treatr	nent.		
Identify Torsade de pointes and discuss the causes/treatments).		
Identify life-threatening dysrhythmias and discuss the causes/t	reatments.		
Identify heart blocks and discuss the causes/treatments.			
Cardiac Pain Assessment & Management #DAHS-NS	CCPAM14	Date	Verifier Initials
References: 1. Advanced Cardiac Life Support (ACLS) Provider Manuel, 2010 Ev 2. Frishman, William H., & Sica, Domenic A., Cardiovascular Pharm 3. Davis, L. 2004. Cardiovascular Nursing Secrets. Elsevier. 4. JCAHO Core Measures 2011 5. <u>Standardized Procedure 322: Nursing Intervention in the Event of</u>	acotherapeutics. 3rd Edition, Cardiotext Publishing, May, 2011.		
Assess the chest pain to determine if it is cardiac ischemic in c	rigin. Utilize the 0-10 pain scale and the PQRST scale.		
 Diagnostics and Interventions: Place patient on cardiac, pulse oximetry and automatic Obtain/review 12-lead ECG during chest pain episode. Assess for signs of hypoxemia; administer oxygen therapy as 			

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Pre-op/PACU Skills (Perioperative Services)			
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Cardiac Pain Assessment & Management #DAHS-NS			
Administer medications as ordered: Nitroglycerin sublingual or blockers, if stable. State the rationale of the above treatment a	spray; IV Nitroglycerin infusion; Morphine Sulfate IV, ASA, and beta- nd the patient monitoring requirements.		
Provide continuous ECG monitoring to evaluate ST, T-wave ch	nanges 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 impro	vement.		
Anticipate other medications and interventions that might be in	dicated.		
Document all assessments, interventions, medications and res	sponses.		
End-Tidal Carbon Dioxide Monitoring #DAHS-NSCET	CDM15	Date	Verifier Initials
References: 1. Elsevier Skills • Capnometry and Capnography • End-Tidal Carbon Dioxide Measurement: Continuous Monitorir	ng		
Elsevier Skills for reference only			
If the patient was not intubated, applied the ETCO2-nasal cann	ula and connected it to the capnograph.		
If the patient is intubated, assembled the airway adapter, and oventilator connection.	connected it to the patient circuit as close as possible to the patient's		
Observed waveform for quality.			
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., 2008	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 diagr	nostic assessments.		

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			<u></u> .
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Lidocaine Skin Anesthetic Intradermal Injection #DA	HS-NSCLFIUA11	Date	Verifier Initials
References:			
1. UC Davis Health Standardized Procedure 315: Use of Lidocai	ne 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 # DAHS-NSCLFIUA22	a Certified Registered Nurse with a post test score of at least 80%		
Demonstrate one supervised lidocaine skin anesthetic intrader lidocaine certified RN or MD.	mal injection in the clinical setting. Supervision will be provided by a		
Lidocaine Skin Anesthetic Needle Free Injection #DA	HS-NSCLSANFI22	Date	Verifier Initials
References: 1. UC Davis Health Standardized Procedure 315: Use of Lidocai	no Skin Anosthatic Injection by A Cartified 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-NGNLFIUA22

 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.
 Image: Completion of the clinical setting is a complete setting is a

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.		

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Obtaining a 12-Lead ECG #DAHS-NSCOLE14		Date	Verifier Initials
References: 1. Structure Standards: Critical Care, Telemetry, Maternal Child Heal 2. GE Marquette Resting ECG Analysis System Operator's Manual Demonstrate use of 12-lead ECG available in area.	th		
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 ca	ble.		
Obtain 12-lead reading, recognize proper tracing, trouble-shoo	ing artifact.		
Disconnect equipment and clean as necessary.			
Document all pertinent data, and notify appropriate staff of resu	ilts		
Peripheral Nerve Block #DAHS-NSCPNB24		Date	Verifier Initials
References:			
1. <u>Peripheral Nerve Block UC Davis Health Policy 13052</u>			
Performs care per UC Davis Health Policy <u>13052</u> : Peripheral N	erve Block		
Recovery of the Post Anesthesia Patient in the Post-	Anesthesia Care Unit #DAHS-NSCRPAPPACU	Date	Verifier Initials
References: 1. Recovery of the General Anesthesia and Monitored Anesthesia P 2. PACU Documentation Audit Tool 3. ASPAN Structure Standards			
Perform rapid assessment and place on monitor on arrival to u	nit		
Demonstrates receiving complete handoff from OR team			
Perform and document vital signs q15 minutes x 6, q30 minute			
Complete full assessment on arrival, then every 60 minutes, as			
Assess and manage pain, discuss pharmacological and non-ph			
Assess and manage post-operative nausea and vomiting, discu			
Use Aldrete (ambulatory/med surg) and RASS (ICU) scales (ad	luit) and SBS (pediatric)		
Assesses readiness/discuss criteria for sign-out			
Demonstrates transfer to floor			
Demonstrates discharge to home	for some some de set and		
Document assessment and discharge/transfer notes, as well as	s tocus note when needed		

