

Cancer Center Pediatric RN Clinic and Infusion Room

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.	
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PEDIATRIC CLINIC AND INFUSION ROOM

Skill/Learning Not all skills are applicable to all Nursing areas – if not applicable mark as N/A	Skill Code (For CPPN Use Only)	Date Completed (or N/A)	Verifier Initials
Core Skills: Collaboration & Communication	DAHS-NCCCAC12		
Core Skills: Cultural Sensitivity/Patient-Centered Care	DAHS-NCCCSPCC12		
Core Skills: Evidence-Based Practice	DAHS-NCCEB12		
Core Skills: Infection Prevention	DAHS-NCCIP12		
Hand Hygiene	DAHS-NSCHH15		
Core Skills: Informatics	DAHS-NCCIFO12		
Core Skills: Medication Safety	DAHS-NCCMS12		
Core Skills: Patient Rescue	DAHS-NCCPR12		
Core Skills: Patient Safety	DAHS-NCCPS12		
Incident Report	DAHS-NSCIR15		
Core Skills: Professional Practice	DAHS-NCCPP12		
Anterior Nares Specimen Collection	DAHS-NSCANSC		
Central Line Maintenance Bundle	DAHS-NSCCLMB15		
Children's Hospital Developmental Pediatric Coping	DAHS-NSCCHDPC14		
Covid Anterior Nares Antigen Testing	DAHS-NSCCANAT		
Extravasation Prevention and Management for Antineoplastic Therapy	DAHS-NSCEPMAT26		
Injections: Intramuscular (IM), Subcutaneous (SQ), Z-Track Method (Ambulatory)	DAHS-NSCAMBIIMSZ		
Lumbar Puncture, non-sedated (Pediatric Oncology only)	DAHS-NSCLPNSPEDO		
Nurse Patient Relationship	DAHS-NSCNPR15		
Pediatric Holds for Injection and Procedures	DAHS-NSCPHIP14		

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CANCER CENTER PEDIATRIC CLINIC ONLY

Skill/Learning Not all skills are applicable to all Nursing areas – if not applicable mark as N/A	Skill Code (For CPPN Use Only)	Date Completed (or N/A)	Verifier Initials
Telephone Triage (Ambulatory)	DAHS-NSCTELTTRN17		

PEDIATRIC INFUSION ROOM ONLY

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
Antineoplastic Administration: see Antineoplastic Administration Tiers One, Two, and Three	Separate Certification Packet		
BD Alaris IV Infusion System	DAHS-NSCBD18-ALARIS		
Blood Culture Collection Adult: Performs per UC Davis Health Policy 13015: Blood Culture Collection	DAHS-NSCBCCA15		
Blood Culture Collection for Neonates and Peds: Performs per UC Davis Health Policy 13015: Blood Culture Collection	DAHS-NSCBCCNP15		
Blood Withdraw from Central Venous Catheters and PIV: Performs per UC Davis Health Policies 13001 Vascular Access Policy and 13029: Venipuncture Verification and Blood Withdrawal	DAHS-NSCBWFCVCP1V		
Children's Hospital Blood Draws	DAHS-NSCCHBD14		
Children's Hospital Neonatal Lumbar Puncture	DAHS-NSCCHNLPD14		
Emergency Response Management-Pediatric Infusion Room	DAHS-NSCERMP1R26		
Implanted Venous Port Care and Maintenance: Performs per UC Davis Health Policy 13001 Vascular Access Policy	DAHS-NSCIVPCM		
Lidocaine Needle Free Injection: See Lidocaine Skin Anesthetic Needle Free Injection	Separate Skill Packet		
Nasal Cannula or Oxygen Mask Application	DAHS-NSCNCOMA15		
Oxygen Therapy and Oxygen Delivery Principles	DAHS-NSCOTODP15		
Pain Management	DAHS-NSCPM15		
Nursing BCMA	DAHS-NSCNBCMACW16		

