

Adult Critical Care Skills	
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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
Adult Respiratory Assessment Skills Checklist	DAHS-NSCARA14		
Arterial Pressure Monitoring Skills Checklist: Performs per <a href="#">UC Davis Health Policy 13010: Arterial Line Management</a>	DAHS-NSCAPM14		
Basic Dysrhythmia Detection and Treatment Skills Checklist	DAHS-NSCBDDT15		
Bi-PAP Skills Checklist	DAHS-NSCBP14		
Blood Draws Skills Check: Performs per UC Davis Health Policies <a href="#">13001 Vascular Access Policy (Adult/Pediatric)</a> and <a href="#">13029 Venipuncture Verification and Blood Withdrawal</a>	DAHS-NSCBD14		
Burn Resuscitation Skills Checklist: Performs per <a href="#">UC Davis Health Policy 12018: Fluid Resuscitation for Burns</a>	DAHS-NSCBR14		
Cardiac Pain Assessment & Management Skills Checklist	DAHS-NSCCPAM14		
Cardiac Tamponade Skills Checklist	DAHS-NSCCT14		
Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System: Performs per UC Davis Health Policy <a href="#">15015, Care of the Patient Requiring a Ventriculostomy and Monitoring Device</a>	DAHS-NSCCPVCNSMDSAP14		
Carotid Artery Blowout Skills: Performs per <a href="#">UC Health Policy 4060, Carotid Precautions/Carotid Rupture</a>	DAHS-NSCAB14		
Cervical Collar Skills Checklist: 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		
Endotracheal Intubation and Mechanical Ventilation Skills Checklist	DAHS-NSCEIMV14		
End-tidal Carbon Dioxide Monitoring Skills Checklist	DAHS-NSCETCDM15		
Epidural and Subdural Drains Skills Checklist	DAHS-NSCESD14		

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Epidural Catheter Care and Maintenance Skills Checklist	DAHS-NSCECCM14		
Extracorporeal Life Support Skills Checklist	DAHS-NSCELS14		
Flolan Skills Checklist	DAHS-NSCF14		
Fluid Resuscitation Skills Checklist	DAHS-NSCFR14		
Gastrostomy Tube Skills Checklist: Performs per UC Davis Health Policies <a href="#">8011: Enteral Nutrition for Adult Patients</a> and <a href="#">4055: Medication Administration</a>	DAHS-NSCGT14		
Halo Vest Skills: Performs per UC Davis Health Policy <a href="#">15002 Care of the Patient in a Halo Vest</a>	DAHS-NSCHV14		
Hemodynamic Monitoring Skills Checklist: Performs per <a href="#">UC Davis Policy 13039 Pulmonary Artery Thermodilution Catheter Management</a>	DAHS-NSCHDM14		
High Frequency Oscillating Ventilator Skills Checklist	DAHS-NSCHFOV14		
ICU Eye Care Assessment Skills Checklist: Performs per UC Davis Health Standardized Procedure 302: <a href="#">ICU Eye Care Assessment Tool for Adult Patients</a>	DAHS-NSCICUECA14		
Intra-Aortic Balloon Pump (IABP) Skills Checklist: Performs per <a href="#">UC Davis Health Policy 5006: Intra-Aortic Balloon Pump Nursing Management</a>	DAHS-NSCIABP14		
Laryngectomy Care Skills Checklist: Performs per <a href="#">UC Davis Health Policy 17003 Airway Management for Adult Inpatients</a>	DAHS-NSCLC15		
Lumbar Puncture and/or Drain Skills Checklist: Performs per UC Davis Health Policies <a href="#">15008, Assisting with Diagnostic Lumbar Puncture</a> and <a href="#">15007, Care of the Patient with a Lumbar Catheter</a>	DAHS-NSCLPD14		
MDI with Spacer Skills Checklist	DAHS-NSCMDIS14		
Neuromuscular Blocking Agents (NMBA) Skills Checklist: Performs per <a href="#">UC Davis Health Policy 13036: Monitoring And Care Of The Adult ICU Patient On Neuromuscular Blocking Agent</a>	DAHS-NSCNBA14		
Nurse Swallow Screen in Patients with Stroke Skills: Performs per UC Davis Health Policy <a href="#">15017 Dysphagia (Swallow) Screen for Adult Patients with Stroke</a>	DAHS-NSCNSSPS15		

