Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

General Core Competencies **These competencies are applicable to all Nursing areas and must be completed by al nurses.**	**Skill Code** (For CPPN Use Only)	**Date Completed**	**Verifier Initials**
Collaboration & Communication Core Skill	DAHS-NCCCAC12		
Cultural Sensitivity/Patient-Centered Care Core Skill	DAHS-NCCCSPCC12		
Evidence-Based Practice Core Skill	DAHS-NCCEB12		
Infection Prevention Core Skill	DAHS-NCCIP12		
Informatics Core Skill	DAHS-NCCIFO12		
Medication Safety Core Skill	DAHS-NCCMS12		
Patient Rescue Core Skill	DAHS-NCCPR12		
Patient Safety Core Skill	DAHS-NCCPS12		
Professional Practice Core Skill	DAHS-NCCPP12		

Skill/Learning **Skills listed as "Performs per Policy" are located only within the first 4 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**
Adult IV Verification Check Sheet	DAHS-NSCPABGV10		
Adult Respiratory Assessment (Ambulatory)	DAHS-NSCAMBARA		
Anorectal Swab Checklist for Gonorrhea/Chlamydia	DAHS-NSCASCGC		
Anterior Nares Specimen Collection	DAHS-NSCANSC		
Applying a Compression Wrap/Unna Boot (Ambulatory): Performs per UC Davis Health Policy 4102, Lower Extremity Compression Wraps	DAHS-NSCAMBACWUB		
BD Alaris IV Infusion System	DAHS-NSCBD18-ALARIS		
Blood Culture Collection Adult	DAHS-NSCBCCA15		
Blood Draws	DAHS-NSCBD14		
Blood Pressure (Ambulatory)	DAHS-NSCAMBPB		
Code Management (Ambulatory): Performs per Clinical Policy 6006 Responding to Medical Emergency Situations (Including Code Blue) and Elsevier Clinical Skills: Code Management	DAHS-NSCAMBCM		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Skill/Learning **Skills listed as "Performs per Policy" are located only within the first 4 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**
Covid Anterior Nares Antigen Testing	DAHS-NSCCANAT		
Crutch Fitting and Crutch Walking (Ambulatory): Performs per Elsevier Clinical Skills: Assistive Device Training: Crutches (Rehabilitation Therapy)	DAHS-NSCAMBCFCW		
Cystourethroscopy, assisting with (Ambulatory)	DAHS-NSCAMBCTAW		
Doppler Ultrasound for Blood Pressure Assessment in the LVAD Patient	DAHS-NSCDUABPPDVAD		
Fall Prevention: Completes e-module: "Fall Prevention Program for MAs and LVNs" DAHS-NGNFPPMA10 and performs per Clinical Policy 4005 Patient at Risk for Falling (Ambulatory section)	DAHS-NSCFPFRN		
Hand Hygiene: Performs per UC Davis Health Policy 11023: Hand Hygiene	DAHS-NSCHH15		
Holter Monitor (Ambulatory)	DAHS-NSCAMBHMA		
Incident Report	DAHS-NSCIR15		
Injections: Intramuscular (IM), Subcutaneous (SQ), Z-Track Method (Ambulatory): and checklist for credit	DAHS-NSCAMBIIMSZ		
Intradermal Skin Test Placement (Ambulatory)	DAHS-NSCAMBISTP		
Irrigating the Ear Canal (Ambulatory): Performs per Clinical Policy 4093: Irrigating the External Auditory Canal and Elsevier Clinical Skills: Ear Irrigations - CE	DAHS-NSCAMBIEC		
Isolation Precautions: Performs per Clinical Policy 11025: Standard and Transmission Based Precautions for Infection Prevention	DAHS-NSCIP15		
Liquid Nitrogen Safety	DAHS-NSCLNS		
MDI with Spacer	DAHS-NSCMDIS14		
Methotrexate Administration IM for Non-Cancer Patients	DAHS-NSCMAIMNCP14		
Mini-Cognitive Screening Exam (Ambulatory)	DAHS-NSCMCSEAMB		
Monkeypox Specimen Collection	DAHS-NSCMPSC22		
Nasal Cannula or Oxygen Mask Application	DAHS-NSCNCOMA15		
Nasopharyngeal Swabbing	DAHS-NSCNS		
Nebulizer, Pulmo-Aide and O_2 Tank Method for Medication (Ambulatory)	DAHS-NSCAMBNP02TMM		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Skill/Learning **Skills listed as "Performs per Policy" are located only within the first 4 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**
Nurse Patient Relationship	DAHS-NSCNPR15		
Nursing Report	DAHS-NSCNR15		
Obtaining a 12-Lead ECG	DAHS-NSCOLE14		
Orthostatic Vital Signs (Ambulatory): Performs per Elsevier Clinical Skills: Assessment: Orthostatic Vital Signs - CE	DAHS-NSCAMBOVS		
Oxygen Therapy and Oxygen Delivery Principles	DAHS-NSCOTODP15		
Peak Flow Meter (Ambulatory)	DAHS-NSCAMPFM		
Pediatric Comfort Restraint (Ambulatory)	DAHS-NSCAMBPCR		
Pediatric IV Check Sheet (only if Required for Care Area)	DAHS-NSCPIV		
Post-Void Residual with a Catheter	DAHS-NSCPVRWAC		
SBAR Communication	DAHS-NSCSBARC15		
Seizure Precautions (Ambulatory)	DAHS-NSCAMBSP		
Spirometry: EasyOne Air	DAHS-NSCSEOA25		
Suicide Risk: Performs per UC Davis Health Policy 4016 Identification and Management of Patients at Risk for Suicide	DAHS-NSCSRA-17		
Transcutaneous Bilirubin Readings (Ambulatory): Performs per Elsevier Clinical Skill Bilirubin Meter: Transcutaneous Monitoring (Maternal-Newborn) - CE	DAHS-NSCAMBTBR		
Urethral Catheterization (Ambulatory): Performs per Clinical Policy 9010: Urethral Catheter Insertion, Maintenance, and Removal	DAHS-NSCAMBUC		
Visual Acuity (Ambulatory)	DAHS-NSCAMBVA		
Voiding Trial Procedure for Adult Urology Patients	DAHS-NSCVTFAUP		
Wound VAC (Vacuum Assisted Closure) Therapy: Performs per UC Davis Health Policy 12014 Application of Negative Pressure Wound Therapy	DAHS-NSCWVT14		
Zoll AED Plus (Automated External Defibrillator)	DAHS-NSCZAEDP		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