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Pediatric IV Verification Check Sheet	DAHS-NSCPIV		
PICC Care and Maintenance/Blood Draw: Performs per UC Davis Health Policy 13001 Vascular Access Policy	DAHS-NSCPICCCMBD		
Pyxis MedStation® ES System	DAHS-NSCPXMES14		
Safe Handling Hazardous Drugs/Chemotherapeutic Agents: Completes "Management of Chemotherapy Spills (Oncology) DAHS-NGNSHOCS-ECS" and "Safe Handling of Hazardous Medications (Oncology) DAHS-NGNSHOHM-ECS" and performs per UC Davis Health Policy 10001 Hazardous Drugs (HD) (Chemo): Safe Handling/Preparation/Administration/Disposal of Waste/Spill Procedures	DAHS-NSCSHHDCA		
Therapeutic Phlebotomy	DAHS-NSCTP		

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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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PEDIATRIC CLINIC AND INFUSION ROOM

Core Skill: Collaboration & Communication #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 #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- <i>Passing score of 85% on test</i>		
Pediatric Learning Solutions Online Module: Age Specific Care: Newborn through Adult and Child Abuse and Neglect		
Core Skill: Evidence-Based Practice #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: Infection Prevention #DAHS-NCCIP12	Date	Verifier Initials
Expected Outcome: The nurse will utilize current evidence and standards of care in prevention, recognition, and treatment of patient infection		
Demonstrates consistent performance in precepted experience of using infection prevention standards of care		
Hand Hygiene #DAHS-NSCHH15- Consistently demonstrates appropriate hand hygiene.		
Core Skill: Informatics #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		

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PEDIATRIC CLINIC AND INFUSION ROOM continued

Core Skill: Informatics #DAHS-NCCIFO12 continued	Date	Verifier Initials
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)		

Core Skill: Medication Safety #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 #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 #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		

Incident Report #DAHS-NSCIR15	Date	Verifier Initials
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		

Core Skill: Professional Practice #DAHS-NCCPP12	Date	Verifier Initials
Expected Outcome: The nurse will provide professional nursing care consistent with organization and department philosophy, values, mission, and goals		
Demonstrates consistent performance in precepted experience of professional nursing care		

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PEDIATRIC CLINIC AND INFUSION ROOM, continued

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 Training Document: How to Collect an Anterior Nasal Swab Specimen for COVID-19 Testing 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		
Central Line Maintenance Bundle #DAHS-NSCCLMB15 References: 1. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric) 2. UC Davis Health Policy 13026: Intravenous (IV) Administration Set Changes	Date	Verifier Initials
Completes Central Line Maintenance Bundle Online Module #DAHS-NGNCLMB12		
Performs per Policy 13001, Attachment 4: Central Line Indications and Bundles		
Places, handles, and changes IV administration sets per Policy 13026		
Children's Hospital Developmental Pediatric Coping #DAHS-NSCCHDPC14 References: 1. PLS: Age Specific Care of Infants 2. PLS: Age Specific Care of Toddlers 3. PLS: Age Specific Care of Preschoolers 4. PLS: Age Specific Care of School Age 5. PLS: Age Specific Care of Adolescents 6. PLS: Developmental Care of the Newborn 7. PLS: Family Centered Care in the ICU	Date	Verifier Initials
Assesses the child's and family's coping and makes referrals as needed.		

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PEDIATRIC CLINIC AND INFUSION ROOM, continued

Children's Hospital Developmental Pediatric Coping #DAHS-NSCCHDPC14 continued	Date	Verifier Initials
Involves parents or caregiver in care.		
Implements developmentally appropriate nursing interventions which can assist in alleviating stress and minimizing the effect of hospitalization. • Infant • Toddler • Preschool • School-age • Adolescent		
Provides information and support to prepare the child and parents/caregiver for procedures and/or surgery.		

