



LMA and UVC Skills Checklist

Print Name: _____

Employee# _____

Unit: _____

Role: **Registered Nurse**

APPROVED VALIDATORS FOR THIS SKILLS CHECKLIST: Preceptor, Clinical Practice Support, Manager, Super-User	
SKILL ELEMENT	INITIALS/DATE
UVC Procedure	
Describes when low-lying UVC placement is needed, according to NRP algorithm	
Gathers supplies	
Prepares catheter <ul style="list-style-type: none"> - Connects stopcock and flush syringe - Flushes air out of catheter and perpendicular stopcock port 	
Verbalizes importance of ensuring stopcock is "off to the baby"	
Prepares umbilical site <ul style="list-style-type: none"> - Applies cord tie - Cleans umbilical cord using approved solution 	
Cuts umbilical cord <ul style="list-style-type: none"> - Assesses for bleeding and tightens cord tie as needed 	
Inserts catheter 3-5cm <ul style="list-style-type: none"> - Assesses for blood return and adjusts catheter until blood return is obtained - Flushes blood from catheter - Returns stopcock to "off to baby" 	
Secures UVC to abdomen	
Administers medication/fluids	
Draws labs as needed	
Removes catheter in collaboration with LIP and per policy	
LMA Procedure	
Describes when an LMA may be needed, according to NRP algorithm	
Gathers supplies	
Gently inserts LMA into airway	
Verifies correct placement <ul style="list-style-type: none"> - Follows corrective steps to obtain correct placement 	
Removes LMA in collaboration with LIP	



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VALIDATOR ATTESTATION: I have observed this individual perform the above-named procedure(s) and attest that they are competent to perform this/these skill(s) independently.

Initials	Print Name	Signature	Title (Educator, Super user)

EMPLOYEE ATTESTATION: I acknowledge my accountability for the consistent performance of this/these skill(s) as outlined in this checklist.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

MANAGER SIGNATURE: _____ **DATE:** _____