

RN PROFICIENCY RECORD SKILLS CHECKLIST

Operating 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
NEUROLOGY			
Acoustic Neuromas			
Aneurysm Repair			
Cervical Laminectomy			
Craniotomy			
Endarterectomy			
Hematoma Evacuation			
Lumbar Laminectomy			
Neuro Trauma			
Shunts			
EYE			
Blepharoplasty			
Cataract with IOL			
Chalazion			
Corneal Transplant			
Dacryocystorhinoplasty			
Enucleation			
Iridectomy			
Muscle Repair			
Removal Foreign Body			
Retinal Detachment Repair			
Trabeculectomy			
Vitreotomy			
ORAL			
Grafts			
LeFort Osteotomies			
Mandibular Procedures			
Maxillary Procedures			
TMJ Arthroplasty			
EAR, NOSE, THROAT			
Laryngectomy			
Mastoidectomy			
Radical Neck			
Septoplasty			
Sinus Endoscopy			
Stapedectomy			
T&A Myringotomies			
Tracheostomy			
Tympanoplasty			
Vocal Cord Stripping			

SKILLS	1	2	3
GENERAL			
Abdominal Resection			
Appendectomy			
Cholecystectomy			
Colon Resection			
Colostomy			
Gastrectomy			
Hernia Repair			
Lap Chole			
Laparotomy			
Mastectomy			
Thyroidectomy			
THORACIC/OPEN HEART			
Atrial Septal Defect			
Bronchoscopy			
CABG			
Internal Defibrillator			
Mediastinoscopy			
Pacemaker Insertion			
Pneumonectomy			
Thoracotomy			
Valve Replacement			
Ventricular Septic Defect			
VASCULAR			
Aortic Aneurysm			
Embolectomy			
Fem-Fem Bypass			
Fem-Pop Bypass			
Fem-Tib Bypass			
Vein Ligation			
Carotid Endarterectomy			
UROLOGY			
Archiotomy			
Cystoscopy			
Nephrectomy			
Penile Prosthesis			
Radical Prostate Resection			
TURP			
Ureterolithotomy			
Urinary Diversion			

cont OR

Skills	1	2	3
ORTHOPEDICS			
Amputation			
Arthroscopy			
Bunionscopy			
Carpal Tunnel Release			
Closed Reduction			
Hip Pinning			
ORIF			
Spinal Rodding/Fixation			
Total Joint Replacement			
Hip Replacement			
Knee Replacement			
Shoulder Replacement			
Hand Surgery			
GYNECOLOGY			
A&P Repair			
Laparoscopy			
Vaginal Hysterectomy			
C-Section			
Marshall Marchetti			
Tubal Ligation			
PLASTICS			
Abdominoplasty			
Breat Reconstruction			
Cleft Lip/Palate			
Flap Grafts			
Mammoplasty			
Rhinoplasty			
TRAUMA			
Gunshot Wounds			
MVA			
Traumatic Amputations			
PEDIATRICS			
Abdominal Procedures			
Neonatal Procedure			
Open Heart			
Orthopedics Procedures			
Plastics			
Thoracotomy			

Skills	1	2	3
TRANSPLANTS			
Harvest Organs			
Heart			
Kidney			
Liver			
Lung			
EQUIPMENT			
Ceiling Mount Microscope			
Doppler			
Electrosurgery Unit			
Endoscopy Scopes			
Fracture Table			
High Flow Insullator			
Intra Aortic Balloon Pump			
Laser			
Nerve Stimulators			
Pacemakers			
Portable Microscope			
Ventilators			
Anesthesia Equipment			
Cardiac Monitors			
Infusion Pumps			

Certification Expiratin Date
 ACLS _____
 BLS _____

Certification Expiration Date
 Other _____
 Other _____

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

Employee Signature: _____ Date: _____
 Reviewed By: _____ Date _____