Covid Anterior Nares Antigen Testing # DAHS-NSCCANAT	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, and securely re-cap vial tube. Ensure vial is correctly labeled before sending to the lab		
Remove PPE and perform hand hygiene		

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PEDIATRIC CLINIC AND INFUSION ROOM, continued

Extravasation Prevention and Management for Antineoplastic Therapy #DAHS-NSCEPMAT26	Date	Verifier Initials
References: Standardized Procedure 316 – Management of Extravasation of Chemotherapeutic Agents & 316(1) Extravasation Management by Agent Policy 13066 – Prevention and Management of Extravasation of Vesicant/Irritant Agents Policy 10001 – Safe Handling and Administration of Hazardous Drugs Policy 10012 – Administration of Antineoplastics for Oncological Indications - Oncology Nursing Society. Chemotherapy and Immunotherapy Guidelines and Recommendations for Practice, 2nd ed., 2023. - Infusion Nurses Society. Infusion Therapy Standards of Practice, 9th ed., 2024		
Follows Policy and standardized procedure (SP) review – Policy 13066,10001,10012, SP316, SP316(1) See references.		
Identifies vesicant vs. irritant classification of assigned therapy		
Verifies extravasation kit location and describes contents and use		
Assesses patient for risk factors (fragile veins, prior radiation, difficult access, neuropathy, etc.)		
Describes considerations for appropriate vascular access selection for vesicant/irritant therapy		
Identifies appropriate administration methods (pump, IV push/side-arm, gravity) based on agent		
Educates patient to immediately report burning, pain, swelling, or discomfort at site		
Confirms appropriate blood return prior to administration and describes ongoing patency assessment		
Describes appropriate site monitoring during vesicant administration		
Defines early signs and symptoms of extravasation		
Describes required documentation elements including assessment, patient education		
Demonstrates clinical judgment required to initiate immediate extravasation interventions and escalation to minimize patient harm per Standardized Procedure 316 & 316(1):		
Stops infusion immediately upon suspicion of extravasation		
Aspirates of residual drug from line		
States provider and pharmacy notification process		
Identifies appropriate thermal application (warm vs. cold) based on medication		
Describes antidote process, including how to obtain and administer if indicated		
Describes proper limb positioning and site protection		
Provides patient education for post-event monitoring and home care instructions		
Describes need for ongoing reassessment and follow-up evaluation		
Describes required documentation elements including assessment, interventions, and follow-up		
Verbalizes safety/event reporting process		

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Emergency Response Management-Pediatric Infusion Room #DAHS-NSCERMPIR26	Date	Verifier Initials
References: 1. A. Suspected Anaphylaxis Intervention by Registered Nurses Policy Manager - MCN Solutions B. 2. 13012 Administration of Blood and Blood Components Policy Manager - MCN Solutions C. 3. Ambulatory Mock Code Policy Manager - MCN Solutions D. 4. 1640 Automated External Defibrillator (AED) Zoll Plus Series (Ambulatory Clinical Staff) Policy Manager - MCN Solutions 5. Emergency Response Workflow and Guidelines Departmental Policy – Pediatric Infusion Room		
Review Pediatric Infusion Room Emergency Response Workflow and Guidelines Departmental Policy		
Recognizes early warning signs of pediatric emergency (respiratory distress, altered LOC, rash, hypotension, seizure activity, infusion reaction).		
Immediately stops infusion for suspected hypersensitivity/adverse reaction.		
Maintains IV access with normal saline as indicated		
Activates emergency response using closed-loop communication ("I need more support in chair #__").		
Remains at chairside until additional support arrives.		
Assigns emergency roles (Medication RN, Scribe, Runner, Airway).		
Ensures emergency cart and airway equipment are at chairside.		
Demonstrates understanding of Chairside Nurse role and responsibilities.		
Demonstrates understanding of Charge Nurse role, including SBAR to emergency response number.		
Demonstrates understanding of MD/APP assuming clinical lead upon arrival.		
Demonstrates understanding of Pharmacy role in emergency medication preparation and dose verification.		
Demonstrates understanding of MA role in obtaining VS q3–5 min and Temp q10 min.		
Demonstrates understanding of Child Life role (environmental control, psychosocial support).		
Demonstrates understanding of PSR role (EMS activation, phone script, access control).		
Performs hypersensitivity/infusion reaction interventions per protocol (epinephrine IM, diphenhydramine IV, methylprednisolone, famotidine as ordered).		
Monitors airway and circulation during hypersensitivity event.		
Initiates sepsis bundle as ordered (blood cultures, fluids, antibiotics).		
Supports airway and perfusion during sepsis response.		
Protects airway during seizure; does not restrain; positions side-lying.		
Times seizure and administers rescue medication as ordered.		

