

<b>LVN IV Stick Sheet COURSE #: DAHS-NGNLVNIV10-2</b>	
<b>Name:</b>	<b>PPS#:</b>
<b>Unit:</b>	<b>Title:</b>
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.	
<b>Preceptor Verification of Skill: Method of Evaluation</b>	
O=Observation (in clinical setting) RD=Return Demonstration in Simulated Experience	

<b>IV Verification Check Sheet</b>				
The above-named person is verified to start and venipuncture for blood withdrawal at UC Davis Health System facilities under guidelines of the UCDHS Patient Care Standards Manual. <b><i>Starts and dressing techniques must be supervised by verified personnel.</i></b>	<b>Method of Instruction:</b>	<b>Date</b>	<b>Initials of verified personnel</b>	<b>Method of Evaluation:</b>
<b>IV Check Sheet #DAHS-NGNLVNIV10-2 (only if required for nursing area) – Online module passing score of 85%</b>				
Complete three (3) sticks observed by verified personnel				
Completed online module (test) #DAHS-NGNLVNIV10-1 and reviews associated policies	<b>OM</b>			
<b>Location:</b>	<b>D</b>	<b>RD</b>		
<b>Location:</b>	<b>D</b>	<b>RD</b>		
<b>Location:</b>	<b>D</b>	<b>RD</b>		

<b>PRECEPTOR SIGNATURE</b>		
<b>Signature and Printed Name of Preceptor or other verified personnel who have initialed on this form:</b>		
Initial:	Print Name:	Signature:

**PRECEPTEE STATEMENT AND SIGNATURE:**

I have read and understand the appropriate UC Davis Health Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>