UC DAVIS HEALTH | Center for Professional Practice of Nursing

Name:	Employee ID #:
Unit:	Title:

Due Date: _____ (new hires: prior to end of orientation period)

These skills will be considered complete when all below performance criteria are completed and pages 1, 2 and 3 have been scanned and emailed to: hs-cppn@ucdavis.edu

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
Children's Hospital Developmental Pediatric Coping	DAHS-NSCCHDPC14		
Children's Hospital Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention	DAHS-NSCCHPHMESSIP14		
Children's Hospital Blood Draws	DAHS-NSCCHBD14		
Pediatric Falls Assessment using the Cummings Scale	DAHS-NSCPFACS12		
Children's Hospital Pediatric IV and Fluid Management	DAHS-NSCCHPIVFM14		
Children's Hospital Pediatric Nutritional Assessment and Support	DAHS-NSCPNAS14		
Children's Hospital Gastrostomy Tube: Performs per UC Davis Health Policy 8018, Enteral Tubes and Nutrition for Pediatric and Neonatal Patients	DAHS-NSCCHNGT		
Pediatric Pain Assessment and Management			
Children's Hospital Epidural Catheter Care and Maintenance: Performs per UC Davis Health Policy 13022: Epidural Analgesia Management	DAHS-NSCCHECCM14		
Children's Hospital Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System	DAHS-NSCCHCPVCNSMDSAP14		
Pediatric Physical Assessment			
Children's Hospital Cervical Collar: Performs per UC Davis Health Policies 4041: Spinal Precautions and 14003: Cervical Collar Change Procedure	DAHS-NSCCHCC14		
Children's Hospital Chest Tube: Performs per UC Davis Health Policy 17002 Chest Tube Management	DAHS-NSCCHCT13		
Children's Hospital Lumbar Puncture and/or Drain	DAHS-NSCCHLPD14		
Children's Hospital MDI with Spacer	DAHS-NSCCHMDIS14		

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Skill/Learning Not all skills are applicable to all Nursing areas – if not applicable mark as N/A	Completed Online Module	Date Completed (or N/A)	Verifier Initials
Children's Hospital Obtaining a 12-Lead ECG	DAHS-NSCCHOLE14		
Children's Hospital Tracheostomy Care: Performs per UC Davis Health Policy 17038, Pediatric and Neonatal Airway	DAHS-NSCCHTC15		
Neonatal Hearing Screen Program at UCDH	DAHS-NSCNHSPAU14		

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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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	Date	Verifier Initials

Children's Hospital Developmental Pediatric Coping #DAHS-NSCCHDPC14

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

	Date	Verifier Initials
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. • 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 Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention #DAHS-NSCCHPHMESSIP14

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
5. PLS: Health Care Advanced Directives: Communicating Wishes

	Date	Verifier Initials
Provide age appropriate health screening and maintenance that promotes child/family health.		
Provide a developmentally safe and sensitive environment for the hospitalized child.		
Provide injury prevention and general safety information that is developmentally appropriate to the individual need of the child/family.		

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	Date	Verifier Initials
Children's Hospital Blood Draws #DAHS-NSCCHBD14		
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		
State the importance of correct serum lab specimen collection.		
Select appropriate blood specimen tubes, obtain correct labels.		
Choose method of blood draw: venipuncture, arterial puncture, central or arterial line draw.		
Verify identity of patient.		
Explain the procedure to the patient.		
Obtain specimen per policy. Observe standard precautions and use appropriate safety devices.		
Handle specimen appropriately.		
Compare lab results to normal values and the patient's previous results.		
Documentation on electronic record flowsheet.		
Hugs System Training Online Module Only #DAHS-NCHHST08		
Completed Hugs System Training **Online Module** #DAHS-NCHHST08		
Pediatric Falls Assessment using the Cummings Scale #DAHS-NSCPFACS12		
Completed Pediatric Falls Assessment using the Cummings Scale Online Module #DAHS-NCHPFACS12		
Assess fall score and implement appropriate clinical practice guideline and patient safety measures		

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Children's Hospital Acute Care Skills
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	Date	Verifier Initials

Children's Hospital Pediatric IV and Fluid Management #DAHS-NSCCHPIVFM14

	Date	Verifier Initials
References: 1. PLS: Pediatric Peripheral IV care and Management 2. PLS Management of PIV complications in the pediatric patient 3. PLS: Fluid & Electrolytes Imbalance: Dehydration 4. PLS: Fluid & Electrolytes: Laboratory Assessment of Imbalances 5. PLS: Fluid & Electrolytes: Physiological Differences 6. PLS: Fluid & Electrolytes: Replacement Therapy 7. PLS: Fluid & Electrolytes: Water Intoxication and Fluid Shift		
Implement developmentally appropriate procedural preparation, IV site cannulation, and fluid administration to children. General pediatrics Infant Toddler Preschool School-age Adolescent		
Evaluate fluid needs, recognize fluid disturbances, and be able to initiate fluid resuscitation.		

