

## RN PROFICIENCY RECORD SKILLS CHECKLIST PSYCHIATRY

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 PSYCHIATRIC PATIENT</b>			
Locked Ward			
Open Ward			
Crisis Intervention			
Group Psychotherapy			
Multi-Disciplinary Staffing			
Millieu Therapy			
Adolescent Patients			
Behavioristic Charting			
Discharge Planning			
Diabetic Planning			
Oncology Patients			
Pediatrics			
OB/GYN - L&D			
Medical/Surgical			
Neurosurgery			
ICU/CCU			
Telemetry			
OR			
ER			
Detoxication Therapy			
Overdose Patients			
Suicidal Patients			
Assaultive Patients			

SKILLS	1	2	3
Substance Abuse			
Manic-Depressive Patients			
Schizophrenic Patients			
Seizure Disorders			
Seizures Precautions			
Isolation			
Rapid Tranquilization			
Electroconvulsive Therapy			
Eating Disorders			
Insertion of Foley Catheters			
Infusion Pumps			
NG Feeding Tube			
Neuro Signs			
Oxygen Administration			
CPR			
Initiating IV Therapy			
Heparin Locks			
Hanging Blood and Blood Products			
Hyperalimentation/TPN			
Obtaining Venous Blood Samples			

**Certification**

- ACLS
- BLS
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Expiration Date**

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

\_\_\_\_\_

\_\_\_\_\_

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

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