

Name: \_\_\_\_\_

Classification: \_\_\_\_\_

### Medical / Surgical RN / LPN Skills Proficiency Checklist

Indicate your current level of experience by putting the appropriate number in the box to the right of each skill.  
 This checklist helps branch staff in placing you in an assignment suited to your skill level and expertise.  
**THE FOLLOWING SCALE DESCRIBES THE SKILL LEVELS:**

0 = No Experience	1 = Limited Experience	2 = Moderate Experience	3 = Experienced and Competent
<b>NURSING PROCESS</b>		<b>RESPIRATORY</b>	
Assessment Skills:		Care of Patient with:	Assist with Lumbar Puncture
Psychological Assessment		Acute Respiratory Failure	Halotracheation
Physiological Assessment		ARDS	<b>GASTROINTESTINAL / RENAL</b>
Cardiac		COPD	Care of Patient with:
Respiratory		Inhalation Injuries	Bowel Obstruction
Gastrointestinal		Lung Cancer	GI Bleed
Neuromuscular		Pneumonia	Gastric / Colon Cancer
Metabolic / Endocrine		Pneumothorax	Major Intestinal Surgery
Integumentary		Post-Op ENT Surgery	Acute / Chronic Renal Failure
Developmental Assessment		Post-Op Thoracic Surgery	TURP
Care Plan Development		Pulmonary Edema	Lab Value Interpretation:
Reassessment and Evaluation		Status Asthmaticus	Urinalysis
Patient Education		Drawing ABGs	Specific Gravity
<b>CARDIOVASCULAR</b>		<b>RESPIRATORY</b>	
Care of Patient with:		Interpretation of ABGs	BUN
Angina		Care of Patient on a Ventilator	Creatinine
Congestive Heart Failure		Type of Ventilators	TPN and Intralipids
Hypertension		Assisting with Chest Tube Insertion	Feeding Tubes:
Peripheral Vascular Disease		Care and Maintenance	Dobhoff
Permanent Pacemaker		Pulse Oximeter	PEG
Post-Myocardial Infarction		Administration of Oxygen	Nasogastric Tube:
Post-Op Cardiac Disease		Sterile Suctioning	Insertion
Post-Op Vascular Disease		Airways:	Care and Maintenance
EKG Monitoring:		Oral	Gastrointestinal Tube:
Lead Placement		Nasopharyngeal	Care and Maintenance
Interpretation of Rhythms		Oropharyngeal	Urinary Catheters:
12-Lead EKG		Esophageal	Insertion
Nursing Interventions / Medications to Correct Arrhythmias		Incentive Spirometry	Care and Maintenance
Lab Value Interpretation:		Tracheostomy Care	Nephrostomy Tube
Cardiac Enzymes		Assisting with Bronchoscopy	Suprapubic Catheter
Chemistry		<b>NEUROLOGICAL</b>	
ABGs		Care of Patient with:	GU Irrigations
Ultrasonic Doppler		Brain Cancer	Surgical Drains
Calculation of Dosage, Administration and Actions of Anticoagulants		CVA	Wound Care / Dressing Changes
Administration of Resuscitation / Emergency Meds / ACLS Protocol		CNS Infection	Ostomy Care
Recording / Documentation of Resuscitation		Head Injury	Dialysis:
		Laminectomy	Hemodialysis
		Post-Op Cranial Surgery	Peritoneal Dialysis
		Seizures	
		Spinal Cord Injury	
		Unconscious	

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<b>MUSCULOSKELETAL</b>		<b>Central Lines:</b>	
Care of Patient with:		Assist with Insertion	
Amputation		Tubing Changes	
Laminectomy		Site Care	
Bone Cancer		Blood Draws	
Fractured Pelvis		PICC Lines: Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Joint Replacement		Assist with Insertion	
External Fixation Device		Tubing Changes	
Cast Care		Site Care	
Traction:		Blood Draws	
Cervical		Other Venous Access Devices	
Skeletal		Type:	
Buck's		Epidural Catheters	
Sequential Compression Device		Administration of Chemotherapy	
Pain Management:		Patient Controlled Analgesia	
0-10 Pain Scale		Bedside Glucose Monitoring	
PCA		Hyper / Hypothermia Blanket	
<b>OTHER</b>		Hoyer Lift	
Care of Patient with:		Burn Care:	
Alcohol Detoxification		Fluid Management	
Burns		Wound Care	
Diabetic Ketoacidosis			
Drug Overdose			
Hysterectomy			
Mastectomy			
Radioactive Implants			
Peripheral IV Insertion, Monitoring and Maintenance			
Blood Sampling:			
Arterial Puncture			
Venipuncture			
Administration of Blood/Blood Products			

**CERTIFICATION**

- Adult BLS
- Pediatric BLS
- Adult ACLS
- Pediatric ACLS
- Neonatal Resuscitation
- CCRN

**EXPIRATION DATE:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate your years of experience in the following areas:

Medical Patients            Years: \_\_\_\_\_  
 Surgical Patients        Years: \_\_\_\_\_  
 Orthopaedics            Years: \_\_\_\_\_  
 Neurology                Years: \_\_\_\_\_  
 Oncology                 Years: \_\_\_\_\_

Renal                        Years: \_\_\_\_\_  
 Respiratory              Years: \_\_\_\_\_  
 Infection Disease / HIV    Years: \_\_\_\_\_  
 Rehab                     Years: \_\_\_\_\_  
 Telemetry / Stepdown / Intermediate Care    Years: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_