

**Lidocaine Skin Anesthetic Intradermal Injection #DAHS-NSCLFIUA11**

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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>These skills will be considered complete when all below performance criteria are completed and have been scanned and emailed to: <a href="mailto:hs-cppn@ucdavis.edu">hs-cppn@ucdavis.edu</a></b>	
	<b>Date Completed</b>
	<b>Verifier Initials</b>

**References:**

[UC Davis Health Standardized Procedure 315: Use of Lidocaine Skin Anesthetic Injection by A Certified Registered Nurse](#)

**Prerequisite Learning**

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		

**Perform/Complete**

Demonstrate one supervised lidocaine skin anesthetic intradermal injection in the clinical setting. Supervision will be provided by a lidocaine certified RN or MD.		
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**VERIFIER SIGNATURE**

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

<b>Initial:</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>Printed Name</b>	<b>Signature and Date</b>

**Scan and email to: [hs-cppn@ucdavis.edu](mailto:hs-cppn@ucdavis.edu)**

CREATED JUNE 2022