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Obtaining a 12-Lead ECG Skills Checklist	DAHS-NSCOLE14		
Organ Procurement (Adult) Skills Checklist	DAHS-NSCOPA14		
Pericardial Catheter Management: Completion of online module DAHS-NGNPCM10 and performs per <a href="#">UC Davis Health Policy 5009: Pericardiocentesis Assist Procedure and Pericardial Catheter Management</a>	DAHS-NSCPCM		
Recovery, Post-Surgical Skills Checklist	DAHS-NSCRPS14		
Respiratory Emergencies and Equipment Skills Checklist	DAHS-NSCREE14		
Temporary Transvenous /Epicardial Pacemaker Skills Checklist	DAHS-NSCTTEP14		
Tracheostomy Care Skills Checklist: Performs per <a href="#">UC Davis Health Policy 17003 Airway Management for Adult Patients</a>	DAHS-NSCTC15		
Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist	DAHS-NSCTCCPPDS14		
Vascular Surgery-Vascular Assessment for Critical Care In-patients on Vascular Service Skills Checklist	DAHS-NSCVSVACCIPCS14		
Vasoactive Cardiac Medications, Parenteral Administration: Performs per <a href="#">UC Davis Health Policy 13033 Administration of Adult and Pediatric IV Medications</a> and <a href="#">Attachment 1: Guidelines for Intravenous Vasoactive Medication Administration for Adult Patients</a>	DAHS-NSCVCMPIA14		
Wound & Drain Care After Head & Neck Surgery Skills Checklist: Performs per <a href="#">UC Davis Health Policies 12009 Free Flap, Pedicle Flap, and Skin Graft Care for the Otolaryngology Patient</a> and <a href="#">12010: Closed-Suction Drain Care for the Otolaryngology Patient</a>	DAHS-NSCWDCAHNS14		
Wound VAC (Vacuum Assisted Closure) Therapy Skills Checklist: Performs per <a href="#">UC Davis Health Policy 12014 Application of Negative Pressure Wound Therapy</a>	DAHS-NSCWVT14		

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

**PRECEPTEE STATEMENT AND SIGNATURE:**

I have read and understand the appropriate UC Davis Health Policies and Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

Printed Name	Signature

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PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UCDH Policy and Procedure.		
	Date	Verifier Initials
<b>Adult Respiratory Assessment Skills Checklist #DAHS-NSCARA14</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 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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Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT15		
<b>References:</b> 1. Cardiovascular Nursing Practice, Jacobson, C. et. al., CNEA, 2007. 2. Elsevier Skills for review: Cardiac Monitor Setup and Lead Placement 3. Elsevier Nursing Consult - Clinical Updates CE: Differentiating Dysrhythmias Part 1: Recognizing and Treating Atrial Dysrhythmias		
<i>Passing the ECG Interpretation Assessment satisfies this skill checklist.</i>		
	Date	Verifier Initials
Describe the electrical conduction system of the heart.		
Explain the waves and intervals of the normal EKG and their significance.		
Identify sinus dysrhythmia and discuss the causes/treatments.		
Identify atrial dysrhythmia and discuss the causes/treatments.		
Identify junctional dysrhythmia and discuss the causes/treatments.		
Identify Supraventricular dysrhythmias and discuss the causes/treatments.		
Identify ventricular dysrhythmias and discuss the causes/treatment.		
Identify Torsade de pointes and discuss the causes/treatments.		
Identify life-threatening dysrhythmias and discuss the causes/treatments.		
Identify heart blocks and discuss the causes/treatments.		

Bi-PAP Skills Checklist #DAHS-NSCBP14		
Describe BiPAP.		
Identify the most common indications for BiPAP use.		
State contraindications for BiPAP use.		

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<b>Bi-PAP Skills Checklist #DAHS-NSCBP14, continued</b>	<b>Date</b>	<b>Verifier Initials</b>
State patient characteristics for successful use of BiPAP.		
Monitor the patient and assess for possible complications.		
Identify criteria to discontinue BiPAP.		
Identify the most common reasons for alarms.		
Document all necessary information.		

<b>Cardiac Pain Assessment &amp; Management Skills Checklist #DAHS-NSCCPAM14</b>		
<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. UC Davis Health Standardized Procedure <a href="#">II-22</a> : 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: a) Place patient on cardiac, pulse oximetry and automatic BP monitor. b) Obtain/review 12-lead ECG during chest pain episode. c) Assess for signs of hypoxemia; administer oxygen therapy as indicated. d) Establish IV and draw and review cardioclabs.		
Administer medications as MD 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.		

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Cardiac Pain Assessment & Management Skills Checklist #DAHS-NSCCPAM14, continued	Date	Verifier Initials
Document all assessments, interventions, medications and responses.		

