

**RN PROFICIENCY RECORD SKILLS CHECKLIST  
MEDICAL SURGICAL/ TELEMETRY**

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>ASSESSMENT &amp; CARE OF PATIENT W/OR REQUIRING</b>			
Abdominal Aortic Aneurysm Repair			
Adrenal Disorders			
ARDS			
Angina			
Basal Skull Fracture			
Bowel Obstruction			
Bronchoscopy			
Burns			
Cardiac Arrest			
Cardiac Catheterization			
Cardiomyopathy			
Carotid Endarterectomy			
Cerebral Vascular Accident (CVA)			
Coma			
Delirium Tremens			
Diabetic Ketoacidosis			
Diabetes Insipidus			
Diabetes Mellitus			
Drug Overdose			
Encephalitis			
ERCP			
Esophageal Bleeding			
Externalized VP Shunt/Reservoir			
Femoral-Pop Bypass			
GI Bleeding			
Hepatic Failure			
Hyperthyroidism			
Hypothyroidism			
Inflammatory Bowel Disease			
Intracoronary Stent Placement			
Leukemia			
Lobectomy			
Meningitis			
Multiple Sclerosis			
Neuromuscular Disease			
Pancreatitis			
Paralytic Ileus			
Pituitary Disorders			
Pneumonectomy			

SKILLS	1	2	3
Pneumonia			
Post Acute MI (24-48)			
Post Adrenalectomy			
Post Angioplasty			
Post CABG			
Post Hypophysectomy			
Post Thyroidectomy			
Post Operative Care			
a) Cardiothoracic Surgery			
b) GI Surgery			
c) Neurosurgery			
d) Ostomy			
e) Tracheostomy			
f) Vertebral Surgery			
g) Vascular Surgery			
Pulmonary Edema			
Pulmonary Embolism			
Renal Failure			
Renal Transplant			
Seizures			
Spinal Cord Injury			
Status Asthmaticus			
Tuberculosis			
TURP			
Thyroid Dysfunction			
Urinary Tract Infection			
SKILLS:			
Admission Process			
A-V Fistula Care			
Bronchoscopy (assist)			
Catheter insertion & care			
a) Bladder Irrigation			
b) Foley			
1) Female			
2) Male			
c) Straight			
1) Female			
2) Male			
d) Suprapubic			
Carioversion			

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

SKILLS (cont)	1	2	3
<b>Charge Nurse Routine</b>			
Chest Physiotherapy			
Chest tube * drainage system			
a) Care & Maintenance			
b) Removal			
c) Sep-up			
EKG Interpretation			
a) 12 Lead			
b) Arrhythmia			
c) Lead Placement:			
1) 5 electrode-placement			
2) I, III, V-leads			
3) Lead II & MCL			
Extubation			
Feeding			
a) Continuous tube feeding			
b) Gavage, intermittent			
Femoral Artery Sheath Removal			
Gastric Lavage, Iced Saline			
Gastric Suction			
Glasgow Coma Scale			
Halo Traction/Cervical Tongs			
Hemodialysis			
Hemodynamic Monitoring Invasive			
a) Central Venous (CVP)			
Radial Arterial			
Swan-Ganz			
Hemodynamic Monitoring, Non-invasive			
a) Auscultation			
b) Doppler			
c) Electronic			
d) Palpation			
Incentive Spirometry			
Interpretation of Lab Results			
a) Blood Gases			
b) Blood Chemistry			
c) Cardiac enzymes & isoenzymes			
d) CBC			
e) Coagulation studies			
f) Cultures			