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.

Signature:	Date:

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

For supporting standards and instructions on how to complete Core Skills, please review General Core: Supporting Standards and Validation

Core Skill: Collaboration & Communication Core Skill #DAHS-NCCCAC12	**Date**	**Verifier Initials**
Expected Outcome: The nurse will function effectively within nursing role and interprofessional teams		
Demonstrates consistent performance in precepted experience of professional collaboration and communication		

Core Skill: Cultural Sensitivity/Patient-Centered Care Core Skill #DAHS-NCCCSPCC12	**Date**	**Verifier Initials**
Expected Outcome: The nurse will provide care that recognizes and respects patient preferences, values, and needs. Nurses shall use cross cultural knowledge and culturally sensitive skills in implementing culturally congruent nursing care		
Patient-Centered Care – Completed in CPPN General Nursing Orientation		
Population-Specific Care – Completed in CPPN General Nursing Orientation		
Advance Directives for Healthcare & Physician Order for Life-Sustaining Treatment Online Module #DAHS-NGNADPOLST16		
Age Specific Care Online Module #DAHS-NGNASC11- *Passing score of 85% on test*		
Pediatric Learning Solutions Online Module: Age Specific Care: Newborn through Adult and Child Abuse and Neglect		

Core Skill: Evidence-Based Practice Core Skill #DAHS-NCCEB12	**Date**	**Verifier Initials**
Expected Outcome: The nurse will integrate current evidence, including Quality and Safety Data, in planning, delivering, and evaluating patient care		
Evidence-Based Practice (EBP) – Completed in CPPN General Nursing Orientation		
Demonstrates consistent performance in precepted experience of ability to find EBP and demonstrate use.		

Core Skill: Informatics Core Skill #DAHS-NCCIFO12	**Date**	**Verifier Initials**
Expected Outcome: The nurse will effectively utilize information and technology to communicate, improve safety, and support decision making.		
EMR Training		
Demonstrates basic technology skills (load paper, un-jam printers, print)		
Documentation Standards according to unit specific charting		
Documentation in Nurses' Progress Notes		
Use of Professional Exchange Report		
Navigates in Windows environment effectively		
Uses computer technology safely (log-in/log-out, protects passwords)		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Core Skill: Medication Safety Core Skill #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.		

Core Skill: Patient Rescue Core Skill #DAHS-NCCPR12	**Date**	**Verifier Initials**
Expected Outcome: The nurse will effectively manage patient emergencies.		
Demonstrates consistent performance in precepted experience of appropriate management of patient emergencies		

Core Skill: 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.		

For following skills may not be applicable to all nursing areas – if not applicable, mark N/A in the Date Column.

Adult IV Verification Check Sheet #DAHS-NSCRNIV	**Date**	**Verifier Initials**
References: UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric)		
Complete Adult IV Module #DAHS-NGNAIV– Online module passing score of 85%		
Complete three (3) sticks observed by verified clinician		
Location:		
Location:		
Location:		

Adult Respiratory Assessment #DAHS-NSCAMBARA	**Date**	**Verifier Initials**
Completion of online module “Assessment: Respirations” DAHS-NGN353-ECS		
Note if patient has an oxygen delivery system and what type of system it is.		
Make general observation of patient’s overall mentation and appearance.		
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, and consistency of secretions.		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Adult Respiratory Assessment #DAHS-NSCAMBARA	**Date**	**Verifier Initials**
Observe the position of the trachea.		
Auscultate in an orderly manner, starting with the anterior chest and moving to the posterior chest, all lung fields. Describe lung sounds appropriately.		
Palpate the 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 a higher level of care.		
Have available in the room, or know how to locate and use, necessary emergency respiratory equipment.		
Document all pertinent information in the appropriate locations.		

