Medical/Surgical Skills Checklist

This profile is for use by Medical/Surgical nurses with more than one year’s experience in their discipline and specialty.

Name: ________________________________
Social Security Number: __________________ Date: ___________________________

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<td>1. Assessment</td>
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<td>a. Auscultation (rate / rhythm)</td>
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<td>b. Blood pressure / non-invasive</td>
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<td>c. Doppler</td>
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<td>d. Heart sounds / murmurs</td>
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<td>e. Pulses / circulation checks</td>
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<td>2. Interpretation of lab results</td>
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<tr>
<td>a. Blood chemistry</td>
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<td>b. Blood gases</td>
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<td>3. Equipment &amp; Procedures</td>
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<td>a. Telemetry</td>
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<td>(1) Basic 12 lead interpretation</td>
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<td>(2) Basic arrhythmia interpretation</td>
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<td>(1) Permanent</td>
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<td>a. Breath sounds</td>
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<td>b. Rate and work of breathing</td>
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<td>2. Interpretation of lab results</td>
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<td>3. Equipment &amp; Procedures</td>
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<td>a. Airway management devices/suctioning</td>
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<td>(1) Endotracheal tube / suctioning</td>
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<td>(2) Nasal airway / suctioning</td>
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<td>(3) Oropharyngeal / suctioning</td>
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<td>(4) Sputum specimen collection</td>
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<td>(5) Tracheostomy / suctioning</td>
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<td>b. Assist with intubation</td>
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<td>c. Assist with thoracentesis</td>
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<td>d. Care of patient on a ventilator</td>
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<td>e. Care of patient with a chest tube</td>
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<td>(1) Assist with set-up &amp; insertion</td>
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<td>(2) Measuring and emptying</td>
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<td>(3) Removal</td>
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<td>f. Chest physiotherapy</td>
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<td>g. Incentive spirometry</td>
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<td>h. O₂ therapy &amp; medication delivery systems</td>
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<td>(1) Bag &amp; mask</td>
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<td>(2) External CPAP</td>
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<td>(3) Face masks</td>
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<td>(4) Inhalers</td>
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<td>(5) Nasal cannula</td>
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<td>(6) Portable O₂ tank</td>
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<td>(7) Trach collar</td>
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<tr>
<td>i. Oximetry</td>
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4. Care of patient with:
   a. Bronchoscopy
   b. COPD
   c. Fresh tracheostomy
   d. Lobectomy
   e. Pneumonectomy
   f. Pneumonia
   g. Pulmonary embolism
   h. Thoracotomy
   A  B  C  D

3. Care of patient with:
   a. Amputation
   b. Arthroscopic surgery
   c. Cast
   d. Osteoporosis
   e. Pinned fractures
   f. Rheumatic / arthritic disease
   g. Total hip replacement
   h. Total knee replacement
   A  B  C  D

C. NEUROLOGICAL
1. Assessment
   a. Glasgow coma scale
   b. Level of consciousness
   A  B  C
2. Equipment and procedures
   a. Assist with lumbar puncture
   b. Use of hyper / hypothermia blanket
   A  B  C
3. Care of patient with:
   a. Aneurysm precautions
   b. Basal skull fracture
   c. Closed head fracture
   d. Coma
   e. CVA
   f. DT's
   g. Encephalitis
   h. Externalized VP shunts
   i. Meningitis
   j. Neuromuscular disease
   k. Post craniotomy
   l. Seizures
   m. Spinal cord injury
   A  B  C
4. Administration of anticonvulsants
   A  B  C

D. ORTHOPEDICS
1. Assessment
   a. Circulation checks
   b. Gait
   c. Range of motion
   d. Skin
   A  B  C
2. Equipment and procedures
   a. Continuous passive motion devices
   b. Support devices
   (1) Cane
   (2) Cervical collar
   (3) Gait belt
   (4) Prosthetic
   (5) Sling
   (6) Transfer boards
   (7) Walker
   (8) Wheelchair
   A  B  C
   A  B  C

