

Stroke Program Coordinator

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Unit:	Title:
Due Date:	
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.	
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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	DAHS-NSCARA14		
Arterial Pressure Monitoring: Performs per UC Davis Health Policy 13010 Arterial Line Management	DAHS-NSCAPM14		
Cardiac Pain Assessment & Management	DAHS-NSCCPAM14		
Care of the Patient with Ventriculostomy and the CNS Monitor/Drainage System: Performs per UC Davis Health Policy 15015, Care of the Patient Requiring a Ventriculostomy and Monitoring Device	DAHS-NSCCPVCNSMDSAP14		
Cervical Collar: Performs per UC Davis Health Policy 4041: Spinal Precautions	DAHS-NSCCC14		
Endotracheal Intubation and Mechanical Ventilation	DAHS-NSCEIMV14		
End-tidal carbon dioxide monitoring	DAHS-NSCETCDM15		
Epidural and Subdural Drains	DAHS-NSCESD14		
Epidural Catheter Care and Maintenance	DAHS-NSCECCM14		
Fluid Resuscitation	DAHS-NSCFR14		
Hemodynamic Monitoring: Performs per UC Davis Policy 13039 Pulmonary Artery Thermodilution Catheter Management	DAHS-NSCHDM14		
Lumbar Puncture and/or Drain: Performs per UC Davis Health Policies 15008, Assisting with Diagnostic Lumbar Puncture and 15007, Care of the Patient with a Lumbar Catheter	DAHS-NSCLPD14		
Nurse Swallow Screen in Patients with Stroke Skills # DAHS-NSCNSSPS15: Performs per UC Davis Health Policy 15017 Dysphagia (Swallow) Screen for Adult Patients with Stroke	DAHS-NGNNS17		
Neuromuscular Blocking Agents (NMBA): Performs per UC Davis Health Policy 13036: Monitoring And Care Of The Adult ICU Patient On Neuromuscular Blocking Agent	DAHS-NSCNBA14		
Obtaining a 12-Lead ECG	DAHS-NSCOLE14		

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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
Children's Hospital Pediatric Critical Care Airway Management: Performs per UC Davis Health Policy 17038, Pediatric and Neonatal Airway	DAHS-NSCCHPCCAM14		
Children's Hospital Pediatric Critical Care Respiratory Assessment	DAHS-NSCCHPCCRA14		
Respiratory Emergencies and Equipment	DAHS-NSCREE14		
Thrombolytic Therapy (Tenecteplase or Alteplase) Administration and Monitoring for Acute Ischemic Strokes	DAHS-NGNTNK21		
Transporting Critical Care Patients to Procedure or Diagnostic Study	DAHS-NSCTCCPPDS14		
Vasoactive Cardiac Medications, Parenteral Administration: Performs per UC Davis Health Policy 13033 Administration of Adult and Pediatric IV Medications and Attachment 1: Guidelines for Intravenous Vasoactive Medication Administration for Adult Patients	DAHS-NSCVCMPA14		

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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 UCDH 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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Adult Respiratory Assessment #DAHS-NSCARA14	Date	Verifier Initials
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.		

Basic Stroke Recognition and Treatment for all Nursing Staff Online Module Only #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		

Cardiac Pain Assessment & Management #DAHS-NSCCPAM14	Date	Verifier Initials
References: 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. Standardized Procedure 322: Nursing Intervention in the Event of Certain Medical Emergencies in Adult Patients (Main Hospital)		
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 cardiac labs.		

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Cardiac Pain Assessment & Management #DAHS-NSCCPAM14 Continued	Date	Verifier Initials
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.		
Document all assessments, interventions, medications and responses.		
Capnometry and Capnography	Date	Verifier Initials
Completed Fundamentals of Capnography (Online Module only) DAHS-NGNFC		
Discharge	Date	Verifier Initials
Completed Discharge Online Module #DAHS-NGNDSC-ECS		
Endotracheal Intubation and Mechanical Ventilation #DAHS-NSCEIMV14	Date	Verifier Initials
References: UC Davis Health Clinical Policy 17003: Airway Management for Adult Inpatients UC Davis Health Clinical Policy 17038: Pediatric and Neonatal Airway		
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.		
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.		

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Endotracheal Intubation and Mechanical Ventilation #DAHS-NSCEIMV14 Continued	Date	Verifier Initials
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 necessary for extubation.		
Perform extubation.		
Assess the patient after extubation and initiate post-extubation care.		
Document all pertinent data.		

End-Tidal Carbon Dioxide Monitoring #DAHS-NSCETCDM15	Date	Verifier Initials
References: 1. Elsevier Skills <ul style="list-style-type: none">• Capnometry and Capnography• End-Tidal Carbon Dioxide Measurement: Continuous Monitoring		
Elsevier Skills for reference only		
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.		

Epidural and Subdural Drains #DAHS-NSCESD14	Date	Verifier Initials
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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Epidural Catheter Care and Maintenance #DAHS-NSCECCM14	Date	Verifier Initials
References: 1. 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).		
PRE-INSERTION		
Describe the epidural space		
State contraindications of placing an epidural		
Specify equipment that should be assembled at bedside by nursing staff		
PATIENT ASSESSMENT		
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		
CATHETER REMOVAL		
Explain the importance of verifying patient is not anticoagulated prior to catheter removal		
Describe procedure for removal of catheter		
DOCUMENTATION		
List specific monitoring/documentation requirements for:		
– Insertion of catheter or after boluses or infusion rate change		
– Epidurals with opioids		
– Local anesthetics		
– Pediatrics		
– Prior to first ambulation		
Describe procedure for wasting unused opioid.		
Demonstrate documentation of epidural infusion in EMR.		

