



**LICENSED PRACTICAL/VOCATIONAL NURSE SKILLS CHECKLIST**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

**INSTRUCTIONS**

Please provide accurate answers so we can correctly match your abilities to our client job requirements. Please check the level of experience and expertise you have in each skill category, using the following scale:

**#1 = Familiar with procedure but will usually or almost always require some assistance.**

**#2 = Competent and familiar with procedure:** I can perform this procedure with excellence, usually without assistance.

**#3 = Very competent:** I have at least 12 months experience and can perform this procedure with excellence and without assistance.

**NOTE:** Leave blank any procedures which you have **no experience, training or low competence.**

SKILLS:	1	2	3
<b>Assessment &amp; Care of Patient w/or Requiring:</b>			
Acute Cholecystitis			
Adrenal Disorders			
Angina			
Amputation			
Anthroscopic Surgery			
Asthma			
Basal Skull Fracture			
Bowel Obstruction			
Bronchoscopy			
Burns			
Cardiac Arrest			
Cardiac Catheterization			
Cardiomyopathy			
Carotid Endarterectomy			
Cerebral Vascular Accident (CVA)			
Cirrhosis			
Coma			
Congestive Heart Failure			
COPD			
Delirium Tremens			
Diabetes Insipidus			
Diabetes Mellitus			
Encephalitis			
Femoral-Popliteal Bypass			
GI Bleeding			
Hepatic Failure			
Hepatitis			
HIV/AIDS			
Hyperthyroidism			
Hypothyroidism			
Inflammatory Bowel Disease			
Leukemia			

SKILLS:	1	2	3
Lobectomy			
Malignant Tumors			
Meningitis			
Multiple Sclerosis			
Neuromuscular Disease			
Osteoporosis			
Paralytic Ileus			
Pinned Fractures			
Pituitary Disorders			
Pneumonectomy			
Pneumonia			
Post Acute MI (>48 Hrs)			
Post Angioplasty			
Post Hypophysectomy			
Post Thyroidectomy			
Post Operative Care			
1. GI Surgery			
2. Orthopedic Surgery			
3. Ostomy			
4. Vascular Surgery			
Renal Failure			
Renal Transplant			
Rheumatic/Arthritic Disease			
Seizures			
Spinal Cord Injury			
Thrombophlebitis			
Total Hip Replacement			
Total Knee Replacement			
Tuberculosis			
TURP/TURBP			
Thyroid Dysfunction			
Urinary Tract Infection			

<b>SKILLS:</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Experience/Skills:</b>			
Admission Process			
A-V Fistula Care			
Brace/Splint Application			
Catheter insertion & care:			
1. Bladder Irrigation			
2. Foley			
a. Female			
b. Male			
3. Straight			
a. Female			
b. Male			
4. Suprapubic			
Cast Care			
Charge Nurse Routine			
Chemotherapy-Adult Protocols			
Chest Physiotherapy			
Chest tube & drainage system			
1. Care & maintenance			
Set-up & run 12 lead EKG			
Feedings			
1. Continuous tube feeding			
2. Gavage, intermittent			
Gastric Suction			
Glasgow Coma Scale			
Halo Traction/Cervical Tongs			
Hemodynamic Monitoring, Non-invasive			
1. Auscultation			
2. Doppler			
3. Electronic			
4. Palpation			
Use of Ventilator			
Intestinal Tract Tubes, Placement & Care			
1. Gastrostomy			
2. Jejunostomy			
3. Nasogastric			
4. Orogastric			
5. T-Tube			
Isolation Procedures			
Lumbar Puncture (assist)			
Nephrostomy Tube Care			
Nerve Stimulators			
Neurological Assessment			
Nursing Assessment Care Planning			
Oxygen Therapy Administration			
1. Bag & mask			
2. External CPAP			
3. Face mask			
4. Nasal cannula			
5. Trach Collar			
Pacemaker			
1. Permanent			

<b>SKILLS:</b>	<b>1</b>	<b>2</b>	<b>3</b>
2. Temporary			
Physical Assessment			
Restraints			
Specimen Collection			
1. Blood			
a. Venous stick			
Cultures			
Sputum			
Urine			
1. Catheter			
2. 24 Hr Collection			
Suctioning			
1. Nasal-pharyngeal			
2. Oral-pharyngeal			
3. Tracheostomy			
Temperature			
1. Oral			
2. Tympanic			
Thoracentesis (assist)			
Traction Application			
Vital Signs			
Wound/Ostomy Care			
1. Colostomy site care/bag change			
2. Decubitus ulcers			
3. Ileostomy site care/bag change			
4. Irrigations			
5. Sterile Dressing Changes			
Intravenous Infusion Therapy			
1. Blood & blood products infusion			
a. Whole Blood			
b. Packed Cells			
c. Platelets			
d. Granulocytes			
e. Plasma			
2. CVP lines and dressing change			
3. Venipuncture			
4. Start IVs			
a. Angiocath			
b. Butterfly			
5. Label IV bag/bottle			
6. Change IV bag/bottle			
7. Change IV tubing			
8. Heparin lock			
9. Nutritional Infusions			
a. Hyperalimentation			
b. Intralipids			
10. IV Certification			
a. Surgical wounds with drains			
<b>MEDICATIONS</b>			
Oral			
Rectal			
Vaginal			

<b>SKILLS:</b>	<b>1</b>	<b>2</b>	<b>3</b>
Eye Drops			
Ear Drops			
SQ			
IM			
Pediatric Conversions			
IVPB/IVP			
IVadaitives			
Heparin			
Insulin			
Topical			
Unit Dose			
Pass Medication 1-10 pts			
Pass Medication 10-20 pts			
<b>EQUIPMENT</b>			
Cardiac Monitor			
Ted Hose			
Glucometer			
Infusion Delivery Systems (specify manufacturer)			
1. IV Pump:			
2. IV Pump:			
3. IV Pump:			
Oxygen Flow Meter			
Pulse Oxymeter			
Specialty Beds			
1. Air Fluidized			
2. Low Air Loss			
3. Rotating			
<b>Age Specific Practice Criteria</b>			
Newborn/Neonate (birth - 30 days)			
Infant (30 days - 1 yr)			
Toddler (1 - 3 yrs)			

<b>SKILLS:</b>	<b>1</b>	<b>2</b>	<b>3</b>
Preschooler (3 - 5 yrs)			
School age children (5 - 12 yrs)			
Adolescents (12 -18 yrs)			
Young Adults (18-39 yrs)			
Middle Adults (39 - 64 yrs)			
Older Adults (64+ yrs)			
<b>2. Care of patient with:</b>			
Able to adapt care to incorporate normal growth and development.			
Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.			
Can ensure a safe environment reflecting specific needs of various groups.			
<b>3. My experience is primarily in:</b>			
Medical			
Neurology			
Surgical			
Pediatrics			
Telemetry			
OB/GYN			
Orthopedics			
Psychiatry			
Oncology			
Rehabilitation			
Other:			

The Licensed Practical/Vocational Nurse functions under the supervision of the Registered Nurse and the Nurse Practice Act for the state of practice.

**Certification:**

Please check the boxes below and indicate the expiration date for each certificate that you hold. If you do not know the exact date, please use the last date of the specific month (e.g., 05/31/2003).

<b>Certification</b>	<b>Expiration Date</b>
<input type="checkbox"/> BCLS	
<input type="checkbox"/> Computerized charting system	
<input type="checkbox"/> Medication administration	
<input type="checkbox"/> Other:	

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this skills checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

Full Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Retyped name acts as signature, if submitting form by email

Reviewed by \_\_\_\_\_ : Date: \_\_\_\_\_