

Emergency Department Acute Care Skills

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Unit:	Title:
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Skills 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
Adult Respiratory Assessment Skills Checklist	DAHS-NSCARA14		
Basic Dysrhythmia Detection and Treatment Skills Checklist	DAHS-NSCBDDT25		
Bi-PAP Skills Checklist	DAHS-NSCBP14		
Cardiac Pain Assessment & Management Skills Checklist	DAHS-NSCCPAM14		
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		
ED Lab Draw and Labeling Process Skills Checklist	DAHS-NSC2EDLABDLP		
End-tidal Carbon Dioxide Monitoring Skills Checklist	DAHS-NSCETCDM15		
Fluid Resuscitation Skills Checklist	DAHS-NSCFR14		
Gastrostomy Tube Skills Checklist Performs per Clinical Policies 8011, Enteral Nutrition for Adult Patients , and 4055, Medication Administration	DAHS-NSCGT14		
Laryngectomy Care Skills Checklist: Performs per UC Davis Health Policy 17003, Airway Management for Adult Inpatients	DAHS-NSCLC15		
Lumbar Puncture and/or Drain Skills Checklist: Performs per UC Davis Health Policies 15007, Care of the Patient with a Lumbar Catheter	DAHS-NSCLPD14		
MDI with Spacer Skills Checklist	DAHS-NSCMDIS14		
Methotrexate Administration IM for Non-Cancer Patients Skills Checklist	DAHS-NSCMAIMNCP14		
Nurse Swallow Screen in Patients with Stroke Skills: Performs per UC Davis Health Policy 15017 Dysphagia (Swallow) Screen for Adult Patients with Stroke	DAHS-NSCNSSPS15		
Obtaining a 12-Lead ECG Skills Checklist	DAHS-NSCOLE14		
Respiratory Emergencies and Equipment Skills Checklist	DAHS-NSCREE14		
Tracheostomy Care Skills Checklist: Performs per UC Davis Health Policy 17003 Airway Management for Adult Patients	DAHS-NSCTC15		
Wound VAC (Vacuum Assisted Closure) Therapy Skills Checklist: Performs per UC Davis Health Policy 12014 Application of Negative Pressure Wound Therapy	DAHS-NSCWVT14		

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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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Adult Respiratory Assessment Skills Checklist #DAHS-NSCARA14	Date	Verifier Initials
Note type of oxygen delivery system, method of airway management and/or mode of ventilation.		
Make general observation of patient's overall status.		
Observe for rate, depth, pattern, symmetry, and effort of respirations. Observe for use of accessory muscles.		
Observe for color and pallor of skin and mucous membranes.		
Observe for color, quantity, odor and consistency of secretions.		
Observe position of trachea.		
Auscultate in an orderly manner all lung fields and describe lung sounds appropriately.		
Palpate neck, chest, and shoulders to assess for the presence of subcutaneous air.		
Monitor and document oxygen saturations and End Tidal CO2 levels when appropriate.		
Describe/demonstrate method for contacting respiratory therapy.		
Have available in the patient's room, and know how to use, necessary respiratory equipment.		
Locate/describe emergency respiratory equipment.		
Document all pertinent information in the appropriate locations.		

Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT25		
References: - Elsevier Skills for Review: Cardiac Monitor Setup and Lead Placement - AACN Procedure Manual for High-Acuity, Progressive, and Critical Care: Section Eight Electrocardiographic Leads and Cardiac Monitoring, Wiegand, D.L. & ANCC, Elsevier, 2017. - Emergency Nursing Core Curriculum: Chapter 12 Cardiovascular Emergencies. Navaroli, J.E., Elsevier, 2018. - Clinical Nursing Skills & Techniques 10th ed: Chapter 6 Health Assessment: Cardiovascular Assessment, Elsevier, 2022		
There are three ways to complete this checklist. Check with your department to determine which option(s) are acceptable. Only ONE of the following needs to be successfully completed to satisfy this checklist: - The ECG Interpretation Assessment is provided to new hires during CPPN onboarding. If the assessment was completed successfully, a certificate of completion and corresponding score are available in the participant's UC Learning training transcripts. Completion of the checklist objectives below is not required. - The ECG Interpretation Course is offered by CPPN. If the course was completed successfully, a certificate of completion and corresponding score are available in the participant's UC Learning training transcripts. Completion of the checklist objectives below is not required. - By completing the checklist objectives below.		
	Date of Assessment	Verifier Initials
Passing the ECG Interpretation Assessment (score of 83% or higher)		
	Date of Course	Verifier Initials
or Completing the ECG Interpretation Course (score of 83% or higher)		

