Adult Critical Care Skills

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Skill **Skills listed as "Performs per Policy" are located only within the first 2 pages for sign off.** **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**
Acute Stroke Patient Care and Documentation	DAHS-NSCASPCICU25		
Automated Pupillometry	DAHS-NSCAPU25		
Arterial Pressure Monitoring Skills Checklist: Performs per UC Davis Health Policy 13010: Arterial Line Management	DAHS-NSCAPM14		
Bi-PAP Skills Checklist	DAHS-NSCBP14		
Burn Resuscitation Skills Checklist: Performs per UC Davis Health Policy 12018: Fluid Resuscitation for Burns	DAHS-NSCBR14		
Cardiac Pain Assessment & Management Skills Checklist	DAHS-NSCCPAM14		
Cardiac Tamponade Skills Checklist	DAHS-NSCCT14		
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 Skills Checklist: Performs per UC Davis Health Policy 4041: Spinal Precautions	DAHS-NSCCC14		
Chest Tube Skills: Performs per UC Davis Health Policy 17002 Chest Tube Management	DAHS-NSCCT13		
Endotracheal Intubation and Mechanical Ventilation Skills Checklist	DAHS-NSCEIMV14		
Epidural and Subdural Drains Skills Checklist	DAHS-NSCESD14		
Epidural Catheter Care and Maintenance Skills Checklist	DAHS-NSCECCM14		
Fluid Resuscitation Skills Checklist	DAHS-NSCFR14		
Hemodynamic Monitoring Skills Checklist: Performs per UC Davis Policy 13039 Pulmonary Artery Thermodilution Catheter Management	DAHS-NSCHDM14		
ICU Eye Care Assessment Skills Checklist: Performs per UC Davis Health Standardized Procedure 302: ICU Eye Care Assessment Tool for Adult Patients	DAHS-NSCICUECA14		
Lumbar Puncture and/or Drain Skills Checklist: Performs per UC Davis Health Policies 15007, Care of the Patient with a Lumbar Catheter	DAHS-NSCLPD14		
Neuromuscular Blocking Agents (NMBA) Skills Checklist: Performs per UC Davis Health Policy 13036: Monitoring And Care Of The Adult ICU Patient On Neuromuscular Blocking Agent	DAHS-NSCNBA14		
Organ Procurement (Adult) Skills Checklist	DAHS-NSCOPA14		
Pericardial Catheter Management: Completion of online module DAHS-NGNPCM10 and performs per UC Davis Health Policy 5009: Pericardiocentesis Assist Procedure and Pericardial Catheter Management	DAHS-NSCPCM		

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Recovery, Post-Surgical Skills Checklist	DAHS-NSCRPS14		
Respiratory Emergencies and Equipment Skills Checklist	DAHS-NSCREE14		
Temporary Transvenous /Epicardial Pacemaker Skills Checklist	DAHS-NSCTTEP14		
Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist	DAHS-NSCTCCPPDS14		
Vascular Surgery-Vascular Assessment for Critical Care In-patients on Vascular Service Skills Checklist	DAHS-NSCVSVACCIPCS14		
Vasoactive Cardiac Medications, Parenteral Administration: Performs per 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 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:**	**Date:**