E. GASTROINTESTINAL
1. Assessment
   a. Abdominal / bowel sounds
   b. Fluid balance
   c. Nutritional
   A  B  C
2. Interpretation of blood chemistry
   A  B  C
3. Equipment and procedures
   a. Administration of tube feeding
      (1) Feeding pump
      (2) Gravity feeding
      (3) Saline lavage
   b. Flexible feeding tube
      (i.e., Corpak, Dobhoff)
   c. Management of
      (1) Gastrostomy tube
      (2) Jejunostomy tube
      (3) T-tube
   d. Placement of nasogastric tube
   e. Salem sump to suction
   A  B  C

4. Care of the patient with:
   a. Bowel obstruction
   b. Colostomy / ileostomy
   c. GI bleeding
   d. GI surgery
   e. Hepatitis
   f. Inflammatory bowel disease
   g. Invasive diagnostic testing
   h. Liver failure
   i. Paralytic ileus
   A  B  C

F. RENAL / GENITOURINARY
1. Assessment
   a. Arterion venous fistula / shunt
   b. Fluid balance
   A  B  C
2. Interpretation of lab results
   a. BUN and creatinine
   b. Electrolytes
   A  B  C
3. Equipment and procedures
   a. Insertion & care of straight and Foley catheter
      (1) Male
      (2) Female
   A  B  C
b. Catheter care
   (1) 3-way Foley...........................................Ο Ο Ο Ο
   (2) Supra-pubic...........................................Ο Ο Ο Ο

c. Bladder irrigations......................................Ο Ο Ο Ο
   (1) Continuous..........................................Ο Ο Ο Ο
   (2) Intermittent.........................................Ο Ο Ο Ο

d. Specimen collection
   (1) Routine..............................................Ο Ο Ο Ο
   (2) 24 hour..............................................Ο Ο Ο Ο

4. Care of patient with:

   a. Hemodialysis........................................Ο Ο Ο Ο
   b. Nephrectomy........................................Ο Ο Ο Ο
   c. Peritoneal dialysis................................Ο Ο Ο Ο
   d. Renal failure........................................Ο Ο Ο Ο
   e. Renal transplant....................................Ο Ο Ο Ο
   f. TURP..................................................Ο Ο Ο Ο

5. Urinary diversion /
   ileal conduit nephrostomy................................Ο Ο Ο Ο
   h. Urinary tract infection.............................Ο Ο Ο Ο

ENDOCRINE / METABOLIC

1. Assessment
   a. S/S diabetic coma....................................Ο Ο Ο Ο
   b. S/S insulin reaction.................................Ο Ο Ο Ο

2. Equipment and procedures..............................Ο Ο Ο Ο

   b. blood glucose monitoring
      (1) Electronic measuring device
          Type ..................................................Ο Ο Ο Ο
      (2) Performing finger stick........................Ο Ο Ο Ο
      (3) Visual blood glucose strips....................Ο Ο Ο Ο

   b. Indwelling insulin pump............................Ο Ο Ο Ο

3. Care of patient with:

   a. Diabetes mellitus....................................Ο Ο Ο Ο
   b. Disorders or adrenal gland.......................Ο Ο Ο Ο
      (Addison’s disease)
   c. Disorders of pituitary gland.....................Ο Ο Ο Ο
   d. Hyperthyroidism (Graves Disease)..............Ο Ο Ο Ο
   e. Hypothyroidism......................................Ο Ο Ο Ο
   f. Thyroidectomy......................................Ο Ο Ο Ο

4. Medications (administration and testing)

   a. Insulin...............................................Ο Ο Ο Ο
   b. Oral hypoglycemics................................Ο Ο Ο Ο
   c. Steroids............................................Ο Ο Ο Ο
   d. Thyroid.............................................Ο Ο Ο Ο

WOUND MANAGEMENT

1. Assessment

   a. Skin for impending breakdown..................Ο Ο Ο Ο
   b. Stasis ulcers........................................Ο Ο Ο Ο
   c. Surgical wound healing.............................Ο Ο Ο Ο

2. Equipment and procedures

   a. Air fluidized, low airloss beds................Ο Ο Ο Ο
   b. Sterile dressing changes........................Ο Ο Ο Ο
   c. Wound care / irrigations........................Ο Ο Ο Ο

