Emergency Department Pediatric Traveler Skills	
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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
Pediatric ABG Verification Check Sheet	DAHS-NSCPABGV10		
Pediatric IV Verification Stick Sheet	DAHS-NSCPIV		
Blood Culture Collection for Neonates and Peds: Performs per UC Davis Health Policy 13015, Blood Culture Collection	DAHS-NSCBCCNP15		
Blood Product Administration: Performs per UC Davis Health Policy 13012, Administration of Blood and Blood Components	DAHS-NSCBPA15		
Developmental Pediatric Coping Skills	DAHS-NSCDPC14		
ED Lab Draw and Labeling Process	DAHS-NSC2EDLABDLP		
End-tidal carbon dioxide monitoring	DAHS-NSCETCDM15		
Fall Prevention for RNs	DAHS-NSCFPFRN		
Incident Report: Performs per UC Davis Health Policy 1466: Incident Reports	DAHS-NSCIR15		
MDI with Spacer	DAHS-NSCMDIS14		
Neonatal Pain Assessment	DAHS-NSCNPA14		
Neuromuscular Blocking Agents (NMBAs) in the PICU	DAHS-NSCNBAP14		
Pediatric Critical Care Airway Management	DAHS-NSCPCCAM14		
Pediatric Critical Care Fluid Resuscitation	DAHS-NSCPCCFR14		
Pediatric Critical Care Mechanical Ventilation	DAHS-NSCPCCMV14		

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Pediatric Critical Care Respiratory Assessment	DAHS-NSCPCCRA14		
Pediatric Critical Care VAP Prevention	DAHS-NSCPCCVAPP14		
Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention	DAHS-NSCPHMESSIP14		
Pediatric Holds for Injection and Procedures	DAHS-NSCPHIP14		
Pediatric IV and Fluid Management	DAHS-NSCPIVFM14		
Pediatric Nutritional Assessment and Support	DAHS-NSCPNAS14		
Precipitous Delivery: Performs per UC Davis Health Policy 16001, Birth Outside of Labor and Delivery (L&D)	DAHS-NSCPD14		
Retinopathy of Prematurity	DAHS-NSCRP14		
Safe Patient Handling Online Module Only	DAHS-UCLOL0015-SAFSVC		
Suicide Risk Skills Performs per UC Davis Health Policy 4016 Identification and Management of Patients at Risk for Suicide	DAHS-NSCSRA-17		
Pyxis MedStation® ES System	DAHS-NSCPXMES14		
Restraints	DAHS-NSCR09		
Basic Dysrhythmia Detection and Treatment	DAHS-NSCBDDT15		
Basic Stroke Recognition and Treatment for all Nursing Staff Online Module Only	DAHS-NGNBSRT13		
Professional Practice Core Skill	DAHS-NCCPP12		
Nurse Swallow Screen in Patients with Stroke: Performs per policy 15017 Dysphagia (Swallow) Screen for Adult Patients with Stroke	DAHS-NSCNSSPS15		

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Obtaining a 12-Lead ECG	DAHS-NSCOLE14		
Central Line Maintenance Bundle: Performs per UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric) and Attachment 4: Central Line Indications and Bundles	DAHS-NSCCLMB15		
Hand Hygiene: Performs per Clinical Policy 11023 Hand Hygiene	DAHS-NSCHH15		
Isolation Precautions: Performs per Clinical Policy 11025 Standard and Transmission Based Precautions for Infection Prevention	DAHS-NSCIP15		
Urethral Catheter Insertion: Performs per UC Davis Health Policy 9010: Urethral Catheter Insertion, Maintenance, and Removal	DAHS-NGNUCI		
Medication Safety Core Skill	DAHS-NCCMS12		
Nursing BCMA Core Workflows: Performs per UC Davis Health Policy 4083: Barcoded Medication Administration (BCMA)	DAHS-NSCNBCMACW16		
Suctioning: Nasopharyngeal and Nasotracheal	DAHS-NSCSNN15		
Patient Safety Core Skill	DAHS-NCCPS12		
Children's Hospital Cervical Collar: Performs per UC Davis Health Policies 4041: Spinal Precautions	DAHS-NSCCHCC14		

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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.