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PEDIATRIC CLINIC AND INFUSION ROOM, continued

Emergency Response Management-Pediatric Infusion Room #DAHS-NSCERMP26 continued	Date	Verifier Initials
Activates Code Blue immediately for cardiac/respiratory arrest.		
Initiates CPR per AHA BLS guidelines; retrieves AED and suction.		
Ensures accurate SBAR communication to emergency responders.		
Documents event details: recognition time, interventions, medications, VS, communication, escalation.		
Submits Incident Report (IR) post-event.		
Participates in structured debrief following emergency event.		
Verbalizes annual competency requirements (interdisciplinary simulation and validation).		

Injections: Intramuscular, Subcutaneous, and Z-Track Methods #DAHS-NSCAMBIIMSZ	Date	Verifier Initials
References: Clinical Policy 4007: Intramuscular Medication Injection Clinical Policy 4010: Subcutaneous Injection Clinical Policy 11010: Medications/Solutions/Vaccines in Single and Multiple Dose Containers Clinical Policy 4055: Medication Administration Elsevier Clinical Skills: Injection Preparation from Ampules and Vials - CE		
Completion of online module "Medication Administration: Intramuscular Injection" DAHS-NGNMAINTRAMI-ECS		
Completion of online module "Medication Administration: Subcutaneous Injection" DAHS-NGNMASI-ECS		
Selects ordered 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 and Elsevier Clinical Skills: Injection Preparation from Ampules and Vials - CE		
Performs IM injections per Clinical Policy 4007: Intramuscular Medication Injection (Includes Z Track Method)		
Performs subcutaneous injections per Clinical Policy 4010: Subcutaneous Injection		

Lumbar Puncture, non-sedated (Pediatric HemOnc only) #DAHS-NSCLPNSPEDO	Date	Verifier Initials
References: UC Davis Health Policy 15008: Assisting with Diagnostic Lumbar Puncture UC Davis Health Policy 10008: Intrathecal Chemotherapy Administration 2016 Updated American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Administration Safety Standards, Including Standards for Pediatric Oncology UC Davis Health Children's Hospital Comfort Commitment Initiative		
Verifies patient meets parameters and requirements for lumbar puncture (LP) procedure. Includes, but not limited to, provider assessment, vital signs, and lab parameters		
Verifies LP consent is completed and current		

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PEDIATRIC CLINIC AND INFUSION ROOM, continued

Lumbar Puncture, non-sedated (Pediatric HemOnc only) #DAHS-NSCLPNSPEDO continued	Date	Verifier Initials
Coordinates and communicates with Child Life about Comfort Commitment Care Plan specific to patient care plan		
Coordinates and communicates with Medical Assistant availability for assistance, if needed, during procedure		
Ensures appropriate procedure room setup		
Fills out Procedure Room white board with correct patient information		
Updates communication white board in Doc Box		
Double checks intrathecal (IT) chemotherapy against Roadmap		
Double checks intrathecal chemotherapy against Beacon Orders		
Ensures the patient is checked in to EMR LP encounter		
Prints out IT lab labels under EMR LP encounter		
Assists with procedure according to Policy 15008		
Properly documents procedure in EMR flowsheet		
Properly documents procedure in Progress Note		
Provides post LP care: patient to lie flat for minimum of 30 minutes, vital signs obtained post procedure and 30 minutes post IT chemotherapy administration, LP site assessment		
After Visit Summary (AVS) discharge instructions given to family and/or caregiver		

Nurse Patient Relationship #DAHS-NSCNPR15	Date	Verifier Initials
Verifies the correct patient using two identifiers per UC Davis Health Policy 2702, Patient Identification and Safety Bands for the Hospitalized Patient		
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		

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PEDIATRIC CLINIC AND INFUSION ROOM, continued