Anorectal Swab Checklist for Gonorrhea/Chlamydia #DAHS-NSCASCGC	**Date**	**Verifier Initials**
References: 1. Center for Disease Control STD Testing 2. UC Davis Health and Laboratory Test Directory		
Review collection instructions in the UC Davis Health Laboratory Directory, Chlamydia/Gonorrhea Swab, Anorectal. Verify correct swabs and media for collection. UC Davis Health and Laboratory Test Directory		
Verify the patient's identity by using at least two unique identifiers (e.g., name, date of birth)		
Review the patient's chart and review the order authorizing collection		
Explain the procedure to the patient, including its purpose, potential discomfort, and the role of the chaperone. Offer the patient the opportunity to ask questions or voice concerns.		
Obtain verbal consent from the patient before proceeding with the procedure.		
Provide the patient with a gown and ask them to undress from the waist down. Provide privacy.		
Ensure the availability of a chaperone and introduce them to the patient.		
Perform hand hygiene according to the facility's standard protocol.		
Don gloves and other PPE as required.		
Have patient lie of their side, with their knees bent, maintaining modesty and comfort.		
Offer the patient a pillow for support if needed. Encourage the patient to relax.		
Gently separate the patient's buttocks to expose the anal area. Insert a dry swab 3-5 centimeters (1-2 inches) into the rectum		
Rotate the swab gently for 5-10 seconds, clockwise while pressing against the rectal mucosa.		
If the swab is grossly contaminated with feces, discard the swab, and repeat the collection.		
After removing the swab, carefully place into a labeled collection container.		
Assist the patient in assuming a comfortable position.		
Dispose of used materials and waste appropriately in biohazard containers.		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Anorectal Swab Checklist for Gonorrhea/Chlamydia #DAHS-NSCASCGC	**Date**	**Verifier Initials**
Perform hand hygiene		
Document the procedure, including the patient's tolerance, any adverse reactions, and the presence of a chaperone.		
Ensure the collected specimen is promptly labeled in the patient's presence and sent to the appropriate laboratory for testing.		
Provide the patient with post procedure instructions, including information about potential side effects and when to expect results.		

Anterior Nares Specimen Collection #DAHS-NSCANSC	**Date**	**Verifier Initials**
References: 1. Standardized Procedure 501: COVID-19 Testing of Employees and Ambulatory Patients with a Standing Order 2. Centers for Disease Control and Prevention: Testing for COVID-19 3. UC Davis Health Policy 11023: Hand Hygiene 4. UC Davis Health Policy 11025: Standard and Transmission Based Precautions 5. UC Davis Health Policy 18004: Specimen Labeling for Laboratory Processing 6. UC Davis Health Policy 2111: Disinfection in Patient Care Areas		
Perform hand hygiene, don PPE, identify patient using two patient identifiers, explain procedure to patient		
Assist patient into a neutral relaxed position		
Insert entire swab tip into the nostril—approximately ½ to ¾ inch (1-1.5 centimeters)		
Rotate swab firmly against nasal wall in a circular path at least 4 times, taking about 15 seconds. Collect drainage if present		
Use the same swab to repeat the process in the other nostril		
Place swab, tip first, into the transport tube provided.		
Label specimen, place in biohazard bag on ice, and send to lab		
Doff PPE as needed, perform hand hygiene, and disinfect patient area		

BD Alaris IV Infusion System #DAHS-NSCBD18-ALARIS	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 13056: Parenteral Infusion Pump Use 2. UC Davis Health Policy 3063: Parenteral and Enteral Infusion Pump Care, Distribution and Maintenance		
Alaris™ Pump module		
Completed assigned Alaris **Online Modules** in UC Learning.		
BD Alaris IV Infusion System policies and procedures reviewed.		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

BD Alaris IV Infusion System #DAHS-NSCBD18-ALARIS continued	**Date**	**Verifier Initials**
Demonstrate Pump Setup – The patient's heart level should be in line with [CHANNEL SELECT] key. – Closes the administration set roller clamp when the safety clamp is open, to prevent free flow. – Does not use needles or blunt cannulas to access a SmartSite™ Needle-Free Valve. – Scrub the SmartSite™ Needle-Free Valve prior to any connection with a CHG/ alcohol swab pad for 5 seconds and let dry for 5 seconds, or an alcohol prep pad for 15-30 seconds and allow to air dry for 15-30 seconds. – Demonstrate System Start Up and Operation – Understanding of what happens when [NEW PATIENT] is selected. – Understanding of the Patient Care Profile and how to change it.		
Demonstrate Programming with Guardrails™ Safety Software – Programming a primary infusion on the Alaris™ Pump module. – Responding to a Guardrails™ Soft or Hard Limit alarm with audio alerts and visual prompts. – Programming an intermittent infusion on the Alaris™ Pump module. – Programming a Volume/Duration infusion on the Alaris™ Pump module. – Use of the "RESTORE" feature (previous programming, VTBI, bolus). – Programming a medication bolus and describing the "Rapid Bolus" infusion feature. – Pausing an infusion by pressing the [PAUSE] hard key on the pump module and the PC unit. – The appropriate head height differential when hanging a 2° medication bag, or a 2° medication bottle. Demonstrate Basic Programming Without Guardrails™ Safety Software Programming of a Basic Infusion. Verbalize safety concerns when this mode is used.		

Blood Culture Collection Adult #DAHS-NSCBCCNP15	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 13015: Drawing Blood Cultures		
Completed of the Blood Culture Collection **Online Module** (Adult Populations Only) # DAHS-NGNBCC19		
States the clinical importance of proper blood culture collection.		
Prepares supplies and work area.		
Identifies patient & explain the procedure to patient and/or caregiver.		
States the importance of choosing the right sites for culture: venipuncture or central line.		
Obtains specimen per UC Davis Health Policy 13015. Demonstrates aseptic technique and use of appropriate safety devices.		
States the correct volume of blood to be drawn for culture, the amounts to be placed in each culture bottle, and the rationales for these volumes.		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Blood Culture Collection Adult #DAHS-NSCBCCNP15	**Date**	**Verifier Initials**
States the reasons for collecting two sets of blood culture specimens.		
Demonstrates the EMR multi-step process for specimen collection & proper labeling of specimen bottles.		
Demonstrates the steps to send specimen to the lab.		

