

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
Cardiovascular			
1. Assessment			
Auscultation (rate, rhythm)			
Blood pressure/non-invasive			
Doppler			
Heart sounds/murmurs			
Pulses/circulation checks			
2. Equipment & procedures			
Telemetry:			
Basic 12 lead interpretation			
Basic arrhythmia interpretation			
Lead placement			
Pacemaker:			
Permanent			
Temporary			
3. Care of the patient with			
Abdominal aortic bypass			
Aneurysm			
Angina			
Cardiac arrest			
Cardiomyopathy			
Carotid endarterectomy			
Congestive heart failure (CHF)			
Femoral-popliteal bypass			
Myocarditis			
Post acute MI (24-48 hours)			
Post angioplasty			
Post cardiac cath			
Post cardiac surgery			
Thrombophlebitis			
4. Medications			
Heparin drip			

SKILLS:	1	2	3
Oral anticoagulants			
Oral & IVP antihypertensives			
Oral & topical nitrates			
Pulmonary			
1. Assessment			
Breath sounds			
Rate & work of breathing			
2. Interpretation of lab results			
Blood chemistry			
Blood gases			
3. Equipment & procedures			
Airway management devices /suctioning:			
Endotracheal tube/sectioning			
Nasal airway/suctioning			
Oropharyngeal/suctioning			
Sputum specimen collection			
Tracheostomy/suctioning			
<i>Assist with intubation</i>			
Assist with thoracentesis			
Care of the patient on a ventilator			
Care of the patient with a chest tube:			
Assist with set-up & insertion			
Measuring & emptying			
Removal			
Chest physiotherapy			
Incentive spirometry			
O₂ therapy & medication delivery systems:			
Bag & Mask			
External CPAP			
Face masks			
Inhalers			
Nasal cannula			

SKILLS:	1	2	3
Portable O ₂ tank			
Trach collar			
Oximetry			
4. Care of the patient with			
Bronchoscopy			
COPD			
Fresh tracheostomy			
Lobectomy			
Pneumonectomy			
Pneumonia			
Pulmonary embolism			
Thoracotomy			
Tuberculosis			
Neurological			
1. Assessment			
Glasgow coma scale			
Level of consciousness			
2. Equipment & procedures			
Assist with lumbar practices			
Use of hyper/hypothermia blanket			
3. Care of the patient with			
Aneurysm precautions			
Basal skull fracture			
Closed head injury			
Coma			
CVA			
DTs			
Encephalitis			
Externalized VP shunts			
Meningitis			
Neuromuscular disease			
Post craniotomy			
Seizures			
Spinal cord injury			
4. Administration of anticonvulsants			
Orthopedics			
1. Assessment:			
Circulation checks			
Gait			
Range of motion			
Skin			
2. Equipment & procedures			
Continuous passive motion devices			
Support devices:			
Cane			
Cervical collar			
Gait belt			
Prosthetic			
Sling			
Transfer boards			

SKILLS:	1	2	3
Walker			
Wheelchair			
Traction			
3. Care of the patient with:			
Amputation			
Arthroscopic surgery			
Cast			
Osteoporosis			
Pinned fractures			
Rheumatic/arthritis disease			
Total hip replacement			
Total knee replacement			
Gastrointestinal			
1. Assessment			
Abdominal/bowel sounds			
Fluid balance			
Nutritional			
2. Interpretation of blood chemistry			
3. Equipment & procedures			
Administration of tube feeding:			
Feeding pump			
Gravity feeding			
Saline lavage			
Flexible Feeding Tube (i.e., Corpak Dobhoff)			
Management of:			
Gastrostomy tube			
Jejunostomy tube			
T-tube			
Placement of nasogastric tube			
Salem sump to suction			
4. Care of the patient with:			
Bowel obstruction			
Colostomy/ileostomy			
GI bleeding			
GI surgery			
Hepatitis			
Inflammatory bowel disease			
Invasive diagnostic testing			
Liver failure			
Paralytic ileus			
Renal/Genitourinary (GU)			
1. Assessment			
Arterio venous fistula/shunt			
Fluid balance			
Renal/Genitourinary - continued (GU)			
2. Interpretation of lab results:			
BUN & creatinine			
Electrolytes			