Consider pediatric specific factors

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Pre-op/PACU Skills (Perioperative Services)			
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Respiratory Emergencies and Equipment #DAHS-N	SCREE14	Date	Verifier Initials
References: 1. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Adm 2. Textbook of Advanced Cardiac Life Support, 2006 3. UC Davis Health Policy 13035: Administration of Medications 4. Wells and Murphy, Manual of Emergency Airway Management Demonstrate ability to regulate oxygen flow via thumbscrew colspan="2">Colspan="2"	for Rapid Sequence Intubation in Adults		
administration.	· · ·		
Describe use of and demonstrates proficiency in use of O_2 equ	ipment ment and drugs commonly used and state indication for ET intubation.		
(See Policy <u>13035</u>)	ment and drugs commonly used and state indication for ET intubation.		
Identify basic concepts of what alarms indicate and rationale for	r 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 suc			
Describe or demonstrate preparation of patient for a thoracenter procedure and function.	esis including obtaining necessary equipment; state indications for		
	edures, assessments, interventions, and the effects of each. Re-assess otain MD order for paralytics and sedatives in order to maintain control of		
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.			

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Pre-op/PACU Skills (Perioperative Services)			
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Using the Clipper #DAHS-NSCUTC17		Date	Verifier Initials
References:			
Describes the indications and contraindications for clipper use			
Assesses patient's skin prior to clipping for skin tags, warts, mo	oles or other skin anomalies.		
States the most common complications encountered during cli	oper use and the nursing interventions required.		
Demonstrates proper use of the clipper which includes cleaning	g and storage of the clipper.		
Zoll R Series ALS # DAHS-NSCRSALS17		Date	Verifier Initials
Completed the assigned ZOLL R Series ALS Defibrillator Onlin	ne Modules in UC Learning.		
TEST MODE		1	
Successfully demonstrates 30 Joule defibrillator test.			
Can check and change paper.			
AED/MANUAL MODE			
Can turn on device and convert from AED to manual mode.			
MONITOR MODE			
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.			
Access SpO ₂ menu and verbalize options.			
Access CO ₂ menu and verbalize options.			

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		_	
Zoll R Series ALS # DAHS-NSCRSALS17, continued		Date	Verifier Initials
MANUAL DEFIBRILLATION Locates multifunction cable.			1
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) a	nd Pediatrics (2-4J/kg).		
CPR FEEDBACK			1
Demonstrates steps to fill CPR Index™ – understands proper i	ate/depth.		
Shows that if rate is too slow, metronome beeps and <u>Rate</u> pror	npt 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 o	n the screen.		
Pushes hard to allow <u>Depth</u> prompt to disappear.			
Demonstrates understanding of See-Thru CPR® filtered ECG.			
SYNCHRONIZED CARDIOVERSION			
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 eac	h and every synchronous cardioversion.		

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Pre-op/PACU Skills (Perioperative Services)			
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Zoll R Series ALS # DAHS-NSCRSALS17, continued		Date	Verifier Initials
PACING			
Turns up pacing output (mA) until capture is achieved – identil	ies capture.		
Adjusts pace rate.			
Understands pausing for visualizing patients underlying rhythr	۱.		
PADS			
Connects OneStep™ pads to OneStep cable (or other pads/pa	addles if applicable).		
Opens OneStep packaging correctly			
Demonstrates proper pad placement for defibrillation, pacing,	and cardioversion.		
Identifies CPR Sensor and explains its purpose.			
INTERNAL PADDLES		•	1
Understands how to connect internal paddles to OneStep™ ca	ible.		
Selects defibrillator mode (red).			