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Acute Stroke Patient Care and Documentation #DAHS-NSCASPCICU25	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policies:13010, 15005, 15017, 15019, 15020, 5019, 18001, 15015, 15021, 15014 2. Joint Commission National Quality Measures- Stroke STK and CSTK measures 3. Guidelines for the Early Management of Patients With Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association 4. 2022 Guideline for the Management of Patients With Spontaneous Intracerebral Hemorrhage: A Guideline From the American Heart Association/American Stroke Association 5. 2023 Guideline for the Management of Patients with Aneurysmal Subarachnoid Hemorrhage 6. AANN Nursing Care of the Patient with an Aneurysmal Subarachnoid Hemorrhage 7. Lumbar drain protocol: https://ecrc.ucdmc.ucdavis.edu/document-viewer 8. Care of the Patient With Acute Ischemic Stroke (Prehospital and Acute Phase of Care): Update to the 2009 Comprehensive Nursing Care Scientific Statement: A Scientific Statement From the American Heart Association 9. Care of the Patient With Acute Ischemic Stroke (Endovascular/Intensive Care Unit-Postinterventional Therapy): Update to 2009 Comprehensive Nursing Care Scientific Statement: A Scientific Statement From the American Heart Association 10. UCD TCD (transcranial doppler) vasospasm protocol: https://ecrc.ucdmc.ucdavis.edu/document-viewer 11. Care of the Patient With Acute Ischemic Stroke (Posthyperacute and Prehospital Discharge): Update to 2009 Comprehensive Nursing Care Scientific Statement: A Scientific Statement From the American Heart Association 12. Stroke intranet page, specifically: Clinical practice guidelines and staff resources		
Background and Process		
Describe signs and symptoms of stroke.		
Describe the stroke alert process and discuss nursing interventions during a stroke alert. Review what tasks can be delegated.		
Review common stroke mimics.		
Describe pathophysiology of acute ischemic stroke, intracerebral hemorrhage and subarachnoid hemorrhage		
Discuss Joint Commission certification and stroke measures: • Swallow evaluation & appropriate time for rescreen/re-evaluation after acute ischemic stroke intervention(s) • IPD/SCD/ALP documentation • Blood pressure management and control • Education to patient on activating EMS, BEFAST, follow-up after discharge, medications at discharge, stroke risk factors and signs and symptoms of stroke		
Patient Care		
Demonstrate neurologic assessment.		
Demonstrate a NIHSS. (RRT, PCS, NSICU and MICU only)		
Review NIHSS scoring guide for difficult and confused patients. (RRT, PCS, NSICU and MICU only)		
Review placement, deflation, removal and documentation requirements for TR band. Policy 5019 attachment 3		
Educate patients and/or family on types of stroke, modifiable risk factors of stroke and BEFAST stroke recognition tool		
Review Swallow evaluation.		
Demonstrate swallow evaluation and documentation.		

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Acute Stroke Patient Care and Documentation #DAHS-NSCASPCICU25 continued	**Date**	**Verifier Initials**
Documentation		
Demonstrate how to initiate a stroke care plan.		
Demonstrate how to add stroke education with appropriate modifiable risk factors and document Q-shift patient/family education		
Ischemic Stroke Patient Care and Documentation- ICU		
• Explain interventions for acute ischemic stroke. • Describe blood pressure goals with or without ischemic stroke interventions and review complications post ischemic stroke with and without intervention • Review neurologic changes requiring MD notification and the process of notifying MD for an emergent issue • Review swallow evaluation process for intubated patients and the process for re-evaluation • Demonstrate post intervention and acute ischemic stroke documentation: Neuro checks, vitals, sheath site, pulse checks, and education • Review resources for post intervention documentation.		
Intracerebral Hemorrhage Stroke Patient Care and Documentation- ICU		
• Describe pathophysiology of acute hemorrhagic stroke. • Explain interventions and complications for acute hemorrhagic stroke. • Review anticoagulant, antithrombotic and antiplatelet reversal agents. • Review indications for External Ventricular Drain (EVD) placement and safety precautions related to EVDs • Review acute blood pressure goals, monitoring, and management. • Demonstrate hemorrhagic stroke documentation: vitals, neuro checks, and education		
Subarachnoid Hemorrhage Stroke Patient Care and Documentation- ICU		
• Describe pathophysiology of acute subarachnoid hemorrhage. • Explain interventions and complications for subarachnoid hemorrhage. • Review indications for External Ventricular Drain (EVD) and lumbar drain (LD) placement and safety precautions related to EVDs and LDs • Discuss Joint Commission certification and stroke measures: ○ Nimodipine administration and documentation in <24 hours from hospital arrival • Review blood pressure goals, SAH complications, and management of subarachnoid hemorrhage patients. • Discuss the importance of nimodipine administration. • Review EVD and lumbar drain management practices including primary indication for placement (i.e. draining for hydrocephalus and/or monitoring) • Demonstrate post intervention documentation for subarachnoid hemorrhage: Neuro checks, vitals, sheath site, pulse checks, and education		

