



# 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: \_\_\_\_\_

<b>A</b> = No practice, Theory only	<b>C</b> = Acceptable Competence/Proficiency One – two years' experience
<b>B</b> = Limited Experience	<b>D</b> = Competent/Proficient. 2 plus years experience

## A. CARDIOVASCULAR

	A	B	C	D
<b>1. Assessment</b>				
a. Auscultation (rate / rhythm).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Blood pressure / non-invasive.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Doppler.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Heart sounds / murmurs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pulses / circulation checks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Equipment &amp; Procedures</b>				
a. Telemetry				
(1) Basic 12 lead interpretation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Basic arrhythmia interpretation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Lead placement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pacemaker				
(1) Permanent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Temporary.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Care of the patient with:</b>				
a. Abdominal aortic bypass.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Aneurysm.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Angina.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cardiac arrest.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cardiomyopathy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Carotid endarterectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Congestive heart failure (CHF).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Femoral-popliteal bypass.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Myocarditis .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Post acute MI (24-48 hours).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Post angioplasty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Post cardiac cath.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Post cardiac surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Thrombophlebitis .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Medications</b>				
a. Heparin drip.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Oral anticoagulants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Oral & IVP antihypertensives.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Oral & topical nitrates.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## B. PULMONARY

	A	B	C	D
<b>1. Assessment</b>				
a. Breath sounds.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rate and work of breathing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Interpretation of lab results</b>				
a. Blood chemistry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Blood gases.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Equipment &amp; Procedures</b>				
a. Airway management devices/suctioning				
(1) Endotracheal tube / suctioning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Nasal airway / suctioning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Oropharyngeal / suctioning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Sputum specimen collection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Tracheostomy / suctioning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assist with intubation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Assist with thoracentesis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Care of patient on a ventilator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Care of patient with a chest tube.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Assist with set-up & insertion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Measuring and emptying.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Removal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Chest physiotherapy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Incentive spirometry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. O <sub>2</sub> therapy & medication delivery systems				
(1) Bag & mask.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) External CPAP.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Face masks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Inhalers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Nasal cannula.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Portable O <sub>2</sub> tank.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Trach collar.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Oximetry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |                            | <b>A</b>                 | <b>B</b>                 | <b>C</b>                 | <b>D</b>                 |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. Care of patient with:   |                          |                          |                          |                          |
| a. Bronchoscopy.....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. COPD.....               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Fresh tracheostomy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lobectomy.....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pneumonectomy.....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Pneumonia.....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Pulmonary embolism..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Thoracotomy.....        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C. NEUROLOGICAL**

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

**D. ORTHOPEDICS**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Assessment                             |                          |                          |                          |                          |
| a. Circulation checks.....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Gait.....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Range of motion.....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Skin.....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Equipment and procedures               |                          |                          |                          |                          |
| a. Continuous passive motion devices..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Support devices                        |                          |                          |                          |                          |
| (1) Cane.....                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Cervical collar.....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Gait belt.....                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Prosthetic.....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Sling.....                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) Transfer boards.....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (7) Walker.....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (8) Wheelchair.....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Traction.....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                       | <b>A</b>                 | <b>B</b>                 | <b>C</b>                 | <b>D</b>                 |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. Care of patient with:              |                          |                          |                          |                          |
| a. Amputation.....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Arthroscopic surgery.....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Cast.....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Osteoporosis.....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pinned fractures.....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Rheumatic / arthritic disease..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Total hip replacement.....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Total knee replacement.....        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**E. GASTROINTESTINAL**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Assessment  |                          |                          |                          |                          |
| a. Abdominal / bowel sounds.....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Fluid balance.....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Nutritional.....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Interpretation of blood chemistry.....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Equipment and procedures                              |                          |                          |                          |                          |
| a. Administration of tube feeding                        |                          |                          |                          |                          |
| (1) Feeding pump.....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Gravity feeding.....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Saline lavage.....                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Flexible feeding tube<br>(i.e., Corpak, Dobhoff)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Management of   |                          |                          |                          |                          |
| (1) Gastrostomy tube.....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Jejunostomy tube.....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) T-tube.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Placement of nasogastric tube.....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Salem sump to suction.....                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Care of the patient with:                             |                          |                          |                          |                          |
| a. Bowel obstruction.....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Colostomy / ileostomy.....                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. GI bleeding.....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. GI surgery.....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Hepatitis.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Inflammatory bowel disease.....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Invasive diagnostic testing.....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Liver failure.....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Paralytic ileus.....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**F. RENAL / GENITOURINARY**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Assessment                                      |                          |                          |                          |                          |
| a. Arterion venous fistula / shunt.....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Fluid balance.....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Interpretation of lab results                   |                          |                          |                          |                          |
| a. BUN and creatinine.....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Electrolytes.....                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Equipment and procedures                        |                          |                          |                          |                          |
| a. Insertion & care of straight and Foley catheter |                          |                          |                          |                          |
| (1) Male.....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Female.....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |  | A                        | B                        | C                        | D                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| b. Catheter care   |                          |                          |                          |                          |
| (1) 3-way Foley.....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Supra-pubic.....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Bladder irrigations.....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1) Continuous.....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Intermittent.....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Specimen collection                                   |                          |                          |                          |                          |
| (1) Routine.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) 24 hour.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Care of patient with:                                 |                          |                          |                          |                          |
| a. Hemodialysis.....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Nephrectomy.....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Peritoneal dialysis.....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Renal failure.....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Renal transplant.....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. TURP.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Urinary diversion /<br>ileal conduit nephrostomy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Urinary tract infection.....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**ENDOCRINE / METABOLIC**