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Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT25 continued		
or Completing Checklist Objectives Listed Below (ONLY if this option is approved by your department)	Date	Verifier Initials
Identify proper lead placement for 5 lead cardiac monitoring.		
Explain the waves and intervals of the normal ECG and their significance.		
Identify normal sinus rhythms and the following sinus dysrhythmias and discuss the causes/treatments: sinus bradycardia, sinus tachycardia, sinus arrhythmia, and sick sinus syndrome.		
Identify the following atrial dysrhythmias and discuss the causes/treatments: premature atrial contractions, atrial flutter, atrial fibrillation, supraventricular tachycardia, and wandering atrial pacemaker.		
Identify the following junctional dysrhythmias and discuss the causes/treatments: junctional rhythm, accelerated junctional rhythm, and junctional tachycardia.		
Identify the following cardiac conduction blocks and discuss the causes/treatments: first-degree, second-degree type 1, second-degree type 2, third degree, bundle branch blocks.		
Identify the following ventricular dysrhythmias and discuss the causes/treatments: premature ventricular contractions, idioventricular rhythm, ventricular tachycardia, ventricular fibrillation, PEA, asystole.		
Bi-PAP Skill 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.		

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Cardiac Pain Assessment & Management Skills Checklist #DAHS-NSCCPAM14	Date	Verifier Initials
References: 1. Advanced Cardiac Life Support (ACLS) Provider Manual, 2010 Edition 2. Frishman, William H., & Sica, Domenic A., Cardiovascular Pharmacotherapeutics. 3rd Edition, Cardiotext Publishing, May, 2011 3. Davis, L. 2004. Cardiovascular Nursing Secrets. Elsevier 4. JCAHO Core Measures 2011 5. UC Davis Health Standardized Procedure 322: 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		
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.		
ED Lab Draw and Labeling Process Skills Checklist #DAHS-NSC2EDLABDLP	Date	Verifier Initials
References 1. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric) 2. UC Davis Health Policy 13029: Venipuncture Verification and Blood Withdrawal 3. UC Davis Health ED Departmental Policy: Lab Draw & Labeling Process 4. NCCLS (CLSI) clinical laboratory guideline 5. UCDH Laboratory Users Guide		
State the importance of correct serum lab specimen collection		
Select appropriate blood specimen tubes/medium, obtain correct labels		
Choose appropriate method of blood draw: venipuncture, arterial puncture, central or arterial line draw		
Verify identify of patient		
Explain the procedure to the patient		

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

End-Tidal Carbon Dioxide Monitoring Skills Checklist #DAHS-NSCETCDM15	Date	Verifier Initials
If the patient is not intubated, applied the ETCO ₂ -nasal cannula and connected it to the capnograph.		
If the patient is intubated, assembled the airway adapter, and connected it to the patient circuit as close as possible to the patient's ventilator connection.		
Observed waveform for quality.		

MDI with Spacer Skills Checklist #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		

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Methotrexate Administration IM for Non-Cancer Patients Skills Checklist #DAHS-NSCMAIMNCP14	Date	Verifier Initials
Has read information sheet on Methotrexate (attached) and Methotrexate Administration IM for Non-Cancer Patients in UCDHS Clinics without Biological Safety Cabinet.		
Has safety equipment available in clinic.		
Uses safety equipment for all IM administration.		
Can state safety equipment required and reason for use.		

Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCOLE14	Date	Verifier Initials
References: 1. Structure Standards: Critical Care, Telemetry, Maternal Child Health 2. GE Marquette Resting ECG Analysis System Operator's Manual		
Demonstrate use of 12-lead ECG available in area.		
Place patient supine and provide for patient privacy.		
Enter patient data prior to obtaining 12-lead ECG.		
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 Skills Checklist #DAHS-NSCREE14	Date	Verifier Initials
References 1. UC Davis Health Policy 13035: Administration of Medications for Rapid Sequence Intubations in Adults 2. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant) 3. UC Davis Health Policy 17024: Continuous Pulse Oximeter 4. Textbook of Advanced Cardiac Life Support, 2006 5. Wells and Murphy, Manual of Emergency Airway Management, 2004 6. Textbook of Advanced Cardiac Life Support, 2006		
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. (UC Davis Health Policy 13035)		

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Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14	Date	Verifier Initials
Identify basic concepts of what alarms indicate and rationale for <u>never</u> 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.		
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.		