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Automated Pupillometry # DAHS-NSCAPU25	**Date**	**Verifier Initials**
References: 1. UC Davis Health Clinical Policy 15005: Automated Pupillometry 2. Pupillometer - Video: NPi®-200 Pupillometer Pupil Exam (youtube.com) 3. Pupillometer - https://linktr.ee/neuroptics 4. Pupillometer - Manufacturer's Instructions for Use (PDF)		
Describes pupillometry		
Identifies normal and reportable NPI and NPi difference values		
Verbalizes how pupillometry assessment data can be used to anticipate neurologic changes		
Identifies patient populations where pupillometry assessment is not obtainable/ relevant		
Demonstrates NPi assessment procedure		
Completes documentation in appropriate flowsheet rows		

Bi-PAP Skills Checklist #DAHS-NSCBP14	**Date**	**Verifier Initials**
Describe BiPAP.		
Identify the most common indications for BiPAP use.		
State contraindications for BiPAP use.		
State patient characteristics for successful use of BiPAP.		
Monitor the patient and assess for possible complications.		
Identify criteria to discontinue BiPAP.		
Identify the most common reasons for alarms.		
Document all necessary information.		

Cardiac Pain Assessment & Management Skills Checklist #DAHS-NSCCPAM14	**Date**	**Verifier Initials**
References: 1. Advanced Cardiac Life Support (ACLS) Provider Manuel, 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 UC Davis Health Standardized Procedure II-22: Nursing Intervention in the Event of Certain Medical Emergencies in Adult Patients		
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 Skills Checklist #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.		

Cardiac Tamponade Skills Checklist #DAHS-NSCCT14	**Date**	**Verifier Initials**
References: 1. Critical Care Nursing, second edition. Cloochesy, Breu, Cardin, Whittaker and Rudy. 2. Thelan's Critical Care Nursing fifth edition. Urdenm Stacy, and Lough 3. Cardiac Nursing fifth edition. Woods, Froelicher, Motzer, Bridges. 4. Textbook of Medical Physiology. Guyton and Hall. 5. The ICU Book, second edition. Paul Marino.		
Discuss the mechanism of cardiac tamponade. Identify who is at risk and why.		
Identify clinical signs and symptoms of cardiac tamponade.		
Discuss situations that would lead the nurse to suspect cardiac tamponade in the cardiac surgery patients. What measures should be instituted to confirm the diagnosis?		
What is the treatment for cardiac tamponade?		

Endotracheal Intubation and Mechanical Ventilation Skills Checklist #DAHS-NSCEIMV14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Clinical Policy 17003: Airway Management for Adult Inpatients 2. 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		

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Endotracheal Intubation and Mechanical Ventilation Skills Checklist #DAHS-NSCEIMV14 continued	**Date**	**Verifier Initials**
Auscultate breath sounds and vital signs every two hours		
Suction patient as needed		
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 and perform extubation		
Assess the patient after extubation and initiate post-extubation care		
Document all pertinent data.		

Epidural and Subdural Drains Skills Checklist #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.		

Epidural Catheter Care and Maintenance Skills Checklist #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.		

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Epidural Catheter Care and Maintenance Skills Checklist #DAHS-NSCECCM14 continued	**Date**	**Verifier Initials**
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.		

Fluid Resuscitation Skills Checklist #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.		

Organ Procurement (Adult) Skills Checklist #DAHS-NSCOPA14	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 4090: Organ Donation After Circulatory Death 2. UC Davis Health Policy 1562: Anatomical Donations		
Identify the causes of brain death.		
Identify the clinical criteria for brain death.		
Identify diagnostic tests for brain death criteria.		
Identify potential donors.		