Pediatric Holds for Injection and Procedures #DAHS-NSCPHIP14	Date	Verifier Initials
INFANT		
Correctly identifies appropriate location for injection		
Provides proper instructions for parent / co-worker to hold infant		
TODDLER / PRE-SCHOOLER		
Correctly identifies appropriate location for injection		
Provides proper instructions for parent / co-worker to hold child		
Assures the knee is flexed on affected leg		
Identifies appropriate distraction technique		
SCHOOL AGE		
Correctly identifies appropriate location for injection		
Provides proper instructions for parent / co-worker to hold child		
Assures elbow is flexed on affected arm		
Identifies appropriate participatory techniques		
Identifies appropriate incentive techniques		

PEDIATRIC CLINIC ONLY

Telephone Triage #DAHS-NSCTELTTRN17	Date	Verifier Initials
References: 1. UC Davis Health Standardized Procedure 2: Telephone Triage and Advice Protocol for Patients in Ambulatory Care by an RN 2. UC Davis Health Clinical Policy 4094: Clinic Telephone Management for Medical Problems 3. UC Davis Health Policy 2720: Communicating Critical Lab Values 4. UC Davis Health Standardized Procedure 231: Prescription Refill by Clinic Registered Nurses 5. UC Davis Health Policy 2711: Medication Reconciliation 6. UC Davis Health Policy 2305: Approved Abbreviations 7. Epic and IT Education Website 8. Ambulatory Practice Standards 9. PCS Strategy Map and Goals 2021-22 10. Cleartrriage training video 11. Carol Rutenberg video series		
DATA COLLECTION/INFORMATION GATHERING		
Demonstrates systematic, logical data collection.		

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PEDIATRIC CLINIC ONLY, continued

Telephone Triage #DAHS-NSCTELTTRN17 continued	Date	Verifier Initials
Uses available resources (e.g. EMR, interpreter, patient, family member or significant other)		
Gathers comprehensive, pertinent data: signs and symptoms, problem identification		
Gathers comprehensive supplemental data (e.g. age, allergies, medications, pregnancy status, past medical history. (Navigates EMR to find pertinent information)		
Involves caller in self-assessment process		
Verifies subjective information by asking appropriate open-ended questions		
Uses directive statements to keep caller focused		
Clarifies information as needed		
Reviews significant symptoms, problems as necessary		
TELEPHONE TRIAGE		
Determines emergency situations and acts accordingly		
Demonstrates proper use of 911		
Prioritizes problems correctly		
Selects appropriate telephone triage protocol (Cleartriage)		
Uses all available data in analysis of problem		
Demonstrates use of nursing/medical diagnoses		
Demonstrates decision making/problem-solving skills		
Involves caller in interventions		
Offers alternative interventions when appropriate		
Makes EMR appointments or transfers patient to appropriate person when appropriate		
Refers to appropriate person as needed (e.g. physician, PA, NP, pharmacist, social worker, dietitian)		
Routes/closes telephone encounters to providers through EMR		
TEACHING		
Adapts teaching techniques to telephone		
Assesses caller's understanding of teaching		
Has caller repeat back information to confirm understanding of information/education		
Identifies barriers to learning (e.g. use interpreter)		

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PEDIATRIC CLINIC ONLY, continued

Telephone Triage #DAHS-NSCTELTRN17 continued	Date	Verifier Initials
Teaches at appropriate learning level		
Uses resources when teaching (e.g. Patient education protocol, Cleartriage protocol, Elsevier, approved handouts)		
Provides callers with other resources if appropriate (Patient education, Healthwise, protocols, handouts, triage protocols, community resources)		
DOCUMENTATION		
Begins documentation in telephone encounter using Cleartriage as soon as call begins		
Documentation is clear, accurate and complete, using approved abbreviations		
Documents patient education, teaching and any barriers to learning		
Routes EMR telephone encounter to physician for co-signature		
COMMUNICATION/INTERVIEWING SKILLS AND QUALITY OF SERVICE		
Greets caller appropriately, announcing name, title and clinic/department		
Performs three forms of patient identification (e.g. Name, DOB, address, Alternative phone number)		
Speaks slowly, acts professional at all times (even when assisting with a difficult or challenging patient)		
Demonstrates empathy and is non-judgmental		
Ask caller if they mind being placed on hold or transferred and waits for response from caller		
Monitors call so caller has sufficient time in order disclose necessary information, while keeping caller focused.		
Uses medical terminology appropriately/uses layman's terms when necessary		
Adheres to Ambulatory Care Customer Service Addendum and BEST principles at all times		
Disagrees diplomatically and with tact when appropriate		
Respects caller's opinion		
Ends call appropriately without hanging up on caller.		
PERFORMANCE IMPROVEMENT		
Aware of Ambulatory Care Standards		
Follows up appropriately on critical calls		
Recommends and documents appropriate dispositions while using Cleartriage		
Appropriately prioritizes tasks (e.g. calls, My Chart messages, test result review, medication refills)		
INDEPENDENT FUNCTION		
Able to make independent, appropriate decisions without preceptor		