Blood Draws #DAHS-NSCBD14	**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 3. UC Davis Health Laboratory Users Guide		
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.		

Blood Pressure #DAHS-NSCAMBPB	**Date**	**Verifier Initials**
References: **1.** Elsevier Clinical Skills Blood Pressure: Upper Extremity or Elsevier Clinical Skills Blood Pressure: Lower Extremity		
Completion of online module "Blood Pressure: Upper Extremity" DAHS-NGN677-ECS		
Performs initial blood pressure at the end of the rooming process, and is able to verbalize why this is important		
Performs per Elsevier Clinical Skills Blood Pressure: Upper Extremity or Elsevier Clinical Skills Blood Pressure: Lower Extremity		
If initial BP is 140/90 or greater if needed, repeats after 5 minutes of quiet waiting time. Informs provider if second reading is 140/90 or greater. Documents additional BP readings in proper place in EMR		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Covid Anterior Nares Antigen Testing #DAHS-NSCANSC	**Date**	**Verifier Initials**
References: 1. Inpatient COVID Antigen Testing Update		
Don full PPE (N95, face shield, gown and gloves)		
Identify patient using name and DOB		
Mark label with your initials and the time of collection		
Open a sterile swab package		
Have patient tilt their head back to 70 degrees		
Insert the swab ½ to ¾ of an inch into the patient's naris. Rotate the swab, coming into contact with the mucus membranes for 15 seconds. Remove swab and repeat in opposite naris.		
Insert the swab inside the vial of medium and swirl 5 times while pressing the swab tip against the vial wall.		
Let the swab sit in the solution for 1 minute.		
Roll the swab 5 more times while pressing the swab tip against the vial wall.		
Remove and discard the swab; securely re-cap the vial tube. Ensure vial is correctly labeled before sending to the lab		
Remove PPE and perform hand hygiene		

Doppler Ultrasound for Blood Pressure Assessment in the LVAD Patient #DAHS-NSCDUABPPDVAD	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 5002: Durable Ventricular Assist Device: Nursing Management (Section V Paragraph B) 2. Elsevier Clinical Skills: Doppler Ultrasound for Assessment of Blood Pressure and Peripheral Pulses 3. VAD Aware Training DAHS-NGNVADA15		
If possible, ensures that the patient is seated or supine for at least 5 minutes		
Positions the appropriately sized blood pressure cuff above the elbow with the bladder midline over the brachial artery		
Using a handheld doppler, locates the patient's brachial arterial Doppler sound. Tilts the probe at a 45-degree angle along the length of the vessel. Avoids putting excess pressure on the probe		
Maintains the position of the probe over the artery and inflates the blood pressure cuff until the arterial Doppler sound is no longer audible		
Deflates the cuff slowly and notes on the sphygmomanometer when the first Doppler sound is heard		
The number on the sphygmomanometer associated with the first Doppler sound is the patient's mean arterial pressure (MAP)		
Removes cuff, wipes gel from patient's arm. Discards supplies, removes PPE, performs hand hygiene, and documents findings in the EMR		
Cleans the face of the Doppler probe with a soft tissue. Follows manufacturer's recommendations for disinfecting the probe after each use		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Holter Monitor, #DAHS-NSCAMBHMA	**Date**	**Verifier Initials**
References: 1. Clinical Policy 11025, Standard and Transmission Precautions for Infection Prevention		
Pre-program monitor, pre-fill patient financial responsibility form and diary		
Set up monitor: Pre-program monitor for 24 hours, 48 hours, 7 days or 21 days as ordered with patient name, medical record number, DOB via recorder entry or computer program with HL7 interface using order number. Place new battery in monitor and attach wires. Attach electrodes to wires.		
Review patient financial responsibility form with patient; have patient sign.		
Review diary and instructions with patient. Explain importance of filling out diary		
Inform patient they can perform daily activities except for tub bathing, showering, or swimming		
Instruct patient to avoid swinging or bumping the monitor. The battery should not be removed under any circumstances.		
Prep Skin: a. Shave areas as needed b. Cleanse the area with a prep pad c. Gently abrade the skin with the abrasive pad		
Attach the wire to the electrode before putting on the patient's chest. Place the electrodes in the anatomical locations, pressing on the outside of the electrode to make sure it is attached to the chest, not pushing the center of the electrode.		
Locate proper anatomical landmarks: White lead- right mid-clavicle of the sternum Red lead- left anterior axillary line 6th rib (v5) Black lead- left mid-clavicle of the sternum Brown lead-1 inch right of the sternum 4th rib space (v5) Blue lead-center of manubrium Orange lead- left mid-clavicular line 6th rib (v4) Green lead-lower right margin over bone		
Tape the electrode cable wires on the electrodes with a stress loop allowing the wires to hang free		
Attach the monitor to the belt or shoulder/neck pouch		
Document Holter monitor placement in the patient's EMR.		
After the recording is completed, the patient returns the monitor with the diary.		
Remove the battery and disconnect the wires. Clean the wires and Holter monitor as directed by the manufacturer.		
Demonstrate proper downloading of recording to the Heart Station.		
Document in the patient's EMR record the Holter monitor was returned and recording sent to Heart Station via download.		
Fax diary to Heart Station. Send diary hard copy and financial responsibility form to Heart Station in Heart Station interoffice bag.		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Incident Report #DAHS-NSCIR15	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 1466: Incident Reports		
Completes all sections of the incident report form.		
If incident involved an injury, takes steps to restore individual's safety such as stabilizing patient's position after a fall and assessing for further injuries.		
Notifies appropriate personnel for patient, staff or visitor injury.		
Documents appropriately in patient record for injury/incident.		