Understands 10J default energy level with range of 1 to 50 Joules.

onderstands for default energy level with large of file 50 bodies.		
SUPERUSER/TRAINER		
Demonstrate how to use additional options (Mentor mode, Set the clock, etc.).		
Understands how to change parameter settings (NIBP, EtCO ₂ , SpO ₂).		
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.		

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PACU GENERAL		
Belmont Fluid Management System #DAHS-NSCBFM16	Date	Verifier Initials
References: 1. UC Davis Health Policy 13012: Administration of Blood and Blood Components 2. Belmont Quick Guide		
Properly installs disposable set to Belmont FMS 2000 fluid management system (rapid infuser)		
Demonstrates turning power on, priming system/patient line and connecting system to patient		
Demonstrates how to adjust infusion rate		
States when to replace reservoir chamber		
Identifies operational, heating and internal system fault alarms and troubleshooting – refers to Operator's Manual or Quick Reference Guide as needed		
Bi-PAP #DAHS-NSCBP14	Date	Verifier Initials
Describe BiPAP.		
Identify the most common indications for BiPAP use.		
State contraindications for BiPAP use.		
State patient characteristics for successful use of BiPAP.		
Monitor the patient and assess for possible complications.		
Identify the most common reasons for alarms.		
Identify criteria to discontinue BiPAP.		

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Pre-op/PACU Skills (Perioperative Services)		
Name:	Employee ID #:	
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Cardiac Tamponade # DAHS-NSCCT14	Date	Verifier Initials
References: 1. Critical Care Nursing, second edition. Cloochesy, Breu, Cardin, Whittaker and Rudy. 2. Thelan's Critical Care Nursing fifth edition. Urdenm Stacy, and Lough 3. Cardiac Nursing fifth edition. Woods, Froelicher, Motzer, Bridges. 4. Textbook of Medical Physiology. Guyton and Hall. 5. The ICU Book, second edition. Paul Marino.		
Discuss the mechanism of cardiac tamponade. Identify who is at risk and why.		
Identify clinical signs and symptoms of cardiac tamponade.		
Discuss situations that would lead the nurse to suspect cardiac tamponade in the cardiac surgery patients. What measures should be instituted to confirm the diagnosis?		
What is the treatment for cardiac tamponade?		

Endotracheal Intubation and Mechanical Ventilation #DAHS-NSCEIMV14	Date	Verifier Initials
References: 1. UC Davis Health Clinical Policy 17003: Airway Management for Adult Inpatients 2. UC Davis Health Clinical Policy 17038: Pediatric and Neonatal Airway	·	·
Identify indications for endotracheal intubation and mechanical ventilation.		
Assemble the necessary equipment for the insertion of the ETT.		
State nursing responsibilities during intubation.		
Confirm ETT placement		
Assess proper cuff inflation.		
Describe various modes/methods of ventilation.		
Perform ventilator checks and breathe sound auscultation every two hours and document appropriately.		
Perform alarm checks for all ventilation parameters.		
Auscultate breath sounds and vital signs every two hours.		
Suction patient as needed.		
Monitor for changes in oxygenation saturations.		
Properly and safely stabilize airway.		

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Pre-op/PACU Skills (Perioperative Services)			
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Endotracheal Intubation and Mechanical Ventilation #DA	IS-NSCEIMV14 continued	Date	Verifier Initials
Administer paralytics and sedatives as ordered.			
State conditions to be reported to physician.			
Describe screening criteria for SBT.			
Monitor patient carefully during SBT.			
Assemble equipment and perform extubation			
Assess the patient after extubation and initiate post-extubation	care.		
Document all pertinent data.			
Epidural and Subdural Drains #DAHS-NSCESD14		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 elevatio	n.		
Secure the subdural drain at the level directed by the physicial	٦.		
Assess the color and amount of drainage.			
Document all pertinent information.			
Epidural Catheter Care and Maintenance #DAHS-NS	CECCM14	Date	Verifier Initials
References: 1. American Society for Pain Management Nursing (ASPMN). 2007 Management Nursing (ASPMN).	. Registered Nurse Management and Monitoring of Analgesia by Catheter Techniq	ues. Lenexa, KS: America	n Society for Pain
Pre-Insertion			
Describe the epidural space			
State contraindications of placing an epidural			
Specify equipment that should be assembled at bedside by nu	rsing staff		

