

UNIVERSITY BIRTHING CENTER & WOMENS PAVILION SKILLS PACKET

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Name:	Employee ID #:
Unit:	Title:
Due Date:	New hire: prior to end of unit orientation period: Current Staff:

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
Blood Draws Skills Check: Performs per UC Davis Health Policies 13001 Vascular Access Policy (Adult/Pediatric) , 13002 Vascular Access Policy (Neonatal) , and 13029 Venipuncture Verification and Blood Withdrawal	DAHS-NSCBD14		
Care of the Obstetric Patient with Epidural Analgesia : Performs per UC Davis Health Policy 16002: Care of the Obstetric Epidural Anesthesia Patient	DAHS-NSCCPVCNSMDSAP14		
Cervical Collar : Performs per UC Davis Health Policy 4041: Spinal Precautions	DAHS-NSCCC14		
Children’s Hospital Car Seat Safety	DAHS-NSCCHCSS		
Epidural Catheter Care and Maintenance Skills Check	DAHS-NSCECCM14		
Hugs System Training Online Module	DAHS-NCHHST08		
MDI with Spacer Skills Check	DAHS-NSCMDIS14		
Neonatal Hearing Screen Program at UCDH Skills Check	DAHS-NSCNHSPAU14		
Neonatal Pain Assessment Skills Check	DAHS-NSCNPS14		
Newborn IV Therapy and Blood Withdraw Stick Sheet	DAHS-NSCNIVTRNSS07		
Obtaining a 12-Lead ECG	DAHS-NSCOLE14		
Precipitous Delivery : Performs per UC Davis Health Policy 16001, Birth Outside of Labor and Delivery (L&D)	DAHS-NSCPD14		
Respiratory Emergencies and Equipment	DAHS-NSCREE14		
Telephone Triage Registered Nurse	DAHS-NSCTELTTRN17		
Wound VAC (Vacuum Assisted Closure) Therapy : Performs per UC Davis Health Policy 12014 Application of Negative Pressure Wound Therapy	DAHS-NSCWVT14		

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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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Children's Hospital Car Seat Safety #DAHS-NSCCHCSS

References:

- [UC Davis Health Policy 4018: Child Passenger Safety](#)
- [PCS Car Seat Resources webpage](#)

Confirm patient has an appropriate car seat prior to discharge		
Assess the condition of any seat provided by parent/caregiver		
If appropriate seat is not available, order infant carrier from distribution and have parent/caregiver sign a Car Seat Agreement Form		
Show car seat education video to parent/caregiver		
Demonstrate safe positioning of infant in car seat or infant carrier		
Have parent/caregiver return demonstrate safe positioning		
Give parents/caregiver information for free UCDHS car seat installation services		
Document in EMR		

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Epidural Catheter Care and Maintenance Skills Check #DAHS-NSCECCM14

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.		
Describe purpose of sedation score.		
State when sensory level and motor block assessments are required and demonstrate how to do them.		
Explain why hypotension is a risk following local anesthetic administration via the catheter.		
Place "Caution: Epidural in Place" signs appropriately.		
Describe assessment of catheter site the dressing and related interventions		
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: <ul style="list-style-type: none"> • Insertion of catheter • After boluses • 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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Hugs System Training Online Module #DAHS-NCHHST08

Completed Hugs System Training Online Module#DAHS-NCHHST08		
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MDI with Spacer Skills Check #DAHS-NSCMDIS14

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.		
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 Hearing Screen Program at UCDH Skills Check #DAHS-NSCNHSPAU14

References:		
1. Hearing Screener Manual/information sheets for the NATUS ALGO and the Biological ABaer/OAE Collection System.		
2. California Children's Services Manual of Procedures - dated January 2002.		
3. American Academy of Pediatrics Policy Statement on Newborn and Infant Hearing Loss: Detection and Intervention - dated February 1999.		
4. Standards of the California Department of Health Services statewide comprehensive Newborn Hearing Screening Program.		
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		
State what to do when REFER results are obtained after second inpatient screen in SCN.		
State what to do when parents decline hearing screen.		

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Neonatal Hearing Screen Program at UCDH Skills Check, continued #DAHS-NSCNHSPAU14	Date	Verifier Initials
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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.		

Neonatal Pain Assessment Skills Check #DAHS-NSCNPS14

References:

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.		

Newborn IV Therapy and Blood Withdraw Stick Sheet #DAHS-NSCNIVTRNSS07

The above named person is verified to start and administer intravenous fluids, and venipuncture for blood withdrawal at UC Davis Health System facilities under the guidance of [UC Davis Health Policy 13002 Vascular Access Policy \(Neonatal\)](#)

Completed Newborn IV Online Module #DAHS-NCHNIVTBW16 (only if required for nursing area) - Passing score of 85% on test		
Complete three (3) sticks observed by verified personnel		
Location:		
Location:		
Location:		

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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.		
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		

Respiratory Emergencies and Equipment #DAHS-NSCREE14

References		
1. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant)		
2. Textbook of Advanced Cardiac Life Support, 2006		
3. UC Davis Health Policy 13035: Administration of Medications for Rapid Sequence Intubation in Adults		
4. Wells and Murphy, Manual of Emergency Airway Management, 2004		
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 intubation setup including equipment and drugs commonly used and state indication for intubation.		
Identify basic concepts of what alarms indicate and rationale for <u>never</u> turning alarms off.		
Demonstrate patient preparation for emergent cricothyrotomy or tracheostomy; locates essential equipment;		
Demonstrate ET tube, tracheal and nasal/oral suctioning of airways using correct equipment and technique.		
Describe or demonstrate preparation of patient for a thoracentesis including obtaining necessary equipment; state indications for procedure and function.		
Document all respiratory treatments, medications, related procedures, assessments, interventions, and the effects of each. Re-assess patient's status PRN as indicated by the patient's condition. Obtain MD order for paralytics and sedatives in order to maintain control of patient, patient's airway, and patient's comfort.		
Demonstrate use of pulse oximetry for monitoring patient.		