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PEDIATRIC CLINIC ONLY, continued

Telephone Triage #DAHS-NSCTELTTRN17 continued	Date	Verifier Initials
Refers to appropriate person(s) when appropriate (e.g. physician, PA, NP, pharmacist, social worker, dietitian)		
Demonstrates knowledge of internal and external resources		
COMPUTER SKILLS		
Demonstrates knowledge of scheduling, rescheduling and cancelling appointments when applicable		
Able to display schedules and print schedules when applicable		
Able to access and review patient test results		
TELEPHONE SKILLS		
Knowledge of ACD telephone (e.g. ACD, My lines (login/off/break functions) when applicable		
Demonstrates procedure for placing caller on hold		
Demonstrates procedure for transferring call		
Demonstrates procedure for using conference call feature		
Demonstrates procedure for accessing telephonic interpreter		
Demonstrates procedure for using voice mail feature		
Demonstrates procedure for paging and/or texting paging MD		
MISCELLANEOUS SKILLS (CLINIC SPECIFIC)		
Demonstrates ability to perform medication reconciliation		
Demonstrates ability to perform medication refill per policy		
Knowledge of Communicating Critical Lab Values (UC Davis Health Policy 2720: Communicating Critical Lab Values)		
Demonstrates ability to respond to MyChart messages		
Liaison to Home Health, Hospice and/or other community agencies		

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		

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PEDIATRIC INFUSION ROOM ONLY

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.		
Alaris™ Syringe module		
Demonstrate Syringe Module Setup – The patient's heart level should be in line with [CHANNEL SELECT] key.		
– Priming the set using the Syringe Channel Option feature "Prime Set with Syringe." (Infant and Child Only) – Proper priming technique when using an administration set with Pressure Sensing Disc tubing. (Infant and Child Only) – Clamping the tubing after priming to prevent uncontrolled flow. – Loading and unloading a syringe into the Alaris Syringe module. – Correct selection of syringe manufacturer and size. Demonstrate Programming with Guardrails™ Safety Software – Recognizing the Guardrails™ Soft and Hard Limit alarm with audio alerts and visual prompts. – Use of the [RESTORE] key after pausing and changing a syringe. – Use of the "NEOI" (Near End of Infusion) option. Verbalizes how to silence the alert sound. – Pausing an infusion by pressing the [PAUSE] hard key on the syringe module and the Alaris™ PC unit.		
–Recommend measures to help reduce start-up delays. (Infant and Child Only)		
Demonstrate Basic Programming Without Guardrails™ Safety Software – Programming of a Basic Infusion. Verbalize safety concerns when this mode is used.		

