

<b>Arterial Puncture (Respiratory Care Provider)</b>		<b>#DAHS-NSCAPRESP</b>	
<b>Name:</b>	<b>Employee ID #:</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.			
<b>This skill will be considered complete when all below performance criteria are completed and have been scanned and emailed to: <a href="mailto:hs-cppn@ucdavis.edu">hs-cppn@ucdavis.edu</a></b>			
			<b>Date Completed (or N/A)</b>
			<b>Verifier Initials</b>

<b>References:</b> <a href="#">UC Davis Health Policy 17012: Arterial Puncture for Adults and Children</a>		
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Demonstrate three successful arterial punctures on a human or simulated patient ( <b>at least one human</b> ) under the supervision of a skill verified clinician		
<b>Demonstration 1</b> (Circle one) human patient/simulated patient <b>Site:</b>		
<b>Demonstration 2</b> (Circle one) human patient/simulated patient <b>Site:</b>		
<b>Demonstration 3</b> (Circle one) human patient/simulated patient <b>Site:</b>		

<b>Signature and Printed Name of skill verified personnel who has initialed on this form:</b>		
Initial:	Print Name:	Signature:
Initial:	Print Name:	Signature:
Initial:	Print Name:	Signature:

**PRECEPTEE STATEMENT AND SIGNATURE:**

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

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