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Fluid Resuscitation #DAHS-NSCFR14	Date	Verifier Initials
References:		
1. ATLS, Advanced Trauma Life Support for Doctors, 8th Ed., 2008		
2. TNCC, Trauma Nursing Core Course, Provider Manual, 6th Ed., 2007		
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.		
Mechanical Ventilation: Volume and Pressure Modes Online Module Only #DAHS-NAD48-ECS		
Completed Mechanical Ventilation: Volume and Pressure Modes Online Module # DAHS-NAD48-ECS		
Obtaining a 12-Lead ECG #DAHS-NSCOLE14		
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.		
Children's Hospital Pediatric Critical Care Respiratory Assessment #DAHS-NSCCHPCCRA14		
References:		
1. American Heart Association, 2017 – Pediatric Advanced LifeSupport		
2. PLS: Basic Principles of Oxygen Therapy, Specialty Gases and Noninvasive Ventilation		
3. PLS: Understanding Abnormal Blood Gasses		
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 ETCO2).		
Recognizes when an arterial blood gas is indicated to further evaluate respiratory status.		

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Children's Hospital Pediatric Critical Care Respiratory Assessment #DAHS-NSCCHPCCRA14 Continued	Date	Verifier Initials
Demonstrates ability to correlate ABG results with respiratory and/or patient findings.		
Prepares for potential respiratory emergency by having emergency respiratory equipment available in patient's room.		
Notifies physician of changes in patient's respiratory status.		
Documents all pertinent information in the appropriate locations.		

Respiratory Emergencies and Equipment #DAHS-NSCREE14	Date	Verifier Initials
References 1. UC Davis Health Policy 13035 : Administration of Medications for Rapid Sequence Intubation in Adults 2. UC Davis Health Policy 17020 : Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant) 3. Wells and Murphy, Manual of Emergency Airway Management, 2004 4. Textbook of Advanced Cardiac Life Support, 2006		
Regulates oxygen flow via thumbscrew controller of O ₂ flow meter; identify patients likely to need O ₂ administration.		
Describe use of and demonstrates proficiency in use of O ₂ equipment.		
Demonstrate endotracheal intubation setup: equipment and drugs commonly used, state indication for ET intubation		
Identify basic concepts of what alarms indicate and rationale for <u>never</u> turning alarms off.		
Demonstrate preparation of 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.		
Demonstrate preparation of patient for thoracentesis: obtaining necessary equipment; state indications for procedure and function.		
Document respiratory treatments, medications, procedures, assessments, interventions, and the effects of each. Re-assess patient status as indicated by the patient's condition. Obtain MD order for paralytics and sedatives to maintain control of patient, patient's airway, and patient's comfort.		
Demonstrate use of pulse oximetry for monitoring patient.		

Thrombolytic Therapy (Tenecteplase or Alteplase) Administration and Monitoring for Acute Ischemic Strokes # DAHS-NGNTNK21	Date	Verifier Initials
References: UC Davis Health Clinical Policy 15019 Acute Management of Stroke		
States the "golden hour" for evaluating and treating acute stroke and the time frame for starting thrombolytic (TNK or tPA) administration with eligible patients		
Identifies when the patient was last seen without stroke symptoms		

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Thrombolytic Therapy (Tenecteplase or Alteplase) Administration and Monitoring for Acute Ischemic Strokes # DAHS-NGNTNK21 Continued	Date	Verifier Initials
Ensures a thorough assessment, including a complete history and physical examination, and ensured that a non-contrast head CT scan or other appropriate radiographic study was performed and interpreted		
Assesses the patient for specific contraindications prior to receiving thrombolytic therapy and advise the practitioner accordingly.		
Assesses blood glucose and treated hypoglycemia if present		
Articulates when and where to obtain a consent form for thrombolytic therapy if requested by MD		
Provides routine stroke care as prescribed		
Establishes two IV access sites when indicated		
Establishes continuous cardiac monitoring		
Demonstrates proper calculation, preparation, and infusion of thrombolytic medication. Identifies the correct dose based on the patient's weight. Ensures that the total dose does not exceed maximum parameters.		
States importance of and frequency of vital signs, neurological checks, and other assessments BEFORE, DURING and POST infusion of thrombolytic medication.		
Institutes fibrinolytic bleeding precautions and verbalizes what actions to take if adverse reaction(s) noted (neurological changes, BP, bleeding, etc.) with thrombolytic administration.		
Discusses patient/caregiver education for thrombolytic administration.		
States the most common complications encountered during thrombolytic therapy.		
States the desired systolic and diastolic BP for patients undergoing treatment for an acute ischemic stroke.		
Documents all pertinent data accurately.		

Transporting Critical Care Patients to Procedure or Diagnostic Study #DAHS-NSCTCCP	Date	Verifier Initials
References:		
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.		
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.		