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Pre-op/PACU Skills (Perioperative Services)			
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Epidural Catheter Care and Maintenance #DAHS-N	SCECCM14 continued	Date	Verifier Initials
PATIENT ASSESSMENT			
Describe the differences between epidural morphine and fen	tanyl concerning delayed respiratory depression		
Demonstrate sensory level and motor block assessments an	d state frequency.		
Explain why hypotension is a risk following local anesthetic a	dministration via the catheter.		
Place "Caution: Epidural in Place" signs appropriately			
CATHETER REMOVAL			
Explain the importance of verifying patient is not anticoagulat	ed 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 	je		
 Epidurals with opioids 			
 Local anesthetics 			
 Pediatrics 			
 Prior to first ambulation 			
Describe procedure for wasting unused opioid.			
Demonstrate documentation of epidural infusion in EMR.			
HOTLINE® Fluid Warmer Equipment Checklist #DA	HS-NSCHFWE16	Date	Verifier Initials
References: 1. HOTLINE® Blood and Fluid Warmer Operator's Manual			
Check fluid reservoir, ensure level of fluid is above minimum required).	indicator (add recirculating solutions to the reservoir through the fill port if		
Plug in HOTLINE® - does not contain batteries			
Remove the reflux plug from socket on right side of HOTLINE	E® Warmer		

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Pre-op/PACU Skills (Perioperative Services)			
Name:	Employee ID #:		
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Due Date:			
	ecified all skills will be demonstrated in accordance with the appropriate UC Davis ormance criteria are completed and pages 1, 2, 3, 4 and 5 have been scanned	-	
HOTLINE® Fluid Warmer Equipment Checklist #DAH	S-NSCHFWE16 continued	Date	Verifier Initials
Plug the twin-Tube Connector on the HOTLINE® Fluid Warmir			
Turn ON the power switch (green operating LED illuminates, the recirculating solution path in the HOTLINE® will automatically fluid. Remove the end cap of warming set and inspect tubing; confirm	-		
recirculating solution path and the patient's IV path			
Connect the IV fluid and IV administration set to the HOTLINE			
Fully prime the IV administration set, the HOTLINE® Fluid War	ming Set, and patient extension set (if used)		
Connect the distal end of the HOTLINE® Fluid Warming Set to	the patient's IV access site without entrapping air		
 WARNINGS; 1. Remove all air in lines 2. Do not stick the HOTLINE® Fluid Warming Set with n 3. Do not use if temperature rises above 42°C Do not use with pressure devices generating over 300 mmHg. After Use: Turn OFF power switch, insert reflux plug into socked detergent soap and warm tap water and soft cloth 			
Intravesical Chemotherapeutic Agent Drainage Chec	klist #DAHS- DAHS-NSCICADPACU	Date	Verifier Initials
References: 1. UC Davis Health Policy 10003: Intravesical and Topical Upper Tr 2. UC Davis Health Policy 9005: Bladder Irrigation			
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	e to clean drainage bag if catheter to remain in place.		
Utilize Hazardous Waste (bulk chemo) bin.			
Manage spills per Policy 10001 Hazardous Drugs (HD) (Chem Procedures	o): Safe Handling/Preparation/Administration/Disposal of Waste/Spill		

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Pre-op/PACU Skills (Perioperative Services)			
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Level 1® Rapid Infuser #DAHS-NSCLTU16		Date	Verifier Initials
References: 1. UC Davis Health Policy <u>13012</u> : Administration of Blood and Blo 2. Level 1® Rapid Infuser Instructor Manual	od Components		
States indications for use			
Demonstrates turning power on, priming system/patient line an	d connecting system to patient		
Demonstrates steps to run fluids using pressure			
States mechanism to avert large infusions of air into patient			
States when tubing needs to be changed			
Identifies operational, internal system fault alarms and troubleshooting – refers to Operator's Manual as needed			
Documents use of Level 1® Rapid Infuser			
Temporary Transvenous/Epicardial Pacemaker #DA	HS-NSCTTEP14	Date	Verifier Initials
References: 1. Medtronic Technical Manual Model #5388			
Identify indications for temporary pacing			
Set up equipment necessary for insertion of transvenous pacer	naker		
Prepare skin around insertion site			
Assist physician with insertion of transvenous pacemaker			
Initiation of temporary transvenous pacing			
Initiation of temporary epicardial pacing			
Determine the stimulation (capture) threshold (output/mA) once			
Determine the sensing threshold (sensitivity/mV) once a shift and PRN			
Set the rate and the A-V interval (if A-V sequential)			
Monitor the patient's ECG for proper pacer functioning (trouble	shoot for loss of capture, sensing or failure to fire)		
Monitor the patient's response to pacing			
Document all pertinent information			