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Organ Procurement (Adult) Skills Checklist #DAHS-NSCOPA14 continued	**Date**	**Verifier Initials**
Describe how to notify regional organ procurement center, the role of transplant coordinator, and locate the manual on care of donor patient.		
Identify, perform and document goals of management for the potential organ donor patient.		
Facilitate the families' understanding of organ donation.		
Notify the physician of any changes in patient condition.		
Document all pertinent information.		

Recovery, Post-op Surgical Skills Checklist #DAHS-NSCRPS14	**Date**	**Verifier Initials**
References: 1. Structure Standard, SICU, General Issues 2. Performance Standards for Clinical Nurses-PACU		
Perform initial rapid assessment of cardiorespiratory systems		
Receive patient and report from anesthesia provider (e.g., anesthetic events, medications, vital signs, EBL, intake & output, lab values).		
Perform quick visual assessment, measure vital signs, assess LOC, and report abnormal findings to the anesthesia provider at the bedside.		
Monitor vital signs Q15 minutes X 6 or more frequently if unstable.		

Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14	**Date**	**Verifier Initials**
References 1. Textbook of Advanced Cardiac Life Support, 2006 2. UC Davis Health Policy 13035: Administration of Medications for Rapid Sequence Intubations in Adults 3. Wells and Murphy, Manual of Emergency Airway Management, 2004		
Demonstrate ability to regulate oxygen flow via thumbscrew controller of O2 flow meter; identify types of patients likely in need of O2 administration.		
Describe use of and demonstrates proficiency in use of O2 equipment		
Demonstrate setup for endotracheal intubation including equipment and drugs commonly used and state indication for ET intubation per Clinical Policy 13035		
Identify basic concepts of what alarms indicate and rationale for never turning alarms off.		
Describe or demonstrate preparation of a 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.		
Describe or demonstrate preparation of patient for a thoracentesis including obtaining necessary equipment; state indications for procedure and function.		

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Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14 continued	**Date**	**Verifier Initials**
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.		

Temporary Transvenous /Epicardial Pacemaker Skills Checklist #DAHS-NSCTTEP14	**Date**	**Verifier Initials**
References: 1. Medtronic Technical Manual Model#5388		
Identify indications for temporary pacing.		
Set up equipment necessary for insertion of transvenous pacemaker.		
Prepare skin around insertion site.		
Assist physician with insertion of transvenous pacemaker.		
Initiation of temporary transvenous pacing.		
Initiation of temporary epicardial pacing.		
Determine the stimulation (capture) threshold (output/mA) once a shift and PRN.		
Determine the sensing threshold (sensitivity/mV) once a shift and PRN.		
Set the rate and the A-V interval (if A-V sequential).		
Monitor the patient's ECG for proper pacer functioning (troubleshoot for loss of capture, sensing or failure to fire).		
Monitor the patient's response to pacing.		
Document all pertinent information.		

Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist #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. 3. Critical Care Nurse 2010 Vol 30, No. 4, Keeping Patients Safe during Intrahospital Transport.		
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		

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Vascular Surgery-Vascular Assessment for Critical Care Inpatients on Vascular Service Skills Checklist #DAHS-NSCVSVACCIPCS14	**Date**	**Verifier Initials**
Perform an initial and q1h vascular assessments.		
State the rationale for strict q1h vascular assessments for first 24 hours as warranted by patients' conditions.		
State what changes in vascular status are to be reported immediately to the MD on call.		
State the rationale for not using a doppler for pulse checks and indicate the exception when a doppler may be used.		
Upon admission of a vascular surgery patient, do hands-on check of the effected extremity pulse with the MD.		
At change of shift, check vascular assessment with the oncoming nurse.		
State rationale for a heparin drip in some vascular patients and the importance of monitoring the PTT.		