

Cardiovascular Post-Procedure Management of Vascular Access Site Skill Checklist # DAHS-NSCCVPPMVAS

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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.	

Pre-Requisite Learning	Date Completed
References: UC Davis Health Policy 5019 Cardiovascular Post-Procedure Management of Vascular Access Site	
Review UC Davis Health Policy 5019 Cardiovascular Post-Procedure Management of Vascular Access Site	
Completion of e-module DAHS-NGNCIFNM21 "Cardiovascular Interventions for Nurses"	

Perform/Complete	Date Completed	Verifier Initials
Demonstrate three sheath pulls or successful management of radial compression band along with demonstrated pre/post vascular access site management per Policy 5019: Cardiovascular Post-Procedure Management of Vascular Access Site .		
▪ Demonstration 1		
▪ Demonstration 2		
▪ Demonstration 3		

Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:		
Initials:	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, and I have the knowledge of the resources available to answer questions.

Printed Name	Signature	Date
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