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PEDIATRIC INFUSION ROOM ONLY, continued

BD Alaris IV Infusion System #DAHS-NSCBD18-ALARIS continued	Date	Verifier Initials
Demonstrate and Verbalize Measures to help Reduce Start-Up Delays (Infant and Child Only) – Use the smallest syringe size possible (e.g., if infusing 2.3 mL of fluid, use a 3 mL syringe). – Use compatible components which have the smallest internal volume or “dead space”. – Ensure the device is as close to level of the patient’s heart as possible. Patient’s heart should be in line with [CHANNEL SELECT] key. – Use the [PRIME SET WITH SYRINGE] channel option on the Alaris™ Syringe module to speed up the engagement of the device’s mechanical components and decrease the syringe’s internal friction. – If utilizing a pre-run infusion practice (to allow for medication equilibration prior to connection to the patient), ensure the distal end of the administration set is level with or higher than the device. – Avoid use of manifolds with ports containing high pressure valves. These valves require at least 50-200 mmHg pressure to open and allow fluid flow. These high-pressure valves may cause a significant delay in therapy followed by a sudden bolus once the valve is opened, particularly at low infusion rates. – Note: These recommendations are especially important when infusing high-risk or life- sustaining medications at low infusion rates (for example, <5mL/h and especially at flow rates <0.5mL/h).		

Children's Hospital Blood Draws #DAHS-NSCCHBD14	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. NCCLS (CLSI) clinical laboratory guideline		
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.		

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PEDIATRIC INFUSION ROOM ONLY, continued

Children's Hospital Neonatal Lumbar Puncture # DAHS-NSCCHNLPD14	Date	Verifier Initials
References: 4. Elsevier Lumbar puncture Neonate		
Elsevier Module: Lumbar Puncture (DAHS-NAD108-ECS)		For Reference
Identify the clinical indications for a lumbar puncture		
Describe the process of obtaining consent for a lumbar puncture		
Consider pain management and appropriate developmental care		
Position the patient in the lateral knee-chest position with the neck flexed toward the chest or in a sitting position		
Correctly label and send CSF samples for lab studies as ordered by the provider		
State possible complications of a lumbar puncture		
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.		
Nursing BCMA Core Workflows Checklist #DAHS-NSCNBCMACW16	Date	Verifier Initials
References: 1. UC Davis Health Policy 4083: Barcoded Medication Administration (BCMA)		
Demonstrates consistent safe use of BCMA		
Oxygen Therapy and Oxygen Delivery Principles #DAHS-NSCOTODP15	Date	Verifier Initials
References: 1. UC Davis Health Policy 6018: Oxygen Administration		
Adjust the O2 to the flow rate as directed by the equipment recommendations to deliver the prescribed amount of O2. 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 O2 is flowing through the cannula or mask.		
For nonrebreather masks, the reservoir bag must be prefilled with O2 before it is applied to the patient. When using an O2 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 O2 delivery devices to ensure that they are functioning correctly and delivering the desired concentrations of O2.		

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PEDIATRIC INFUSION ROOM ONLY, continued

Pain Management #DAHS-NSCPM15	Date	Verifier Initials
References: 1. UC Davis Health Policy 4054, Pain Assessment and Management		
Define "pain" according to UC Davis Health Policy 4054 .		
Use age-appropriate scale to obtain a pain intensity score.		
Perform a thorough pain assessment for a pre-verbal or non-verbal patient.		
Demonstrate appropriate documentation of pain assessment, including pain scale score, intervention and response		
Name three common sequelae of unrelieved pain.		
Name three common side effects of opioid pain medication.		
Name three non-pharmacological approaches to pain management.		
Verbalize rationale for ATC (around the clock) dosing.		
Verbalize three benefits of PCA use.		
Verbalize two precautions/concerns related to PCA use.		
Able to cite one special pain management consideration for each of the following as appropriate to practice setting: • Elder patient. • Patient with chronic, non-malignant pain • Patient with current or remote history of substance abuse. • Patient with pain related to a terminal illness.		
Able to name two interventions that interrupt transmission of pain signals: • At the site of injury. • At the level of the spinal cord. • In the central nervous system.		
Describe when NSAIDs are useful.		
Describe two precautions for NSAID use.		
Name two differences between nociceptive and neuropathic pain.		
Name two differences between visceral and somatic pain.		