Cardiac Tamponade Skills Checklist #DAHS-NSCCT14		
<b>References:</b> 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. PaulMarino.		
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 Skills Checklist #DAHS-NSCEIMV14		
<b>References:</b> <a href="#">UC Davis Health Clinical Policy 17003: Airway Management for Adult Inpatients</a> <a href="#">UC Davis Health Clinical Policy 17038: Pediatric and Neonatal Airway</a>		
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		



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<b>Endotracheal Intubation and Mechanical Ventilation Skills Checklist #DAHS-NSCEIMV14, continued</b>	<b>Date</b>	<b>Verifier Initials</b>
Perform ventilator checks and breath 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		
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.		

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End-Tidal Carbon Dioxide Monitoring Skills Checklist #DAHS-NSCETCDM15		
References:		
1. Capnometry and Capnography		
2. End-Tidal Carbon Dioxide Measurement: Continuous Monitoring		
If patient is not intubated, applied the ETCO2-nasal cannula and connected it to the capnograph.		
If patient is intubated, assembled the airway adapter, and connected it to patient circuit as close as possible to patient's ventilator connection.		
Observed waveform for quality		

Epidural and Subdural Drains Skills Checklist #DAHS-NSCESD14		
Identify the clinical applications of epidural and subdural drains.		
Maintain a closed system.		
Maintain the head of the bed at the ordered degree of elevation.		
Secure the subdural drain at the level directed by the physician.		
Assess the color and amount of drainage.		
Document all pertinent information.		

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<b>Epidural Catheter Care and Maintenance Skills Checklist #DAHS-NSCECCM14</b>		
<b>References:</b> 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		
<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		

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<b>Epidural Catheter Care and Maintenance Skills Checklist #DAHS-NSCECCM14, continued</b>	<b>Date</b>	<b>Verifier Initials</b>
– Prior to first ambulation		
Describe procedure for wasting unused opioid.		
Demonstrate documentation of epidural infusion in EMR.		

<b>Extracorporeal Life Support Skills Checklist #DAHS-NSCELS14</b>		
<b>References:</b>		
1. UC Davis Health Policy <a href="#">5001</a> : Extracorporeal Life Support (ECLS) Program		
2. ECMO, Extracorporeal Cardiopulmonary Support in Critical Care, 3rd Edition. Zwischenberger, Steinhorn, Bartlett. Extracorporeal Life Support Organization, 2005		
3. ECMO Specialist Training Manual, 3rd Edition. Short, BL, Williams, L. Extracorporeal Life Support Organization, 2010.		
4. Extracorporeal Life Support Guidelines, 2009.		
Pass written examination with 90% accuracy.		
State the purpose of ECLS.		
State the difference between VA and VV ECLS.		
Identify components of the ECLS circuit.		
State roles and responsibilities of the attending ECLS Physician, ECLS Pump Nurse, and Bedside Nurse prior to initiation, during cannulation and during management of ECLS therapy.		
State indications for adjusting blood flow, sweep gas and blender FiO2.		
State procedure for traveling with ECLS patient.		
Demonstrate priming of the circuit.		
Demonstrate initiation of ECLS blood flow; state goal pediatric and adult blood flows.		
Demonstrate ability to draw pump gases from ECLS Circuit.		
Demonstrate ability to remove air from ECLS circuit.		

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Flolan Skills Checklist #DAHS-NSCF14		
<b>References:</b>		
<ol style="list-style-type: none"> <li>1. Micromedex Drug Points System</li> <li>2. Product Information Flolan</li> <li>3. PAH (Pulmonary Arterial Hypertension) -Vasodilator Therapy Trial Admission Orders</li> </ol>		
Verbalize indications for Flolan therapy and know the pharmacological actions of the drug.		
Verbalize hemodynamic effects of Flolan and the goal for therapy.		
Verbalize side effects/adverse reactions and know proper MD to call regarding serious side effects.		
Review physician order set for PAH-Vasodilator therapy trial.		
Verbalize appropriate place of transfer for Flolan patients.		

Fluid Resuscitation Skills Checklist #DAHS-NSCFR14		
<b>References:</b>		
<ol style="list-style-type: none"> <li>1. ATLS, Advanced Trauma Life Support for Doctors, 8th Ed., 2008</li> <li>2. TNCC, Trauma Nursing Core Course, Provider Manual, 6th Ed.,2007</li> </ol>		
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>High Frequency Oscillating Ventilator Skills Checklist #DAHS-NSCHFOV14</b>		
<b>References:</b> 1. UC Davis Health Policy <a href="#">17019</a> : High Frequency Oscillatory Ventilator (HFOV)–Adult 2. Operating Manual, High Frequency Oscillating Ventilator 3100B.		
Verbalizes indication for the use of the HFOV.		
Notifies Respiratory Therapy and assembles any nursing equipment necessary.		
Verbalizes an understanding of monitoring TCCO2/SpO2.		
Demonstrates proper operation of the HFOV.		
Troubleshoots HFOV alarms.		
Verbalizes an understanding of the reset and start buttons and when to use them.		

