



Skills Checklist - Registered Nurse Med/Surg.

Directions: Please complete this checklist accurately as possible. This will enable us to match your skills with the available assignments.

| Unit Routines | Performs well, no supervision needed | Experienced in, may need resource person | Familiar with, need more experience | Never Performed |
|---|--|--|---|--------------------|
| 1. Assessment of Patients | | | | |
| a) Admission | | | | |
| b) Interim | | | | |
| c) Discharge | | | | |
| 2. Charting | | | | |
| 3. CPR | | | | |
| 4. Decubitus Care | | | | |
| a) Prevention | | | | |
| b) Treatment | | | | |
| 5. Specialty Beds | | | | |
| a) Gaymar | | | | |
| b) Kinair | | | | |
| c) Clintron | | | | |
| 4. Isolation | | | | |
| a) Strict | | | | |
| b) Reverse | | | | |
| c) Enteric, Respiratory | | | | |
| d) Wound and Skin | | | | |
| 5. IVS | | | | |
| a) Inserting Catheter | | | | |
| b) Inserting Needle | | | | |
| c) Monitoring | | | | |
| d) Charting | | | | |
| e) IV Pump | | | | |
| 6. Medication/Administration | | | | |
| a) Oral/Hypodermic/IM | | | | |
| b) Intravenous | | | | |
| c) Blood and Blood Components Transfusion | | | | |
| 1. Routine Transfusion Protocol (includes signing of consent) | | | | |
| 2. Transfusion Reaction Protocol | | | | |
| 7. Suction | | | | |
| a) Pharyngeal | | | | |

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|------------------------------------|---|--|---|--------------------|
| b). Tracheal | | | | |
| c) Gastric | | | | |
| d) Emerson Pump | | | | |
| e) Pleura-vac Unit | | | | |
| f) Hemovac | | | | |
| 8. Tracheostomy Care | | | | |
| 9. Procedures | | | | |
| a) Foleycath. and Care | | | | |
| b) Enemas | | | | |
| 10. Maintaining Patencies and Care | | | | |
| a) Foleycath. | | | | |
| b) Colostomy | | | | |
| c) NG Tube | | | | |
| d) Gastrotomy Tube | | | | |
| e) PEG Tube Feedings | | | | |
| f) Keofed Tube Feedings | | | | |
| g) Lavages | | | | |
| 11. Auscultation of ... | | | | |
| a) Bowel Sounds | | | | |
| b) Heart sounds | | | | |
| c) Breath Sounds | | | | |
| 12. Traction | | | | |
| 13. FSBS | | | | |
| a) Glucoscan | | | | |
| b) Accucheck | | | | |
| 14. Pre and Post Operator Care | | | | |
| 15. Assisting Physician With: | | | | |
| a) Paracentesis | | | | |
| b) Thoracentesis | | | | |
| c) Liver Biopsy | | | | |
| d) Bone Marrow | | | | |
| e) Cutdown | | | | |
| f) Lumbar Puncture | | | | |
| g) Chest Tube | | | | |

Print Name: _____

Signature: _____

Date: _____

OMV Representative: _____

Date: _____