Name   Signature and Date

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Pediatric ABG Verification Check Sheet #DAHS-NSCPABGV10	Date	Verifier Initials
References: 1. UC Davis Health Policy 17012: Arterial Puncture - Adults and Children		
Completed Arterial Puncture **Online Module** #DAHS-NGN91-ECS - Passing score of 85% on test		
Complete three (3) sticks observed by verified clinician		
Artery Location:		
Artery Location:		
Artery Location:		

Pediatric IV Verification Check Sheet #DAHS-NSCPIV	Date	Verifier Initials
References: 1. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric)		
Pediatric IV Check Sheet #DAHS-NSCPIV (only if required for nursing area) - Online module passing score of 85%		
Completed Pediatric Learning Solutions **Online Modules**: Pediatric Peripheral IV Care & Management and Management of Peripheral IV Complications in the Pediatric Patient and associated policy		
Complete six (6) sticks observed by verified clinician		
Location:		
Location:		
Location:		
Location:		
Location:		
Location:		

Assessment of the Critically Ill Child Online Module Only DAHS-NCHACIC19-PLS		
Completion of Assessment of the Critically Ill Child Online Module Only #DAHS-NCHACIC19-PLS		

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Developmental Pediatric Coping #DAHS-NSCDPC14	Date	Verifier Initials

References:
1. Age specific Skill through CPPN (Nursing Hospital Orientation)
2. Children's Developmental Coping Skill Study Guide
3. Hockenberry, M.J. (Ed.). (2005). Wong's Essentials of Pediatric Nursing (seventh edition). St. Louis: Elsevier
4. Maternal/Child Structure Standards: PICU Structure Standards; Pediatric Inpatient Structure Standards
5. CPMRC Clinical Practice Guidelines (2009)
   •Adjustment to Hospitalization/ Illness/ Injury/Tx
   •Coping, Compromised Individual
   •Coping, Compromised Family		

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.
  a. Infant
      b. Toddler
      c. Preschool
      d. School-age
      e. Adolescent		

Provides information and support to prepare the child and parents/caregiver for procedures and/or surgery.		

ED Lab Draw and Labelling Process #DAHS-NSC2EDLABDLP	Date	Verifier Initials

References
  1. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric)
  2. UC Davis Health Policy 13029: Venipuncture Verification and Blood Withdrawal
  3. UC Davis Health ED Departmental Policy: Lab Draw & Labeling Process
  4. NCCLS (CLSI) clinical laboratory guideline
  5. UCDH Laboratory Users Guide		

State the importance of correct serum lab specimen collection		
Select appropriate blood specimen tubes/medium, obtain correct labels		
Choose appropriate method of blood draw: venipuncture, arterial puncture, central or arterial line draw		
Verify identify of patient		
Explain the procedure to the patient		
Verbalizes appropriate specimen collection and lab labeling workflow per Emergency Department Policy Lab Draw and Labeling Process		

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ED Lab Draw and Labelling Process #DAHS-NSC2EDLABDLP continued	Date	Verifier Initials
Observe standard precautions and use of appropriate safety devices		
Handle specimen appropriately		
Compare lab results to normal values and the patient's previous results		
Appropriate documentation in the electronic health record (examples: collection, critical lab value reporting)		
Performs **FIVE (5) successful lab draws** per policy under direct observation of preceptor, Clinical Nurse Leader (CNL), Clinical Nurse III (CN3), or Clinical Nurse Educator (CNE).		
Lab Draw #1		
Lab Draw #2		
Lab Draw #3		
Lab Draw #4		
Lab Draw #5		

End-Tidal Carbon Dioxide Monitoring #DAHS-NSCETCDM15	Date	Verifier Initials

References:
1. Elsevier Skills
  • Capnometry and Capnography
  • End-Tidal Carbon Dioxide Measurement: Continuous Monitoring		

If the patient was not intubated, applied the ETCO2-nasal cannula and connected it to the capnograph.		
If the patient is intubated, assembled the airway adapter, and connected it to the patient circuit as close as possible to the patient's ventilator connection.		
Observed waveform for quality.		

