



PACU 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
RESPIRATORY:			
Airway Management:			
Chin Lift			
Jaw Thrust			
Insertion of Oral Airways			
Insertion of Nasal Airways			
Removal of Oral/nasal Airways			
Oxygen Administration via:			
Nasal Cannula			
Face Tent			
Mask			
Vent			
Non-Rebreather			
Aerosol			
Continuous Suction Set-up			
Intermittent Suction Set-up			
Use of pulse oximeter			
Extubation			
Assist with intubation			
Assessment of breath sounds			
Respiratory Obstruction			
Hypoventilation			
Laryngospasm/Bronchospasm			
Aspiration			
Atelectasis			
Use of Ambu Bag			
Tracheostomy			
Chest Tube			
Ventilator			
Assist with Arterial Line Insertion			
Arterial Line D/C			
Draw Blood from Arterial Line			
Draw ABGs via Arterial Stick			

SKILLS	1	2	3
Interpret ABGs			
NEUROLOGICAL:			
Level of Consciousness			
Seizure Precautions			
Intracranial Pressure Monitoring			
Administration of Steroids			
Care of Post-Op Craniotomy			
GASTROINTESTINAL:			
Nasogastric Tube Insertion			
Enterostomal Care			
Operation of Gomco/Emerson			
Suction			
GENITOURINARY:			
Insertion of Straight Catheter			
Insertion of Foley Catheter			
Management of three-way Foley Catheter w/ Bladder Irrigation			
Care of Nephrostomy/Suprapubic Tubes			
Management of Post-Op Renal Transplant			
CARDIOVASCULAR:			
Abnormal Heart Sounds			
Basic Arrhythmias			
Use of Cardiac Monitors			
Controlled Cardioversion			
Set up CVP Line			
Care of CVP Line			
Obtain CVP Readings			
D/C Central Line			
Use of Doppler			
Care of Patient with:			
Post-Op AAA Repair			

SKILLS	1	2	3
Hypovolemia			
Pacemaker			
Management of Shock			
Management of Hypertensive Crisis			
Management of Hypotensive Crisis			
Assessment of Peripheral Pulses			
Vasoactive Drug Administration			
MISCELLANEOUS:			
Care of patient with:			
Malignant Hyperthermia			
Latex Allergy			
HIV / AIDS			
Hypothermia			

SKILLS	1	2	3
Infectious Disease			
Anaphylactic Shock			
Patient Stimulation and Stir-up Regimen			
Dressing Change			
Isolation Techniques			
Use of Reversal Drugs			
Use of Warming Blankets			
Use of Computers			
Use of Anti-Emetic Drugs			
_____ Years of Experience in PACU			

Certification:

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: _____