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Pre-op/PACU Skills (Perioperative Services)			
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Transporting Critical Care Patients to Procedure or Diag	nostic Study #DAHS-NSCTCCP	Date	Verifier Initials
References: 1. Critical Care Nurse 2010 Vol 30, No. 4, Keeping Patients Safe du 2. Critical Care Medicine 2004 Vol 32, No. 1 Guidelines for the Inter- 3. Critical Care Nurse 2010 Vol 30, No. 4, Keeping Patients Safe du	and Intrahospital transport of the critically ill patients.		
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.			
Vascular Surgery-Vascular Assessment for Critical ONSCVSVACCIPCS14	Care Inpatients on Vascular Service #DAHS-	Date	Verifier Initials
Perform an initial and q1h vascular assessments.			
State the rationale for strict q1h vascular assessments for first	24 hours as warranted by patients' conditions.		
State what changes in vascular status are to be reported imme	ediately to the MD on call.		
State the rationale for not using a doppler for pulse checks and	indicate the exception when a doppler may be used.		
Upon admission of a vascular surgery patient, do hands-on ch	eck of the effected extremity pulse with the MD.		
At change of shift, check vascular assessment with the oncom	ing nurse.		

State rationale for a heparin drip in some vascular patients and the importance of monitoring the PTT.

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Pre-op/PACU Skills (Perioperative Services)			
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ZOLL X Series #DAHS-NSCXS17		Date	Verifier Initials
References: 1. <u>UC Davis Health Policy 6005: Automated External Defibrillator (A</u>	AED-Zoll)		
Completes the assigned ZOLL X Series Defibrillator tuto	rials in UC Learning		
TEST MODE			
Successfully demonstrates 30 Joule defibrillator test			
Can check and change paper			
MONITOR MODE			
Applies 3-lead or 12-lead ECG			
Changes lead (ECG Tracing) views			
Locates Recorder key and prints a strip			

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	
Access SpO2 menu and verbalize options	
Access Temp menu and verbalize options	
Locate CO2 soft key and press to activate	
Access CO2 menu and verbalize options	
Access IBP menu and verbalize options	

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Pre-op/PACU Skills (Perioperative Services)				
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ZOLL X Series #DAHS-NSCXS17, continued				
MANUAL DEFIBRILLATION		Date	Verifier Initials	
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)				
CPR FEEDBACK		F		
Demonstrates steps to fill CPR Index™ – understands proper i	rate/depth			
Shows that if rate is too slow, metronome beeps and Rate prompt appears				
Speeds up to silence metronome and allow the Rate prompt to disappear				
Shows that if depth is too shallow, the Depth prompt appears on the screen				
Pushes hard to allow Depth prompt to disappear				
Demonstrates understanding of See-Thru CPR® filtered ECG				
SYNCHRONIZED CARDIOVERSION				
Puts device into SYNC mode				
Selects desired energy. (Pediatric stat with 0.5-1.0 J/kg)				
Presses charge button				
Tells everyone to stand clear				
Delivers synchronized shock				
States and demonstrates that SYNC must be activated for eac	h and every synchronous cardioversion			

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Pre-op/PACU Skills (Perioperative Services)			
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ZOLL X Series #DAHS-NSCXS17, continued			
PACING			
Turns up pacing output (mA) until capture is achieved – identif	ies capture		
Adjusts pace rate			
Understands pausing for visualizing patients underlying rhythm	1		
PADS			
Connects OneStep™ pads to OneStep cable (or other pads/paddles if applicable)			
Opens OneStep packaging correctly			
Demonstrates proper pad placement for defibrillation, pacing, a	and cardioversion		
Identifies CPR Sensor and explains its purpose			
INTERNAL PADDLES			
Understands how to connect internal paddles to OneStep™ ca	ble		
Selects defibrillator mode (red)			
Understands 10J default energy level with range of 1 to 50 Jou	les		
SUPERUSER/ TRAINER			
Demonstrate how to use additional options (Mentor mode, Set	the clock, etc.)		
Understands how to change parameter settings (NIBP, EtCO2	, SpO2)		
Understands purpose of Code Marker			
Can access data from the code (Print Chart, Print Log, or Tran	sfer Data)		
User demonstrates sufficient understanding of device to train of	ther users in its use		