Fall Prevention for RNs #DAHS-NSCFPFRN	Date	Verifier Initials
Completed Fall Prevention for RNs **Online Module** #DAHS-NGNFPPRN10		
Assess fall score and implement appropriate clinical practice guideline and patient safety measures		

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.		

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MDI with Spacer #DAHS-NSCMDIS14 continued	**Date**	**Verifier Initials**
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.		

Neonatal Pain Assessment # DAHS-NSCNPA14	**Date**	**Verifier Initials**
References: 1. Lawrence J Alcock D et al. The development of a tool to assess neonatal pain. Neonatal Network. 1993; 12 (6 September): 59-66.		
Identifies timing of pain assessment.		
Identifies indications and timing for pain re-assessment.		
Codes facial expression.		
Codes cry.		
Codes breathing patterns.		
Codes arm characteristics.		
Codes leg characteristics.		
Codes state of arousal.		
Identifies level of pain as no pain, mild pain, moderate pain or severe pain.		
Documents pain score in EMR, including pharmacological and non-pharmacological interventions and response to interventions.		

Neuromuscular Blocking Agents (NMBAs) in the PICU #DAHS-NSCNBAP14	**Date**	**Verifier Initials**
References: 1. American College of Critical Care Medicine of the Society of Critical Care Medicine. Clinical practice guidelines for sustained neuromuscular blockade in the adult critically ill patient. Critical Care Medicine, 2002; Vol. 30, No. 1 2. Lange Clinical Anesthesiology, Neuromuscular Blocking Agents, Chapter 9. McGraw-Hill Companies, Inc. 2006 3. Prosniewski, LeAnn; http://www.medscape.com/ Vecuronium: Its Role in the Pediatric Intensive Care Unit. Pediatric Pharmacotherapy. Sept. 1, 1999		
State indications for NMBAs		
Describe mode of action. For commonly used NMBAs describe: dosage range, duration of action, interactions with other medications, adverse reactions		
Perform systems assessment prior to initiation of paralytic		
Post signs that patient is receiving neuromuscular blockade		

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Neuromuscular Blocking Agents (NMBAs) in the PICU #DAHS-NSCNBAP14 continued	Date	Verifier Initials
Ensure that narcotics and/or sedatives are administered concurrently with neuromuscular blockade administration		
Frequently repeat systems assessment, including use of peripheral nerve stimulator, per hospital protocol		
Provide supportive nursing care as per hospital policy		
Provide emotional support to patient and family		
After discontinuing the paralytic, perform a systems assessment and compare to baseline assessment		
Document all pertinent information and revise care plan		

Pediatric Assessment: Performing a Head-to-Toe Assessment Online Module Only #DAHS-NCHPAPHTA17-PLS		
Pediatric Assessment: Performing a Head-to-Toe Assessment Online Module Only #DAHS-NCHPAPHTA17-PLS		■

Pediatric Critical Care Airway Management #DAHS-NSCPCCAM14	Date	Verifier Initials
References: 1. PALS – Provider Manual American Heart Association, 2002, 2006 p.38. 2. Care of the Critically Ill Child. Mary Fran Hazinski, p. 10, 290-291-587-592. 3. PICU Intubation Checklist Version 2. Donal Grohosky, October 2010. 4. The STABLE Program. Kristine Karlson, 2006, p. 67. 5. TNCC 6th ed. ENA, 2007, p. 65, 230-231.		
Identify 3 features that are unique to the pediatric airway.		
Demonstrate two methods of tactile stimulation used for an infant who is not breathing.		
Demonstrate proper positioning to open the pediatric airway.		
Describe proper mask sizing and select the appropriate size mask for children of different sizes.		
Demonstrate use of the two types (self-inflating & non-self-inflating) of pediatric resuscitation bags.		
Identify signs of optimal ventilation.		
List two possible solutions to resolve the inability to ventilate using bag-valve-mask ventilation.		
Describe how to select and use oropharyngeal and nasopharyngeal airways.		
Discuss the indications and procedure for a cricothyrotomy in the pediatric patient.		
Identify the indications for endotracheal intubation.		
Identify the equipment and medications needed to facilitate endotracheal intubation.		
State the nurse's role in airway management and assisting with endotracheal intubation.		