Injections: Intramuscular, Subcutaneous, and Z-Track Methods DAHS-NSCAMBIIMSZ	**Date**	**Verifier Initials**
References: 1. Clinical Policy 11010: Medications/Solutions/Vaccines in Single and Multiple Dose Containers 2. Clinical Policy 4055: Medication Administration		
Completion of online module “Medication Administration: Intramuscular Injection” DAHS-NGNMAINTRAMI-ECS and “Medication Administration: Subcutaneous Injection” DAHS-NGNMASI-ECS		
Selects medication according to the Eight Rights of Medication Administration, Clinical Policy 4055: Medication Administration		
Draws medication up into syringe per Clinical Policy 11010: Medications/Solutions/Vaccines in Single and Multiple Dose Containers		
Performs IM injections per Clinical Policy 4055: Medication Administration (Includes Z Track Method)		
Performs subcutaneous injections per Clinical Policy 4055: Medication Administration		

Intradermal Skin Test Placement and Reading DAHS-NSCAMBISTP	**Date**	**Verifier Initials**
References: 1. Administration of TB Skin Test in the Ambulatory Setting with a Standing Order		
Completion of online module “Medication Administration: Intradermal Injection and Allergy Skin Testing” DAHS-NGNMAINTRADI-ECS		
Completes Elsevier Skills Medication Administration: Intradermal Injection and Allergy Skin Testing Post-test with 80% score or higher		
Places skin test per Administration of TB Skin Test in the Ambulatory Setting with a Standing Order		
Reads a skin test: 1. Inspect and palpate site for induration 2. Measure diameter of induration in millimeters transverse to the long axis of the forearm. (For mumps test, measure erythema) 3. Document date, time, millimeters of induration (erythema for mumps) 4. Document if test is positive or negative 5. Communicate test result to ordering provider		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Liquid Nitrogen (LN2) Safety #DAHS-NSCLNS	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 1624: Safe Management of Cryogenic Liquids 2. UC Davis Health Policy 1624, Attachment 1: Liquid Nitrogen Safety - Manual Filling of Dewars		
Inspects all PPE and cryogenic equipment prior to use		
Wears safety glasses and face shield		
Wears waterproof, loose-fitting, cryogenic gloves		
Wears cuffless pants and shoes made of nonabsorbent material		
Wears long-sleeved shirt and lab coat or cryogenic apron. If lab coat or cryogenic apron not worn, shirt is worn outside of the pants		
Verifies that Dewar is constructed to withstand cryogenic temperatures		
Verifies that Dewar is dry (water expands upon contact with LN2 and can crack the Dewar)		
Uses open Dewar flasks only in well-ventilated areas		
Prevents and stands clear of any LN2 boil off, vapors or splashes		
Uses tongs or tweezers to immerse or withdraw objects from LN2		
To prevent pressure-causing condensation obstruction, uses a cork with a groove cut into the side or a loose fitting plug		
Uses safe lifting techniques when handling loads		

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.		
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.		

Methotrexate Administration IM for Non-Cancer Patients DAHS-NSCMAIMNCP14	**Date**	**Verifier Initials**
References: 1. Clinical Policy 10001: Hazardous Drugs (HD) (Chemo): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures		
Patient understands proper handling of this medication.		
Intramuscular injection skill verified (see "Injections: Intramuscular, Subcutaneous, and Z-Track Methods)		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Methotrexate Administration IM for Non-Cancer Patients DAHS-NSCMAIMNCP14 continued	**Date**	**Verifier Initials**
Ensures Methotrexate is stored in a closed container at room temperature away from heat, moisture and direct light		
Use nitrile gloves when administering Methotrexate		
Disposes of gloves, empty syringe and vial per Clinical Policy 10001: Hazardous Drugs (HD) (Chemo): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures		

