

## RN PROFICIENCY RECORD SKILLS CHECKLIST EMERGENCY ROOM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Middle

**Level of Proficiency**  
 1-Theory- No Experience 2- Some experience (may require some assistance or practice) 3-Competent & Experienced

**Please Check The Appropriate Column for Familiarity With, or Usage of the Following**

SKILLS	1	2	3
<b>CARE OF THE TRAUMA PATIENT</b>			
Blunt Trauma			
Penetrating Trauma			
<b>Head, Neck, and Spine Trauma</b>			
Skull Fracture			
Spinal Column Injury			
Oral/Facial Injury			
Intracranial Hemorrhage			
Eye Injury			
Neck Injury			
<b>CHEST AND ABDOMINAL TRAUMA</b>			
Flail Chest			
Pneumothorax/Hemothorax			
Cardiac Injury			
Evisceration			
Solid Organ Injury			
Hollow Organ Injury			
<b>MUSCULOSKELETAL TRAUMA</b>			
Penetrating Muscle Injury			
Joint Injury			
Sprains/Dislocations			
Closed Fracture			
Femur Fracture			
Hip Dislocation/Fracture			
<b>SOFT TISSUE TRAUMA AND BURNS</b>			
Laceration/Avulsions			
Amputations			
1st Degree Burns			
2nd Degree Burns			
3rd Degree Burns			
Electrical Burns			
Chemical Burns			
Radiation Injury			
Carbon Monoxide Poisoning			
Bleeding Management			
<b>MEDICAL EMERGENCIES</b>			
<b>RESPIRATORY EMERGENCIES</b>			
Emphysema			
Chronic Bronchitis			
Asthma			

SKILLS	1	2	3
Pneumonia			
Pulmonary Embolism			
Hyperventilation Syndrome			
Acute Respiratory Distress			
Pulmonary Edema			
Near Drowning			
<b>CARDIOVASCULAR EMERGENCIES</b>			
Bradycardia			
Tachycardia			
Ventricular Fibrillation			
Ventricular Tachycardia			
Asystole			
PVC's			
Heart Blocks			
Angina			
Acute Myocardial Infarction			
Carcinogenic Shock			
Hypertensive Crisis			
<b>ENDOCRINE AND METABOLIC EMERG.</b>			
Diabetes Mellitus			
Diabetic Ketoacidosis			
Hypoglycemia			
<b>NERVOUS SYSTEM EMERGENCIES</b>			
Altered Mental Status			
Seizures			
Status Epilepticus			
Stroke			
Transient Ischemic Attacks			
<b>GASTROINTESTINAL EMERGENCIES</b>			
Esophageal Varicoes			
Gastritis			
Peptic Ulcer Disease			
Diverticulitis			
Appendicitis			
Bowel Obstruction			
GI Hemorrhage			
Hepatitis			
Aortic Aneurysm			

cont ICU

Skills	1	2	3
<b>Genitourinary/Reproductive</b>			
<b>System Emergencies</b>			
Kidney Stones			
Renal Failure			
Ectopic Pregnancy			
Testicular Torsion			
<b>ANAPHYLACTIC EMERGENCIES</b>			
Acute Anaphylaxis			
<b>TOXICOLOGY &amp; SUBSTANCE ABUSE</b>			
Overdose			
Inhaled Poisons			
Snake/Spider Bites			
Accidental Injection			
Alcohol Intoxication			
<b>ENVIRONMENTAL EMERGENCIES</b>			
Hypothermia			
Heat Exhaustion			
Heat Stroke			
Hyperpyrexia			
Frostbite			
Diving Emergencies			
<b>EMERGENCIES IN THE PEDIATRIC PATIENT</b>			
Head, Face, and Neck Injuries			
Chest and Abdominal Injuries			
Extremity Injuries			
Burns			
Child Abuse/Neglect			
Seizures			
Meningitis			
Foreign Body Aspiration			
Croup			
Epiglottitis			
Asthma			
Dehydration			
Sepsis			
Dysrhythmias			
SIDS			
<b>GYNECOLOGICAL/OB EMERGENCIES</b>			
Ectopic Pregnancy			
Sexual Assault			

Skills	1	2	3
<b>Gynecological/ob emergencies (cont)</b>			
Gestational Diabetes			
Eclampsia			
Pre Eclampsia			
Abortion			
Abruptic Placenta			
Placenta Previa			
Pregnancy Induced Hypertension			
Precipitous Delivery			
Post Partum Hemorrhage			
Malpresentation			
Premature Labor			
<b>PSYCHIATRIC EMERGENCIES</b>			
Child Abuse/Neglect			
Spouse/Partner Abuse			
Depression			
Suicide			
Psychosis			
Schizophrenia			
<b>PROCEDURES</b>			
IV Administration			
Assist with Lumbar Puncture			
Spinal Immobilization			
Visual Acuity Measurement			
Gastric Lavage			
Venipuncture			
Ambu Bag			
Assist in Intubation/Extubation			
Assist in Chest Tube Insertion			
Nebulizer Set Up and Use			
Oxygen Administration			
Endotracheal Suctioning			
Nasotracheal Suctioning			
Oropharyngeal Suctioning			
Foley Catheter Insertion			
DNC Procedure			
NG Tube Insertion			
Rape Kit			
GYN Exam			
Administration of Blood Products			



<b>Certification</b>	<b>Expiration Date</b>
ACLS	_____
BLS	_____
CEN	_____
NRP	_____
TNCC	_____
Other	_____
Other	_____

Notes: (Please enter information you feel is important or necessary to give further explanation for information provided above):

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\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_