SKILLS	1	2	3
g) Electrolytes			
h) Urine dipstick			
Intestinal Tract Tubes, Placement & Care			
a) Gastrostomy			
b) Jejunostomy			
c) Nasogastric			
d) Orogastric			
e) T-tube			
Intravenous Infusion Therapy			
a) Blood & blood products infusion			
1) Albumin			
2) Cryoprecipitate			
3) Packed RBC's			
4) <b>Whole Blood</b>			
b) Central Line Site Maintenance			
1) Broviac			
2) Groshong			
3) Hickman			
4) Peripheral arterial line			
5) PICC			
6) Portacath			
7) Quinton			
c) Heparin Lock			
d) Nutritional Infusion			
1) Hyperalimentation			
2) Intralipids			
e) Peripheral IV insertion & maintenance			
1) Angiocath			
2) Butterfly			
Intubation			
Isolation Procedures			
Lumbar Puncture (assist)			
Nephrostomy Tube Care			
Nerve Stimulators			
Neurological Assessment			
Nursing Assissment Care Planning			
Oral Airway Insertion			
Oxygen Therapy Administration			
a) Bag & Mask			

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

SKILLS (cont)	1	2	3
b) ET Tube			
c) External CPAP			
d) Face Mask			
e) Nasal Cannula			
f) Trach Collar			
Pacemaker			
a) Permanent			
b) Temporary			
1) Epicardial wires			
2) External pacing			
3) Transvenous			
Peritoneal Dialysis			
a) Automatic cycler			
b) Manual			
Physical Assessment			
Restraints			
Specimen Collection			
a) Blood			
1) Arterial stick, radial			
2) Central Line			
3) Venous Stick			
b) Cultures			
c) Sputum			
d) Urine			
1) Catheter			
2) 24 Hr Collection			
Suctioning			
a) ET Tube-Closed			
b) ET Tube- Open			
c) Nasal-Pharyngeal			
e) Tracheostomy			
Temperature			
a) Axillary			
b) Oral			
c) Tympanic			
Thoracentesis (assist)			
Vital Signs			
Wound/Ostomy Care			
a) Colostomy site care/bag change			
b) Decubitus slcers			

	1	2	3
c) Ileostomy site care/bag change			
Irrigations			
e) Sterile Dressing Changes			
f) Surgical wounds with drains			
<b>MEDICATIONS</b>			
Albuteral (Ventolin)			
Aminophylline			
Anticoagulants			
Antihypertensive			
Atropine			
Bretylium			
Carbamazepine			
Clonazepam			
Corticosteroids			
Dobutamine			
Dopamine			
Diazepan (Valium)			
Digoxin			
Diltiazem			
Epinephrine			
Heparin			
Insulin			
Isoetharine (Bronkosol)			
Lasix			
Lidocaine			
Lorazepam			
Meraproteranol (Alupent)			
Nitroglycerine			
Phenobarbital			
Phenytoin (Dilantin)			
Sodium Bicarbonate			
Thyroid Replacement			
Vasopressin			
Verpamil			
Delivery Methods			
a) Continuous IV infusion			
b) Eye/ear instillations			
c) IM injections			
d) Insulin pump			
e) IV push			
f) Meter dosed inhalers			

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

	1	2	3
g) Nebulizer			
h) SQ injections			
i) Z track injections			
<b>PAIN MANAGEMENT</b>			
Pain Level Assessment			
Care of patient w/			
a) Epidural analgesia			
b) IV conscious sedation			
c) Patient controlled analgesia (PCA)			
d) Narcotic agents			
e) Non-narcotic agents			
<b>EQUIPMENT</b>			
BP Transducer			
Cardiac Monitor			
Defibrillator			
Glucomter			
Hemodialysis Machine			
Infusion Delivery Sytems (Specify Manufacturer)			
a) IV Pump			
b) IV pump			
c) IV pump			
Oxygen Analyzer			
Oxygen Blender			
Oxygen Flow Meter			
Plulse Oxymeter			
Specialty Beds			
a) Air Fluidized			
b_ Low aire loss			
c) Rotating			
b) Pressure			
c) T-Piece			
d) Volume			
e) Weaning modes			

<u>Certification</u>	<u>Expiration Date</u>
ACLS	_____
BLS	_____
Other	_____
Other	_____

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

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Employee Asignature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date: \_\_\_\_\_