Mini-Cognitive Screening Exam (Ambulatory) DAHS-NSCMCSEAMB	**Date**	**Verifier Initials**
References: 1. Mini-Cog© Quick Screening for Early Dementia Detection 2. Step-by-Step Mini-Cog© Instructions		
Verifies provider order prior to starting assessment. Uses 2 patient identifiers to identify patient.		
Take the person being tested to a comfortable room that does not have distractions a. Have them sit at a table and provide a pencil with an eraser b. They also need a piece of paper for drawing the clock, and you can decide whether the paper is blank or if you're providing the circle (the link above provides the circle)		
Look at the person being tested and say "I'm going to say three words. I want you to repeat them back to me, and you will need to remember them again at the end of the test." a. Then clearly speak three unrelated words, which are provided by the test. b. An example is "river, nation, finger."		
Have the words spoken back by the test-taker as soon as you've said all three		
Have the test-taker draw a clock with the time "10 past 11." a. You can provide the circle b. Allow three minutes to complete this task c. Do not help but be friendly and encouraging		
Ask the person "What were the three words I spoke at the beginning of the test?" Write down the answers.		
There are five total points a person can score on the Mini-Cog: a. Give one point for each word that was correctly remembered. (0-3 points) b. Give two points for a correctly drawn clock, or 0 for an abnormal clock. A normal clock must include all numbers (1-12), each only once, in the correct order and direction (clockwise)		
There must also be two hands present, one pointing to the 11 and one pointing to 2. The length of the hands does not matter. (0 or 2 points)		
Compile the score		
Enter results in the Epic screening tab		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Monkeypox Specimen Collection DAHS-NSCMPSC22	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 2002, Attachment 8: UCDH Monkeypox Control Plan 2. CDC Infection Control: Healthcare Settings | Monkeypox | Poxvirus | CDC 3. CDPH, July 26, 2022. Monkeypox.		
Review order. Perform hand hygiene. Don PPE. Introduce self, identify patient, and explain procedure to patient.		
Prepare a clean field. Open packages needed for procedure.		
Each pustule/lesion must be swabbed individually		
Swab the pustule/lesion vigorously with a flocked sterile swab and place the swab into a 3ml viral culture media or universal transport media tube. Remel 3ml M4RT media is also acceptable.		
Vigorously swab or brush pustule/lesion to obtain adequate specimen. 1 swab per pustule/lesion, maximum of 3 pustules/lesions. It is not necessary to de-roof lesion, but it may occur during swabbing.		
All specimens MUST be labelled with at least two patient identifiers		
Place each specimen in its own biohazard bag. Place the specimen in a secondary biohazard bag containing ice or ice pack		
If one patient has 3 lesions swabbed then all 3 swabs must be placed in its own individual biohazard bag All 3 individually bagged specimens from that single patient can be placed in the same secondary biohazard bag that contains ice or ice pack		
Specimens should not come in direct contact with the ice or ice pack		
Deliver on ice immediately to lab		
Dress pustules/lesions as needed		
Doff PPE, perform hand hygiene		

Nasal Cannula or Oxygen Mask Application #DAHS-NSCNCOMA15	**Date**	**Verifier Initials**
Assesses respiratory status and assesses for signs and symptoms of hypoxemia.		
Verifies the order for oxygen therapy, including delivery method and flow rate.		
Sets up the oxygen delivery system.		
Adjusts the oxygen flow meter to the prescribed liter flow rate.		

Nasopharyngeal Swabbing DAHS-NSCNS	**Date**	**Verifier Initials**
References: 1. Standardized Procedure 501: COVID-19 Testing of Employees and Ambulatory Patients with a Standing Order 2. UC Davis Health Policy 11025: Standard and Transmission Based Precautions for Infection Prevention		
Perform hand hygiene and don gloves and appropriate PPE per Clinical Policy 11025		
Introduce yourself to the patient, verify patient identity using two identifiers, name and date of birth		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Nasopharyngeal Swabbing DAHS-NSCNS continued	**Date**	**Verifier Initials**
Explain procedure to patient and ensure they agree to treatment		
Instruct the patient to sit erect in a chair facing forward		
Have the nasopharyngeal swab (on flexible wire) and the sterile tube or culture tube ready for use		
Assess for nasal obstructions or deviated septum		
Have patient keep head in a neutral position		
Gently advance the swab to the nasal pharynx until resistance is met. Swab should be able to be advanced a distance equal to the measurement from the front of the ear to the opening of the nose. Do not force swab if resistance is met		
Roll the swab and allow it to remain in place for 10-15 seconds. Remove swab and repeat on the other side		
Insert the swab into the sterile culture tube and push the tip into the liquid medium at the bottom of the tube. Break off the swab in the vial at the scored mark		
Place the top securely on the tube		
In the presence of the patient, label the specimen. Initial the label with collector's initials and the time of collection		
Place the labeled specimen in a biohazard bag. Prepare specimen for transport		
Discard supplies, remove PPE, and perform hand hygiene		

Nebulizer, Pulmo-Aide and Oxygen Tank Method for Medication DAHS-NSCAMBNP02TMM	**Date**	**Verifier Initials**
References: 1. Clinical Policy 17021: Hand Held Nebulizer Treatment 2. Clinical Policy 6018: Oxygen Administration		
Completion of online module “Medication Administration: Nebulized” DAHS-NGNMANEB-ECS		
Seat patient in chair or on exam table close to nursing station if possible or leave door open so patient can be observed		
Administer and document treatment per Clinical Policy 17021: Hand Held Nebulizer Treatment and Clinical Policy 6018: Oxygen Administration		

Nurse Patient Relationship #DAHS-NSCNPR15	**Date**	**Verifier Initials**
Verifies correct patient using two identifiers		
Creates a climate of warmth and acceptance		
Uses appropriate nonverbal behaviors (e.g., good eye contact, open relaxed position, sitting eye level with patient		
Uses therapeutic communication skills such as restating, reflecting and paraphrasing to identify and clarify strategies for attainment of mutually agreed-upon goals.		
Uses effective communication skills to discuss discharge and termination issues and to guide discussion related to specific changes in patient's thoughts and behaviors.		
Summarizes and restates with patient what was discussed during interaction, including goal achievement		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Nursing Report #DAHS-NSCNR15	**Date**	**Verifier Initials**
For each patient, includes background information, assessment data, nursing diagnoses, interventions, outcomes, and evaluation, family information, discharge plan, and current priorities.		
Asks the nurse from oncoming shift if they have any questions regarding information provided.		