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Pediatric Critical Care Fluid Resuscitation #DAHS-NSCPCCFR14	Date	Verifier Initials
References: 1. American Heart Association for Cardiopulmonary Resuscitation and Emergency Cardiovascular, Part 12: Pediatric Advanced Life Support Circulation 2005; 112: IV-67- IV-187. 2. Dellinger, RP, Levy, MM, Carlet, JM, Bion, J, Parker, MM, Jaeschke, R, Angus, DC, Brun-Buisson, C, Calandra, T, Dhainaut, JF, Gerlach, H, Harvy, M, Marin, JJ, Marshal, J, Ranieri, M, Ramsey, G, Servansky, J, Thompson, BT, Townsend, S., Vender, JS, Zimmerman, JL, Vincent, JL,. Surviving Sepsis International Guidelines for Management of Severe Sepsis and Shock: 2008. Intensive Care Medicine (Jan, 2008). 34(1).17-60. 3. Takayesa, JK, & Lozner, AW. Pediatric Dehydration. Retrieved from www.eMedicine.com. Last Updated March 29, 2010.		
State indications for fluid resuscitation in Pediatric patients experiencing hypovolemia.		
State the objectives for fluid resuscitation in the Pediatric patient.		
State the signs/symptoms of hypovolemia.		
Notify charge nurse and physician of evidence of hypovolemia.		
State the appropriate type of fluid and volume administered during fluid resuscitation and the rationale for each.		
Identify the sites that can be used for rapid fluid administration during hypovolemic shock.		
Document pertinent data during fluid resuscitation.		
State additional considerations to safely fluid resuscitate your patient.		

Pediatric Critical Care Mechanical Ventilation #DAHS-NSCPCCMV14	Date	Verifier Initials
References: 1. Servo-i Ventilator Manual V3.2 2. Elsevier's PDQ for Respiratory Care, 2010		
Identify indications for mechanical ventilation.		
Describe various modes/methods of mechanical ventilation.		
Perform ventilator checks a minimum of every two hours and document appropriately.		
Assess the patient's need for suctioning.		
Discuss the use of sedation and/or paralytics to maintain optimal mechanical ventilation.		
Discuss the use of respiratory pharmacology in the management of a patient requiring mechanical ventilation.		
Assess reasons for changes in peak pressure, tidal volumes, breath sounds, oxygen saturation, and ETCO2 in the patient receiving mechanical ventilation.		
Describe ventilator changes needed based on ABG results or noninvasive blood gas monitoring.		
Assess a patient's readiness for mechanical ventilator weaning and/or extubation.		

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Pediatric Critical Care Respiratory Assessment #DAHS-NSCPCCRA14	Date	Verifier Initials
References: 1. American Heart Association, 2010 – Pediatric Advanced Life Support 2. Arterial Blood Gas Module 3. Curley, Maloney-Harmon – Critical Care Nursing of Infants and Children, 2001, 2nd Ed. 4. MF Hazinski, Manual of Pediatric Critical Care, 1999		
Recognizes normal respiratory rates and pulmonary developmental findings for infants, children, and adolescents.		
Performs all aspects of respiratory assessment.		
Recognizes respiratory distress in children and intervenes appropriately.		
Monitors and documents non-invasive respiratory monitoring values (oxygen saturation, transcutaneous or $ETCO_2$).		
Recognizes when an arterial blood gas is indicated to further evaluate respiratory status.		
Demonstrates ability to correlate ABG results with respiratory and/or patient findings.		
Prepares for potential respiratory emergency by having emergency respiratory equipment available in the patient's room.		
Notifies physician of changes in patient's respiratory status.		
Documents all pertinent information in the appropriate locations.		