3. Care of patient with:

   a. Burns..............................................Ο Ο Ο Ο
   b. Pressure sores.....................................Ο Ο Ο Ο
   c. Staged decubitus ulcers..........................Ο Ο Ο Ο
   d. Surgical wounds with drain(s)..................Ο Ο Ο Ο
   e. Traumatic wounds................................Ο Ο Ο Ο

I. ONCOLOGY

1. Assessment

   a. Nutritional status..................................Ο Ο Ο Ο
   b. Pain control........................................Ο Ο Ο Ο

2. Interpretation of lab results

   a. Blood chemistry....................................Ο Ο Ο Ο
   b. Blood counts.......................................Ο Ο Ο Ο

3. Equipment and procedures

   a. Reverse isolation..................................Ο Ο Ο Ο

4. Care of patient with:

   a. Bone marrow transplant..........................Ο Ο Ο Ο
   b. Fresh oncologic surgery..........................Ο Ο Ο Ο
   c. Inpatient chemotherapy...........................Ο Ο Ο Ο
   d. Inpatient hospice..................................Ο Ο Ο Ο
   e. Leukemia............................................Ο Ο Ο Ο
   f. Radiation implant..................................Ο Ο Ο Ο

5. Medications: Chemotherapy certification? Yes □ No □

J. INFECTIOUS DISEASES

1. Interpretation of lab results: blood count................Ο Ο Ο Ο

2. Equipment and procedures

   a. Fever management..................................Ο Ο Ο Ο
   b. Isolation............................................Ο Ο Ο Ο

3. Care of patient with:

   a. AIDS.................................................Ο Ο Ο Ο
   b. Hepatitis.............................................Ο Ο Ο Ο
   c. Lyme disease.......................................Ο Ο Ο Ο

PHLEBOTOMY / IV THERAPY

1. Equipment and procedures

   a. Administration of blood / blood products
      (1) Albumin..........................................Ο Ο Ο Ο
      (2) Cryoprecipitate..................................Ο Ο Ο Ο
      (3) Packed red blood cells........................Ο Ο Ο Ο
      (4) Plasma............................................Ο Ο Ο Ο
      (5) Whole blood......................................Ο Ο Ο Ο

   b. Drawing blood from central line..................Ο Ο Ο Ο
   c. Drawing venous blood..............................Ο Ο Ο Ο
   d. Starting IVs.......................................Ο Ο Ο Ο

   (1) Angiocath.........................................Ο Ο Ο Ο
   (2) Butterfly..........................................Ο Ο Ο Ο
   (3) Heparin lock......................................Ο Ο Ο Ο
2. Care of patient with:
   (1) Broviac………………………………………….  
   (2) Groshong………………………………………….
   (3) Hickman………………………………………….
   (4) Portacath………………………………………….
   (5) Quinton………………………………………….

3. Peripheral line / dressing…………………………….

My experience is primarily in: (Please indicate number of years.)

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<th>Medical</th>
<th>Oncology</th>
<th>OB/GYN</th>
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Age Specific Practice Criteria:
A. Newborn/Neonate (birth - 30 days)  
B. Infant (30 days – 1 year)  
C. Toddler (1 – 3 years)  
D. Preschooler (3 – 5 years)  
E. School age children (3 – 12 Years)  
F. Adolescents (12 –18 years)  
G. Young Adults (18 – 39 years)  
H. Middle Adults (39 – 64 years)  
I. Older Adults (64+)

EXPERIENCE WITH AGE GROUPS:

- Able to adapt care to incorporate normal development and growth………………………………….
- 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 age groups…………………….

CERTIFICATION: (mm/dd/yy)

- BCLS Expiration Date:  ____/____/____
- Computerized charting system: _____________________________ Date:  ____/____/____
- Medication administration system: _____________________________ Date:  ____/____/____
- Other (type) _____________________________ Exp. Date:  ____/____/____

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Elite Medical Staffing, Inc., / Elite Travel Nurse to release this Medical/Surgical Skills Checklist to Client facilities of Elite in relation to consideration of employment as a Professional with those facilities.

Signature  

Date:  ____/____/____