Obtaining a 12-Lead ECG #DAHS-NSCOLE14	**Date**	**Verifier Initials**
References: 1. Structure Standards: Critical Care, Telemetry, Maternal Child Health 2. MacVu360 ECG Operator 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		

Oxygen Therapy and Oxygen Delivery Principles #DAHS-NSCOTODP15	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 6018: Oxygen Administration		
Adjust the O_2 to the flow rate as directed by the equipment recommendations to deliver the prescribed amount of O_2. The float ball in the flowmeter should be positioned so the flow rate line is in the middle of the ball.		
Check to see that O_2 is flowing through the cannula or mask.		
For nonrebreather masks, the reservoir bag must be prefilled with O_2 before it is applied to the patient. When using an O_2 mask with a reservoir bag, adjust the flow rate so that the bag does not collapse, even with a deep inspiration.		
If humidification (i.e., a nebulizer with corrugated tubing) is being used, periodically check the tubing and drain the tubing of excess water as needed.		
Monitor all O_2 delivery devices to ensure that they are functioning correctly and delivering the desired concentrations of O_2.		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Peak Flow Meter #DAHS-NSCAMPFM	**Date**	**Verifier Initials**
References: 1. Elsevier Clinical Skills: Peak Expiratory Flow Measurement - CE		
Completion of online module "Peak Expiratory Flow Measurement" DAHS-NEN166-ECS		
Performs per Elsevier Clinical Skills: Peak Expiratory Flow Measurement - CE		
If MA/LVN is performing this procedure, RN to determine the patient's level of dyspnea pre-procedure. Post-procedure, RN to assess for pain, dyspnea, bronchospasm, dizziness, and for the need to use a rescue inhaler.		

Pediatric Comfort Restraint #DAHS-NSCAMBPCR	**Date**	**Verifier Initials**
References: 1. Comforting Restraint for Immunizations, California Department of Public Health, 2007 2. How to Administer Intramuscular and Subcutaneous Vaccine Injections, Immunization Action Coalition, 2018		
Infant/Toddler: Correctly identifies appropriate location for injection • Have parent hold the child on parent's lap • Infants: the parent can control both arms with one hand • Toddlers: One of the child's arms embraces the parent's back and is held under the parent's arm. The other arm is controlled by the parent's arm and hand. • Toddlers: Both legs are anchored with the child's feet held firmly between the parent's thighs, and controlled by the parent's other arm		
Kindergarten and older children: Correctly identifies appropriate location for injection. • Hold the child on parent's lap or have the child stand in front of the seated parent. • Parent's arms embrace the child during the process. • Both legs are firmly held between parent's legs.		
Teenager: Correctly identifies appropriate location for injection. • Positioning or other techniques to facilitate muscle relaxation • Use of nonpharmacologic strategies: Distraction (e.g. humor, breathing techniques, imagery)		

SBAR Communication #DAHS-NSCSBARC15	**Date**	**Verifier Initials**
Contacts the primary practitioner directly responsible for making care decisions for the specific patient or the person receiving the patient communication hand-off.	.	
Initiates SBAR communication, introduced self, and provided the name of the patient to the recipient of the information. Included situation, background information, assessment findings and observations of current condition and insights offered recommendations to correct problem.		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Post-Void Residual with a Catheter #DAHS-NSCPVRWAC	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 9010 Urethral Catheter Insertion, Maintenance and Removal 2. UC Davis Health Policy 18004 Specimen Labeling for Laboratory Processing 3. Departmental Policy: Post-Void Residual with a Catheter 4. Elsevier Clinical Skill: Bladder Scan		
Identify patient with two patient identifiers prior to the start of the procedure.		
Explain procedure to patient and ensure patient agrees with procedure.		
The LVN will verify that there is an order in the Electronic Medical Record (EPIC) for bladder scan for residual.		
Have patient lay flat on bed. Place patient in a reclining or supine position.		
Clean the probe with isopropyl alcohol or other organization-approved disinfectant and allow to air dry.		
Perform hand hygiene and don gloves. Don additional PPE based on the patient's need for isolation precautions or the risk of exposure to bodily fluids.		
Place 5-10 ml of ultrasound gel on the patient's midline lower abdominal/suprapubic area.		
Using the bladder scanner, check and record the amount of urine in the patient's bladder.		
Measure and record the amount the patient voided.		
For post-void residual volume, wait 5-15 minutes after the patient has voided before scanning the bladder and document the time of the scan in the patient's record.		
Obtain post-void residual with ultrasound (Bladder Scan) if the instilled volume is not the same as the voided amount.		
If the patient fails the voiding trial (patient has residual urine in the bladder), the provider will place an order to place a straight/ Foley catheter or provide the patient with CIC (Clean Intermittent Catheterization) teaching.		
The LVN will place a straight/Foley catheter per UC Davis Health Policy 9010, Urinary Catheter Insertion, Maintenance and Removal, if ordered by physician.		
If urine culture is ordered by the provider, obtain urine specimen according to guidelines in the Laboratory Test Directory and label per UC Davis Health Policy 18004 Specimen Labeling for Laboratory Processing.		
Record Keeping: EMR procedure note documentation including voided and post-void residual volumes.		