Pediatric Critical Care VAP Prevention #DAHS-NSCPCCVAPP14	Date	Verifier Initials
References: 1. AACN Practice Alert: Ventilator Associated Pneumonia, 2008 2. How-to Guide: Prevent Ventilator-Associated Pneumonia (pediatric supplement), 2011		
Discuss the importance of preventing VAP.		
Discuss hand hygiene as a component of the pediatric VAP bundle.		
Discuss age-appropriate HOB elevation in the pediatric VAP bundle.		
Discuss age-appropriate oral care in the pediatric VAP bundle.		
Discuss stress ulcer prophylaxis in the pediatric VAP bundle.		
Discuss ways to prevent bacterial colonization of the oropharynx, stomach and sinuses.		
Discuss ways to prevent aspiration of contaminated secretions.		
Discuss ways to shorten the number of days the patient requires a ventilator.		
Demonstrate appropriate documentation of HOB elevation, oral care, and cuff pressures.		

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Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention #DAHS-NSCPHMESSIP14	Date	Verifier Initials
References: 1. Fact sheets from Safe Kids Coalition with annual reports of childhood injury. (http://www.safekids.org/) 2. AAP policy statements 3. Patient Care Standards: Pediatric Inpatient Structure Standards 4. Community Car Seat Safety Class 5. Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention Study Guide 6. Maintain current UCDH CPR certification (biannual) 7. Review of safety and car seat videos 8. "HUGS System Training", self-study Health Stream Module (Course # 05964, CPPN) 9. UC Davis Health Policy 3302: HUGS Infant/Child Security Program		
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.		

Pediatric Holds for Injection and Procedures #DAHS-NSCPHIP14	Date	Verifier Initials
INFANT		
Correctly identifies appropriate location for injection.		
Provides proper instructions for parent / co-worker to hold infant.		
TODDLER / PRE-SCHOOLER		
Correctly identifies appropriate location for injection.		
Provides proper instructions for parent / co-worker to hold child.		
Assures the knee is flexed on affected leg.		
Identifies appropriate distraction technique.		
SCHOOL AGE		
Correctly identifies appropriate location for injection.		
Provides proper instructions for parent / co-worker to hold child.		
Assures elbow is flexed on affected arm.		
Identifies appropriate participatory techniques.		
Identifies appropriate incentive techniques.		

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Pediatric IV and Fluid Management #DAHS-NSCPIVFM14	Date	Verifier Initials
References: 1. Pediatric IV and Fluid Management study guide. 2. Pediatric Inpatient Structure Standards: 3. Module: Neonatal and Pediatric IV Therapy. 4. Pediatric Advanced Life Support course 5. CPMRC Clinical Practice Guidelines (2009) • Fluid Volume Deficit • Fluid Volume Excess		
Implement developmentally appropriate procedural preparation, IV site cannulation, and fluid administration to children. • General pediatrics • Infant • Toddler • School-age • Adolescent		
Evaluate fluid needs, recognize fluid disturbances, and be able to initiate fluid resuscitation.		

Pediatric Nutritional Assessment and Support #DAHS-NSCPNAS14	Date	Verifier Initials
References: 1. "Breastfeeding and Human Milk" (2005). AAP Policy Statement. (Pediatrics 115: 496-506). 2. Patient Care Standards 3. UC Davis Health Policy 4061: Aspiration (Oral and Enteral) Precautions 4. UC Davis Health Policy 8018: Neonatal and Pediatric Patient Receiving Enteral Tube Feeding 5. UC Davis Health Policy 16024: Breastmilk Collection, Storage, Thawing, and Delivery 6. Booklets (UC Davis Nutritional Education series. 1997. Pitcher,J. & Crandall,M.): • Feeding Assessment Skills, Normal Infant Assessment, Supporting Oral Intake, Oral Hypersensitivity; Nasogastric Feedings		
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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Precipitous Delivery #DAHS-NSCPD14	Date	Verifier Initials
References: 1. UC Davis Health Policy 16001: Birth Outside of Labor and Delivery 2. Sheehy's Emergency Nursing. Principles and Practice, 6th edition, 2009		
Able to list people to be notified regarding a delivery.		
Assemble equipment needed for infant delivery.		
List equipment stocked on radiant warmer.		
List steps to follow if delivery occurs before physician arrival.		
State how to assess the APGAR.		
Place identification bands on infant and mother and designated other person.		

