

Nurse Swallow Screen in Patients with Stroke Skills Checklist #DAHS-NSCNSSPS15

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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.

References:

[Policy 15017: Dysphagia \(Swallow\) Screen for Patients with Stroke](#)

	Date Completed	Verifier Initials
Performs per Policy 15017		

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