Seizure Precautions #DAHS-NSCAMBSP	**Date**	**Verifier Initials**
References: 1. Elsevier Clinical Skills: Seizure Precautions and Management - CE		
Completion of online module "Seizure Precautions and Management" DAHS-NGNSP-ECS		
Ensure a safe environment if possible		
Ensure emergency equipment is available		
Note time, duration, and type of seizure activity		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Seizure Precautions #DAHS-NSCAMBSP continued	**Date**	**Verifier Initials**
Remain aware of patient safety during seizure, including positioning and airway		
Notify appropriate personnel of seizure activity		

Spirometry: EasyOne Air # DAHS-NSCSEOA25	**Date**	**Verifier Initials**
References: **1.** UC Davis Health Pulmonary Services Policy: Pulmonary Function Testing (PFT): III-1 2. UC Davis Health Policy 507 Ambulatory Point of Care Testing 3. UC Davis Health Ambulatory Care- Scope of Practice 4. UC Davis Health Aerosol Transmissible Diseases Control Plan 5. https://nddmed.com/pulmonary-resources/live-training 6. https://nddmed.com/pulmonary-resources/videos 7. https://www.youtube.com/user/nddmed		
Verify Orders in Epic		
Select Orders on laptop- “FVL”, Select patient on laptop or search by Patient ID (MRN #)		
Complete patient information: Sex at birth, ethnicity- see map, DOB, Weight, Height		
Perform hand hygiene, don appropriate PPE, verify patient’s identity by using at least 2 patient identifiers		
AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You)		
Accept patient on EasyOne Air device		
Insert Flow Tube correctly and attach filter correctly		
Instruct and demonstrate to patient how to perform an acceptable test with nose clips (Patient sit tall, feet on ground)		
Verify 3 reproducible tests on device that are good tests (Level A- E are acceptable), end test, select end, select home		
Verify quality on laptop Session Quality – “A, B, C, D, E” Close order to send results to epic		
Session Quality “F” – Do not close order, provider will need to order full PFT		
Exit out of program, logout, clean equipment, return to dock		
Recognizes test quality messages and can coach the patient accordingly		
Describe how to enter a patient into EasyOne Air when Epic is down.		
Describe how to identify good tests.		
Explains when to apply Aerosolized Generating Procedure standards and appropriate PPE		
Can recall and edit patient information		
Generate patient report: Direct print from device Syncing with EasyOne application		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Visual Acuity #DAHS-NSCAMBVA	**Date**	**Verifier Initials**
Completion of online module "Assessment: Visual Acuity" DAHS-NEN274-ECS		
Stations patient appropriate distance from eye chart or seats patient at appropriate level at Titmus machine and can verbalize understanding of feet markings on chart.		
Documents presence of contact lens, glasses, prosthetic eye, etc. Verbalizes understanding that contact lenses do not need to be removed. Glasses may be on and off with scoring both ways.		
Verbalizes understanding what to do if patient is unable to focus eye(s) due to irritation, sensitivity and/or tearing.		
States normal parameters and fundamental scoring for eye testing. Articulates how appropriate chart is chosen for adults and children (based on age, development level, language, etc.).		
Demonstrates correct procedure for eye testing		
Explains the technique for shielding one eye while testing the other		
Documents the eye test scores correctly.		
Verbalizes understanding of the type of eye problems that should be reported to the provider immediately. Documents problems appropriately and interpreter if used.		

Voiding Trial for Adult Urology Patients #DAHS-NSCVTFAUP	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 9010: Urethral Catheter Insertion, Maintenance, and Removal 2. Departmental Policy: Voiding Trial for Adult Urology Patients **3.** Elsevier Clinical Skill: Bladder Scan		
Identify patient with two patient identifiers prior to start of procedure		
Explain procedure to patient and ensure patient agrees to procedure.		
The LVN will verify that there is an order in Epic for the voiding trial.		
Place patient in either supine position or sitting on exam table with drape/towel over patient's lap.		
Pour 500 ml bottle of normal saline into sterile bowl.		
Instill normal saline into bladder slowly via Foley catheter using 60 ml catheter-tip syringe. Clamp end of foley as you re-fill syringe.		
Continue to fill bladder slowly until patient feels urge to void or complains of any discomfort., or a maximum of 500 mls normal saline. Stop filling immediately if patient complains of discomfort.		
Remove foley catheter: to remove foley, aspirate all fluid from balloon with 12 ml luer lock syringe and gently remove catheter.		
Have patient void into urinal (men), urine collection hat (female) or Uroflow machine		
Measure amount voided; obtain post void residual with ultrasound (Bladder Scan) if instilled volume does not equal voided amount.		
Patient conditions that require consultation: unexpected findings will be reviewed with the supervising MD/APP including signs of complications from procedure requiring further assessment such as excessive bleeding or prolonged pain.		
If the patient fails voiding trial, the MD/APP will place an order to place a foley catheter		

Ambulatory LVN Skills

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3, and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Voiding Trial for Adult Urology Patients #DAHS-NSCVTFAUP continued	**Date**	**Verifier Initials**
The LVN will place foley catheter per policy UC Davis Health 9010, Urinary Catheter Insertion, Maintenance and Removal.		
Record keeping: EMR procedure note documentation, individual provider procedure log as required for credentialing.		

Zoll AED Plus (Automated External Defibrillator) #DAHS-NSCZAEDP	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 1640: Use of Automated External Defibrillator Zoll Plus Series 2. Elsevier Clinical Skill: Automated External Defibrillator		
Read UC Davis Health Policy 1640: Use of Automated External Defibrillator Zoll Plus Series		
Complete Automated External Defibrillator (AED) eCourse DAHS-NGN391-ECS with post-test		
Complete Elsevier Skills Automated External Defibrillator (AED) Checklist (checklist is found in the e-course and in the Elsevier skill. Do not return checklist to CPPN)		
State how to decrease the risk of fire when using the AED in an oxygen-rich environment.		
Select the correct electrode pads based upon patient's age and weight.		
Ensure AED is ready for use daily and after each use.		
Describe when to send AED to Clinical Engineering after a code for uploading and analysis of event data and when to call Clinical Engineering for assistance with AED.		