- Assessment
  - S/S diabetic coma.....
  - S/S insulin reaction.....
- Equipment and procedures.....    
  - blood glucose monitoring
    - Electronic measuring device  
Type \_\_\_\_\_
    - Performing finger stick.....
    - Visual blood glucose strips.....
  - Indwelling insulin pump.....
- Care of patient with:
  - Diabetes mellitus.....
  - Disorders or adrenal gland.....      
(Addison's disease)
  - Disorders of pituitary gland.....
  - Hyperthyroidism (Graves Disease).....
  - Hypothyroidism.....
  - Thyroidectomy.....
- Medications (administration and testing)
  - Insulin.....
  - Oral hypoglycemics.....
  - Steroids.....
  - Thyroid.....

**WOUND MANAGEMENT**

- Assessment
  - Skin for impending breakdown.....
  - Stasis ulcers.....
  - Surgical wound healing.....
- Equipment and procedures
  - Air fluidized, low airloss beds.....
  - Sterile dressing changes.....
  - Wound care / irrigations.....

- |                                       | A                        | B                        | C                        | D                        |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. Care of patient with:              |                          |                          |                          |                          |
| a. Burns.....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pressure sores.....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Staged decubitus ulcers.....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Surgical wounds with drain(s)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Traumatic wounds.....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**I. ONCOLOGY**

- Assessment
  - Nutritional status.....
  - Pain control.....
- Interpretation of lab results
  - Blood chemistry.....
  - Blood counts.....
- Equipment and procedures
  - Reverse isolation.....
- Care of patient with:
  - Bone marrow transplant.....
  - Fresh oncologic surgery.....
  - Inpatient chemotherapy.....
  - Inpatient hospice.....
  - Leukemia.....
  - Radiation implant.....
- Medications: Chemotherapy certification? Yes  No

**J. INFECTIOUS DISEASES**

- Interpretation of lab results: blood count
- Equipment and procedures
  - Fever management.....
  - Isolation.....
- Care of patient with:
  - AIDS.....
  - Hepatitis.....
  - Lyme disease.....

**PHLEBOTOMY / IV THERAPY**

- Equipment and procedures
  - Administration of blood / blood products
    - Albumin.....
    - Cryoprecipitate.....
    - Packed red blood cells.....
    - Plasma.....
    - Whole blood.....
  - Drawing blood from central line.....
  - Drawing venous blood.....
  - Starting IVs.....    
    - Angiocath.....
    - Butterfly.....
    - Heparin lock.....

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

- |                                    | A                        | B                        | C                        | D                        |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2. Care of patient with:           |                          |                          |                          |                          |
| (1) Broviac.....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Groshong.....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Hickman.....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Portacath.....                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Quinton.....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Peripheral line / dressing..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**L. PAIN MANAGEMENT**

- |  | A                        | B                        | C                        | D                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Assessment of pain level / tolerance.....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Care of patient with:                           |                          |                          |                          |                          |
| a. Epidural anesthesia / analgesia.....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. IV conscious sedation.....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Narcotic analgesia.....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Patient controlled analgesia<br>(PCA pump)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Medical _____years     | <input type="checkbox"/> Oncology _____years      | <input type="checkbox"/> OB/GYN _____years         |
| <input type="checkbox"/> Surgical _____years    | <input type="checkbox"/> Neurology _____years     | <input type="checkbox"/> Psychiatry _____years     |
| <input type="checkbox"/> Telemetry _____years   | <input type="checkbox"/> Pediatrics _____years    | <input type="checkbox"/> Rehabilitation _____years |
| <input type="checkbox"/> Orthopedics _____years | <input type="checkbox"/> Other (type) _____ years |  |

**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:**

	A	B	C	D	E	F	G	H	I
Able to adapt care to incorporate normal development and growth.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to adapt method and terminology of patient Instructions to their age, comprehension and maturity level.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can ensure a safe environment reflecting Specific needs of various age groups.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Altamonte Springs, FL 32714

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