Retinopathy of Prematurity #DAHS-NSCRP14	Date	Verifier Initials
References: 1. Lawrence J Alcock D et al. The development of a tool to assess neonatal pain. Neonatal Network. 1993; 12 (6 September): 59-66.		
Identifies pulse oximetry alarm settings according to gestational age		
Identifies problem solving steps for pulse oximetry low arterial saturations before increasing Fi02		
Identifies protocol for increasing Fi02 to maintain pulse oximetry arterial saturations within appropriate parameters		
Identify interventions for arterial desaturations associated w/handling, suctioning, procedures etc.		
Identify appropriate interventions for apnea		
Describe Fi02 weaning protocol for infants greater than 33 weeks gestation		

Safe Patient Handling #DAHS-UCLOL0015-SAFSVC		
Completed Safe Patient Handling **Online Module** #DAHS-UCLOL0015-SAFSVC		

Pyxis MedStation® ES System Equipment Checklist #DAHS-NSCPXMES14	Date	Verifier Initials
Completed Pyxis MedStation® ES Station **Online Module** #DAHS-NSCPXMES14		
Pyxis MedStation® ES system policies and procedures reviewed		
STATION BASICS		
Keyboard		
Printer paper change - move black spindle from empty roll to full roll		

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Pyxis MedStation® ES System Equipment Checklist #DAHS-NSCPXMES14 continued	Date	Verifier Initials
Scanner		
Locate and access Tutorial and Help		
Medication reference for nursing (Lexi-comp™ online via CRC or link on the Kernel)		
Sign in/sign out to the Pyxis MedStation® ES system		
Register Bio ID fingerprint identification system scan / Reset finger scan		
Main Menu screen		
PATIENTS		
All Available Patients		
Create/modify My Patient list		
REMOVE MEDICATION		
NON-PROFILE - Remove medication(s) in non-profile mode		
PROFILE - Remove profile medication: scheduled and PRN		
From My Patients view (blue dots)		
Selecting patient, then Remove		
Due Now tab will show orders due 1 hour before and 2 hours after current time		
All Orders tab - complete profile includes Due Now, PRNs, doses scheduled in future		
Review order details		
Remove a medication with override		
Take appropriate steps for an existing order for an override medication - override warning		
RETURN MEDICATION		
Return a medication previously removed for a patient		
Scan medication barcode (if unable to scan return to Rx)		
WASTING MEDICATION		
Document amount wasting of full dose and replace as needed (not amount given)		
Document amount wasting of partial dose during remove process (not amount given)		
Document amount wasting of partial dose after completing remove process (not amount given)		
Witness waste		
Undocumented waste warning		

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Emergency Department Pediatric Traveler Skills

Name:	Employee ID #:
Unit:	Title:
Due Date:	

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Restraints Checklist #DAHS-NSCR09	Date	Verifier Initials
References: 1. UC Davis Health Policy 4069: Restraints		
Completion of Restraints Online Module #DAHS-NGNRSTR20		
Attach and release the safety clip.		
Remove and reapply a mitt to a simulated patient.		
Remove and reapply a limb restraint to a simulated patient		
Remove and reapply a belt restraint device to a simulated patient.		

Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT25		
References: 1. Elsevier Skills for Review: Cardiac Monitor Setup and Lead Placement 2. AACN Procedure Manual for High-Acuity, Progressive, and Critical Care: Section Eight Electrocardiographic Leads and Cardiac Monitoring, Wiegand, D.L. & ANCC, Elsevier, 2017. 3. Emergency Nursing Core Curriculum: Chapter 12 Cardiovascular Emergencies. Navarroli, J.E., Elsevier, 2018. 4. Clinical Nursing Skills & Techniques 10th ed: Chapter 6 Health Assessment: Cardiovascular Assessment, Elsevier, 2022		
There are three ways to complete this checklist. Check with your department to determine which option(s) are acceptable. **Only ONE of the following needs to be successfully completed to satisfy this checklist:** 1) The ECG Interpretation Assessment is provided to new hires during CPPN onboarding. If the assessment was completed successfully, a certificate of completion and corresponding score are available in the participant's UC Learning training transcripts. Completion of the checklist objectives below is not required. 2) The ECG Interpretation Course is offered by CPPN. If the course was completed successfully, a certificate of completion and corresponding score are available in the participant's UC Learning training transcripts. Completion of the checklist objectives below is not required. 3) By completing the checklist objectives below.		

