

**Cardiovascular Access and Sheath Management Checklist # DAHS-NSCCVPPMVAS**

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<b>Name:</b>	<b>Employee ID#:</b>
<b>Unit:</b>	<b>Title:</b>
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.	

<b>Pre-Requisite Learning</b>	<b>Date Completed</b>
<b>References:</b> <a href="#">UC Davis Health Policy 5019 Cardiovascular Post-Procedure Management of Vascular Access Site</a>	
Review <a href="#">UC Davis Health Policy 5019 Cardiovascular Post-Procedure Management of Vascular Access Site</a>	
Completion of e-module DAHS-NGNCINOC21 "Cardiovascular Access and Sheath Management Online Course"	

<b>Perform/Complete</b>	<b>Date Completed</b>	<b>Verifier Initials</b>
Demonstrate three sheath pulls or successful management of radial compression band along with demonstrated pre/post vascular access site management per <a href="#">Policy 5019: Cardiovascular Post-Procedure Management of Vascular Access Site.</a>		
▪ <b>Demonstration 1</b>		
▪ <b>Demonstration 2</b>		
▪ <b>Demonstration 3</b>		

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

Printed Name	Signature	Date
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