Children's Hospital Pediatric Nutritional Assessment and Support #DAHS-NSCPNAS14

	Date	Verifier Initials
References: 1. UC Davis Health Policy 4061 Aspiration (Oral and Enteral) Precautions 2. Elsevier skills - Central Parenteral Nutrition, Parenteral Nutrition Administration (Pediatric), Peripheral Parenteral Nutrition with Lipid (Fat) Emulsion 3. UC Davis Health Policy 16024: Breastmilk Collection, Thawing, Storage, and Delivery 4. Booklets (UC Davis Nutritional Education series. 1997. Pitcher, J. & Crandall, M.): 5. Feeding Assessment Skills, Normal Infant Assessment, Supporting Oral Intake, Oral Hypersensitivity, Nasogastric Feedings 6. PLS: Pediatric Nutritional Overview 7. PLS: Nutrition in the Critical Ill Child 8. Elsevier: Feeding Tube: Enteral Nutrition Administration (Pediatric)		
Provide developmentally appropriate nutritional screening assessments and promote normal nutrition with children of varied age groups.		
Provide developmentally appropriate and safe parental nutritional to children of varied age groups.		
Implement developmentally appropriate and safe enteral nutritional to children of varied age groups.		

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Children's Hospital Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System #DAHS-NSCCHCPVCNSMDSAP14

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

	Date	Verifier Initials
Identify the clinical indications for ventriculostomy placement		
Identify the correct location of a ventriculostomy		
Demonstrate proper assembly and placement of monitor and drainage device		
Demonstrate collection of CSF specimen for low/normal CSF output, infected CSF		
Correctly level and calibrate device		
Document 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 describe the Monroe-Kellie hypothesis and brain compliance		
Identify the intracranial component most effective for controlling volume and pressure		
Identify four therapeutic interventions that can alter ICP compliance		
Based upon the pediatric Total Brain Injury Management guidelines, list anticipated therapeutic interventions, in order of priority that can alter intracranial dynamics. (Peds Only)		
Drain the CSF as directed by the physician		
Maintain a closed ventricular monitoring system and intact occlusive dressing.		
Correctly document all pertinent data.		

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	Date	Verifier Initials

Pediatric Physical Assessment

Children's Hospital Lumbar Puncture and/or Drain #DAHS-NSCCHLPD14

References:
1. Elsevier: Lumbar Puncture

	Date	Verifier Initials
State the different types of drainage management protocols		
Identify the clinical indications for a lumbar puncture or a lumbar drain		
Assemble the necessary equipment for insertion		
Position the patient in the lateral knee-chest position with the neck flexed toward the chest or in a sitting position curled over a bedside table or pillow roll		
Drain CSF as ordered by physician		
Demonstrate how to collect cerebral spinal fluid (CSF) specimens and change lumbar drainage bag		
Describe necessary steps for ensuring patient safety if the lumbar drain is accidentally discontinued		
Post LP asses vital signs, neuro status, site post 15 minutes, 30 minutes, 1 hours and q 4 hours x 24 hours		
State how to manage a break in the system or catheter, loss of waveform or decreased CSF drainage, and excessive CSF drainage		
State possible complications of a lumbar drain		
Document neurological assessment, amount, color, clarity of CSF drainage, level of drainage and condition of site/dressing		
Document patient/family education		
Maintain a closed system, with an intact occlusive dressing		

Children's Hospital MDI with Spacer #DAHS-NSCCHMDIS14

References:
1. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant)
2. Elsevier: Medication Administration: Nebulizer (Pediatrics)

	Date	Verifier Initials
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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Children's Hospital Obtaining a 12-Lead ECG #DAHS-NSCCHOLE14		
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)		
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		
Cleanse the skin areas to be used, if needed		
Correctly place leads, ensure that there is no tension on the cable		
Obtain 12-lead reading, trouble-shooting artifact		
Recognize proper 12-lead tracings		
Disconnect equipment and clean as necessary		
Document all pertinent data, and notify appropriate staff of results		

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Neonatal Hearing Screen Program at UCDH #DAHS-NSCNHSPAU14

References:
1. Neonatal Units Structure Standard Attachment: Hearing Screen.
2. Hearing Screener Manual/information sheets for the NATUS ALGO and the Biological ABaer/OAE Collection System.
3. California Children's Services Manual of Procedures – dated January 2002.
4. American Academy of Pediatrics Policy Statement on Newborn and Infant Hearing Loss: Detection and Intervention - dated February 1999.
5. Standards of the California Department of Health Services statewide comprehensive Newborn Hearing Screening Program.

	Date	Verifier Initials
List rationale for performing a hearing screen on all newborns		
Assess the infant and environment for appropriateness for screening		
State what form must be signed before a hearing screen is performed		
Demonstrate the ability to verify date and time on the Natus Algo (for SCN nurses only)		
Demonstrate the ability to perform an OAE screen (for newborn nurses only)		
Demonstrate the ability to perform an ABR screen		
Demonstrate how to print out results		
Demonstrate how to retrieve hearing screen results from the screener		
State what to do when PASS results are obtained		
State what to do when REFER results are obtained after first inpatient screen		
State what to do when REFER results are obtained after second inpatient screen in		
State what to do when REFER results are obtained after second inpatient screen in SCN		
State what to do when parents decline hearing screen		
State what to do if infant is transferred to another hospital before hearing screen is done		
State what to do if you discover a missed screen on a discharged infant		
State significance of REFER results and potential causes of those results		
State significance of PASS results		
Identify parental information needs		

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