SKILLS:	1	2	3
3. Equipment & procedures			
Insertion & care of straight and Foley catheter:			
Female			
Male			
Catheter care:			
3-way Foley			
Supra-pubic			
Bladder irrigations:			
Continuous			
Intermittent			
Specimen Collection:			
Routine			
24 hour			
4. Care of the patient with			
Hemodialysis			
Nephrectomy			
Peritoneal dialysis			
Renal failure			
Renal transplant			
TURP			
Urinary diversion/ ileal conduit nephrosotomy			
Urinary tract infection			
Endocrine/Metabolic			
1. Assessment			
S/S diabetic coma			
S/S insulin reaction			
2. Equipment & procedures:			
Blood glucose monitoring:			
Electronic measuring device: type			
Performing finger stick			
Visual blood glucose strips			
Indwelling insulin pump			
3. Care of the patient with:			
Diabetes mellitus			
Disorders of adrenal gland (Addison's disease)			
Disorders of pituitary gland (Diabetes insipidus)			
Hyperthyroidism (Grave's disease)			
Hypothyroidism			
Thyroidectomy			
4. Medications (administering & teaching)			
Insulin			
Oral hypoglycemics			
Steroids			
Thyroid			
Wound Management			
1. Assessment			
Skin for impending breakdown			
Stasis ulcers			

SKILLS:	1	2	3
Surgical wound healing			
2. Equipment & procedures:			
Air fluidized, low airloss beds			
Sterile dressing changes			
Wound care/irrigations			
3. Care of the patient with:			
Burns			
Pressure sores			
Staged decubitus ulcers			
Surgical wounds with drain(s)			
Traumatic wounds			
Oncology			
1. Assessment			
Nutritional status			
Pain control			
2. Interpretation of lab results			
Blood chemistry			
Blood counts			
3. Equipment & procedures:			
Reverse isolation			
4. Care of the patient with:			
Bone marrow transplant			
Fresh oncologic surgery			
Inpatient chemotherapy			
Inpatient hospice			
Leukemia			
Radiation implant			
5. Medications: Chemotherapy certification?			
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Infectious Disease			
1. Interpretation of lab results			
Blood count			
2. Equipment & procedures			
Fever management			
Isolation			
3. Care of the patient with:			
AIDS			
Hepatitis			
Lyme disease			
Phlebotomy / IV Therapy			
1. Equipment & procedures			
Administration of blood/ blood products:			
Albumin			
Cryoprecipitate			
Packed red blood cells			
Plasma			
Whole blood			
Drawing blood from central line			
Drawing venous blood			

SKILLS:	1	2	3
Starting IVs:			
Angiocath			
Butterfly			
Heparin lock			
2. Care of the patient with:			
Central line/catheter/dressing:			
Broviac			
Groshong			
Hickman			
Portacath			
Quinton			
Peripheral line/dressing			
Pain Management			
1. Assessment of pain level/tolerance			
2. Care of the patient with:			
Epidural anesthesia/analgesia (PCA pump)			
IV conscious sedation			
Narcotic analgesia			
Patient controlled analgesia (PCA pump)			
Age Specific Practice Criteria			
Newborn/Neonate (birth - 30 days)			
Infant (30 days - 1 yr)			
Toddler (1 - 3 yrs)			
Preschooler (3 - 5 yrs)			

SKILLS:	1	2	3
School age children (5 - 12 yrs)			
Adolescents (12 -18 yrs)			
Young Adults (18-39 yrs)			
Middle Adults (39 - 64 yrs)			
Older Adults (64+ yrs)			
2. Care of patient with:			
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.			
3. My experience is primarily in:			
Medical			
Neurology			
Surgical			
Pediatrics			
Telemetry			
OB/GYN			
Orthopedics			
Psychiatry			
Oncology			
Rehabilitation			
Other:			

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).

Certification	Expiration Date
<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: _____