	Date of Assessment	Verifier Initials
Passing the ECG Interpretation Assessment (score of 83% or higher)		

	Date of Course	Verifier Initials
or Completing the ECG Interpretation Course (score of 83% or higher)		

or Completing Checklist Objectives Listed Below (**ONLY if this option is approved by your department**)	Date	Verifier Initials
Identify proper lead placement for 5 lead cardiac monitoring.		
Explain the waves and intervals of the normal ECG and their significance.		
Identify normal sinus rhythms and the following sinus dysrhythmias and discuss the causes/treatments: sinus bradycardia, sinus tachycardia, sinus arrhythmia, and sick sinus syndrome.		
Identify the following atrial dysrhythmias and discuss the causes/treatments: premature atrial contractions, atrial flutter, atrial fibrillation, supraventricular tachycardia, and wandering atrial pacemaker.		

Emergency Department Pediatric Traveler Skills	
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Unit:	**Title:**
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Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT25 continued	**Date**	**Verifier Initials**
Identify the following junctional dysrhythmias and discuss the causes/treatments: junctional rhythm, accelerated junctional rhythm, and junctional tachycardia.		
Identify the following cardiac conduction blocks and discuss the causes/treatments: first-degree, second-degree type 1, second-degree type 2, third degree, bundle branch blocks.		
Identify the following ventricular dysrhythmias and discuss the causes/treatments: premature ventricular contractions, idioventricular rhythm, ventricular tachycardia, ventricular fibrillation, PEA, asystole.		

Basic Stroke Recognition and Treatment for all Nursing Staff #DAHS-NGNBSRT13	**Date**	**Verifier Initials**
Completed Basic Stroke Recognition and Treatment for all Nursing Staff **Online Module #DAHS-NGNBSRT13** - *Passing score of 85% on test*		▮

Professional Practice Core Skill #DAHS-NCCPP12	**Date**	**Verifier Initials**
Expected Outcome: The nurse will provide professional nursing care consistent with organization and department philosophy, values, mission and goals		
Demonstrates consistent performance in precepted experience of professional nursing care		

Obtaining a 12-Lead ECG #DAHS-NSCOLE14	**Date**	**Verifier Initials**
References: 1. Structure Standards: 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.		

Central Line Maintenance Bundle #DAHS-NSCCLMB15	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric) 2. UC Davis Health Policy 13026: Intravenous (IV) Administration Set Changes		
Completes Central Line Maintenance Bundle **Online Module** #DAHS-NGNCLMB12		
Performs per Policy 13001, Attachment 4: Central Line Indications and Bundles		
Places, handles, and changes IV administration sets per Policy 13026		

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Emergency Department Pediatric Traveler Skills	
Name:	**Employee ID #:**
Unit:	**Title:**
Due Date:	
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Medication Safety #DAHS-NCCMS12	Date	Verifier Initials
Expected Outcome: Nurse will administer patient medications in a consistent safe manner		
Completed Pediatric Learning Solutions **Online Module**: Basic Medication Calculation		███
Demonstrates consistent performance in precepted experience of safe medication practices.		

Suctioning: Nasopharyngeal and Nasotracheal #DAHS-NSCSNN15	Date	Verifier Initials
Identify indications and contraindications for nasopharyngeal and nasotracheal suctioning including patient assessment		
State proper method of nasopharyngeal and nasotracheal suctioning		

Patient Safety Core Skill #DAHS-NCCPS12	Date	Verifier Initials
Expected Outcome: The nurse will provide safe nursing care		
Demonstrates consistent performance in precepted experience of provision of patient safety.		

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