<b>MDI with Spacer Skills Checklist #DAHS-NSCMDIS14</b>		
<b>References:</b> 1. UC Davis Health Policy <a href="#">17020</a> : 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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<b>Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCOLE14</b>		
<b>References:</b> 1. <a href="#">Structure Standards</a> : 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>Organ Procurement (Adult) Skills Checklist #DAHS-NSCOPA14</b>		
<b>References:</b> 1. UC Davis Health Policy <a href="#">4090</a> : Organ Donation After Circulatory Death 2. UC Davis Health Policy <a href="#">1562</a> : Anatomical Donations		
Identify the causes of brain death.		
Identify the clinical criteria for brain death.		
Identify diagnostic tests for brain death criteria.		
Identify potential donors.		
Describe how to notify regional organ procurement center, the role of transplant coordinator, and locate the manual on care of donor patient.		
Identify, perform and document goals of management for the potential organ donor patient.		

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<b>Organ Procurement (Adult) Skills Checklist #DAHS-NSCOPA14 Continued</b>		
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Facilitate the families' understanding of organ donation.		
Notify the physician of any changes in patient condition.		
Document all pertinent information.		

<b>Recovery, Post-op Surgical Skills Checklist #DAHS-NSCRPS14</b>		
<b>References:</b>		
<ol style="list-style-type: none"> <li>1. <a href="#">Structure Standard, SICU</a>, General Issues</li> <li>2. Performance Standards for Clinical Nurses-PACU</li> </ol>		
Perform initial rapid assessment of cardiorespiratory systems		
Receive patient and report from anesthesia provider (e.g., anesthetic events, medications, vital signs, EBL, intake & output, lab values).		
Perform quick visual assessment, measure vital signs, assess LOC, and report abnormal findings to the anesthesia provider at the bedside.		
Monitor vital signs Q15 minutes X 6 or more frequently if unstable.		

<b>Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14</b>		
<b>References</b>		
<ol style="list-style-type: none"> <li>1. Textbook of Advanced Cardiac Life Support, 2006</li> <li>2. UC Davis Health Policy <a href="#">13035</a>: Administration of Medications for Rapid Sequence Intubations in Adults</li> <li>3. Wells and Murphy, Manual of Emergency Airway Management, 2004</li> </ol>		
Demonstrate ability to regulate oxygen flow via thumbscrew controller of O2 flow meter; identify types of patients likely in need of O2 administration.		
Describe use of and demonstrates proficiency in use of O2 equipment		
Demonstrate setup for endotracheal intubation including equipment and drugs commonly used and state indication for ET intubation per <a href="#">Clinical Policy 13035</a>		
Identify basic concepts of what alarms indicate and rationale for never turning alarms off.		



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<b>Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14 Continued</b>		
	<b>Date</b>	<b>Verifier Initials</b>
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.		

<b>Temporary Transvenous /Epicardial Pacemaker Skills Checklist #DAHS-NSCTTEP14</b>		
<b>References:</b> Medtronic Technical Manual Model#5388		
Identify indications for temporary pacing.		
Set up equipment necessary for insertion of transvenous pacemaker.		
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 a shift and PRN.		
Determine the sensing threshold (sensitivity/mV) once a shift and PRN.		
Set the rate and the A-V interval (if A-V sequential).		

Adult Critical Care Skills	
Name:	Employee ID #:
Unit:	Title:
Due Date:	
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Temporary Transvenous /Epicardial Pacemaker Skills Checklist #DAHS-NSCTTEP14		
	Date	Verifier Initials
Monitor the patient's ECG for proper pacemaker functioning (troubleshoot for loss of capture, sensing or failure to fire).		
Monitor the patient's response to pacing.		
Document all pertinent information.		

Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist #DAHS-NSCTCCP		
<b>References:</b>		
1. Critical Care Nurse 2010 Vol 30, No. 4, Keeping Patients Safe during Intrahospital Transport.		
2. Critical Care Medicine 2004 Vol 32, No. 1 Guidelines for the Inter- and Intrahospital transport of the critically ill patients.		
3. Critical Care Nurse 2010 Vol 30, No. 4, Keeping Patients Safe during Intrahospital Transport.		
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 Care Inpatients on Vascular Service Skills Checklist #DAHS-NSCVSVACCIPCS14		
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 immediately 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 check of the effected extremity pulse with the MD.		
At change of shift, check vascular assessment with the oncoming nurse.		
State rationale for a heparin drip in some vascular patients and the importance of monitoring the PTT.		