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Telephone Triage Registered Nurse #DAHS-NSCTELTTRN17

DATA COLLECTION / INFORMATION GATHERING

Demonstrates systematic, logical data collection.		
Uses available resources (e.g. computer, interpreter, chart, shadow file, family member).		
Gathers comprehensive, pertinent data: s/s problem identification, and supplemental data (e.g. age, allergies, meds, pregnancy status, past medical history). Is able to navigate in EMR to find pertinent patient info.		
Involves caller in self-assessment process.		
Verifies subjective information by asking appropriate questions		
Uses open-ended questions at appropriate times.		
Uses facilitating behavior to encourage more information when appropriate.		
Uses direction to focus the caller.		
Clarifies information when unsure of what is said.		
Reviews significant symptoms, problems, as necessary.		
Determines emergency situations and acts accordingly.		
Demonstrates proper use of 911.		
Able to staff message in EMR.		
DATA ANALYSIS		
Categorizes problems correctly.		
Selects appropriate protocol.		
Demonstrates use of on-line protocols.		

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Telephone Triage Registered Nurse #DAHS-NSCTELTRN17 (Continued)

Uses all available data in analysis of problem.		
Demonstrates use of nursing/medical diagnoses.		
Demonstrates decision making/problem solving.		
Follows protocol.		
Involves caller in interventions.		
Offers alternative interventions if appropriate.		
Books appointments appropriately or transfers calls to appropriate person or department.		
Refers to appropriate person as needed (e.g., MD, social worker, pharmacist)		
Routes calls to providers through EMR when necessary.		
Prioritizes calls appropriately.		
TEACHING		
Adapts teaching techniques to telephone.		
Assesses understanding of teaching.		
Identifies plan to overcome barriers (e.g., uses interpreter).		
Teaches at appropriate learning level.		
Uses resources when teaching (e.g., Patient Ed Protocols, handouts, triage protocols).		
Provides callers with other resources as appropriate (Health Call, national organizations).		
DOCUMENTATION		
Documents clinic/ service specific elements in EMR.		
Begins documentation as soon as call begins.		
Documents throughout call.		
Documentation is clear, accurate and complete.		
Appropriate forms are used for documentation.		
Uses chart co-sign function in EMR.		
Documents teaching and any barriers to learning.		

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Telephone Triage Registered Nurse #DAHS-NSCTELTTRN17 (Continued)

COMMUNICATION / INTERVIEWING SKILLS AND QUALITY OF SERVICE

Speaks slowly, acts professionally at all times (even when stressed).		
Uses medical terminology appropriately / uses layman's terms when necessary.		
Paces the interview so the caller can sufficiently disclose necessary information in a timely manner.		
Demonstrates empathy, is non-judgmental.		
Exhibits assertive, not aggressive behavior.		
Greets caller appropriately.		
Asks caller if he/she minds being placed on hold or transferred and waits for answer.		
Checks to see if it is an emergency before asking permission to be placed on hold.		
Ends conversation appropriately.		
Adheres to Ambulatory Customer Service Principles, at all times.		
Projects warmth, interest and competence.		
Realistically assures caller.		
Demonstrates empathy, is non-judgmental.		
Disagrees diplomatically and with tact.		
Respects caller's opinion.		

PERFORMANCE IMPROVEMENT

Aware of ambulatory care standards.		
Follows up appropriately on critical calls.		
Recommends appropriate disposition.		
Documents signed by MD in timely manner.		
Appropriately prioritizes calls, walk-ins, admissions, messages, etc.		
Reviews ACD data as it is made available.		
Utilizes breaks appropriately (work vs. personal).		

INDEPENDENT FUNCTION

Able to make independent, appropriate decisions without preceptor.		
Refers to appropriate person(s) when appropriate (e.g., MD, referral coordinator).		

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Telephone Triage Registered Nurse #DAHS-NSCTELTTRN17 (Continued)

Demonstrates knowledge of internal and external resources.

COMPUTER SKILLS

Demonstrates knowledge of Scheduling appointments-GNAT, RNAT, Rescheduling appointments and Canceling appointments, if applicable.

Able to display schedules and print schedules, if applicable.

Able to access patient results.

TELEPHONE SKILLS

Knowledge of telephone: ACD, My lines (login/off, break, trouble line, call waiting light, voice mail light, speed dial, frequent #s, etc., as applicable.

Demonstrates procedure for transferring calls.

Demonstrates procedure for making conference calls.

Demonstrates procedure for contacting Interpreter Services.

Demonstrates ability to access Voicemail.

Demonstrates ability to use paging system

MISCELLANEOUS SKILLS (Clinic-Specific)

Manages medication problems and refills.

Liaison to Home Health/Hospice and other community agencies.