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PEDIATRIC INFUSION ROOM ONLY, continued

Pediatric IV Verification Check Sheet #DAHS-NSCPIV	Date	Verifier Initials
References:		
1. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric)		
Complete Pediatric Learning Solutions Online Modules : Pediatric Peripheral IV Care & Management and Management of Peripheral IV Complications in the Pediatric Patient		
Complete three (3) sticks observed by verified clinician		
Location:		
Location:		
Location:		
Pyxis MedStation® ES System Equipment Checklist #DAHS-NSCPXMES14	Date	Verifier Initials
Completed Pyxis MedStation® ES Station Online Module		
Pyxis MedStation® ES system policies and procedures reviewed		
STATION BASICS		
Keyboard		
Printer paper change - move black spindle from empty roll to full roll		
Scanner		
Locate and access Tutorial and Help		
Medication reference for nursing (Lexi-comp™ online via CRC or link on the Kernel)		
Sign in/sign out to the Pyxis MedStation® ES system		
Register Bio ID fingerprint identification system scan / Reset finger scan		
Main Menu screen		
PATIENTS		
All Available Patients		
Create/modify My Patient list		
REMOVE MEDICATION		
NON-PROFILE - Remove medication(s) in non-profile mode		
PROFILE - Remove profile medication: scheduled and PRN		
From My Patients view (blue dots)		

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PEDIATRIC INFUSION ROOM ONLY, continued

Pyxis MedStation® ES System Equipment Checklist #DAHS-NSCPXMES14 continued	Date	Verifier Initials
Selecting patient, then remove		
Due Now tab will show orders due 1 hour before and 2 hours after current time		
All Orders tab - complete profile includes Due Now, PRNs, doses scheduled in future		
Review order details		
OVERRIDE MEDICATIONS		
Remove a medication with override		
Take appropriate steps for an existing order for an override medication - override warning		
RETURN MEDICATION		
Return a medication previously removed for a patient		
Scan medication barcode (if unable to scan return to Rx)		
WASTING MEDICATION		
Document amount wasting of full dose and replace as needed (not amount given)		
Document amount wasting of partial dose during remove process (not amount given)		
Document amount wasting of partial dose after completing remove process (not amount given)		
Witness waste		
Undocumented waste warning		
Therapeutic Phlebotomy #DAHS-NSCTP	Date	Verifier Initials
References:		
1. UC Davis Health Policy 13019: Therapeutic Phlebotomy		
Review therapy plan/order set in its entirety to confirm the following:		
a. Indication for treatment		
b. Laboratory parameters for phlebotomy which may include hemoglobin, hematocrit, ferritin		
c. Total volume (or weight) of blood to be removed		
d. Minimum duration of blood removal		
e. Frequency of procedure		
f. Fluid replacement as ordered		
Ensure vital signs are obtained prior to start of procedure		
Obtain vascular access as indicated (PIV or central line), utilizing sterile technique. Confirm line patency; flush with normal saline		
If utilizing blood collection bag:		
a. Connect tubing, place bag on scale positioned below access site to encourage gravity flow		
b. Zero scale, then slowly unclamp tubing to allow blood to flow		

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PEDIATRIC INFUSION ROOM ONLY, continued

Therapeutic Phlebotomy #DAHS-NSCTP	Date	Verifier Initials
Alternate: a. Attach syringe to extension tubing & withdraw the ordered volume of blood. A three-way stopcock can be used if preferred. b. Flush line with normal saline as needed during phlebotomy to maintain patency		
Once ordered amount of blood has been withdrawn, clamp and disconnect removal device - collection bag or syringe/stopcock		
Scrub hub of connection site, attach normal saline syringe, flush line		
Obtain vital signs		
If IV replacement fluid is ordered, attach the administration set to PIV or central venous catheter and infuse as ordered. Note this may be ordered to occur prior to removal of blood. Ensure correct sequence is followed		
Following completion of procedure: a. Remove PIV and hold pressure to the site until hemostasis occurs b. If using a central venous catheter, flush the catheter with normal saline followed by the appropriate dose of heparin per Standardized Procedure 318: Maintenance of Locked Intravenous Peripheral and Central Catheters with Heparin or Normal Saline . If using a port, de-access per Policy 13001: Vascular Access Policy (Adult/Pediatric) and hold pressure to the site as needed		
Observe patient for 30 minutes post-procedure, ending with a final set of vital signs		
Discard blood waste in the appropriate biohazard container		