



RN/ LVN/ NP/ PA SKILLS CHECKLIST

Name: _____

Please complete the following checklist relative to your professional experience. Be assured this checklist will be used in assessing your clinical proficiency in certain areas.

Levels of Experience

A: None **B:** Intermittent **C:** 1 Year Consistently **D:** 2 Years Consistently **E:** Able to Teach/ Supervise

TYPES OF SETTINGS:

		A	B	C	D	E
Acute Hospitals:	Medical/Surgical					
	Neonatal					
	Obstetrics/Gynecology					
	Labor & Delivery					
	Orthopedic					
	Operating Room					
	Pediatrics					
	Psychiatric					
Intensive Care:	Trauma/ER					
	General MICU/SICU					
	Cardiac					
	CTIC					
	Neonatal					
Acute Rehabilitation:	Pediatric					
	CVA					
	SCI					
	TBI					
Skilled Nursing						
Home Health						
Schools						
Medical Practices						
Subacute Facilities						
Other:						

ASSESSMENT DOCUMENTATION - Admission & Physical

	A	B	C	D	E
Adult					
Pediatric					
Neonatal					
POC- Home Health					
Charting					
Chase Conference Summary					
Discharge Summary					

RESPIRATORY CARE

	A	B	C	D	E
Trache Care: Trache site care					
Trache dressing change					
Trache tie change					
Trache tube change (Portex, Shirley, etc.)					



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RESPIRATORY CARE	Continued	A	B	C	D	E
	Cannula removal and cleaning					
	Saline installation					
Suctioning	Sterile procedure					
	Cleaning technique					
	Positioning					
Chest Physiotherapy	Postural drainage					
	Percussion/vibration					
	Positioning					
General Respiratory/ Management & Equipment	Administration of oxygen					
	Humidified RA/O2 (trach collar)					
	Sterile/distilled water change					
	Tubing change-mist system					
	Ambu bag: Mask					
	Ambu bag: Trach/Stoma					
	Oxygen cylinders					
	Use of O2 face back					
	Nasal cannula for oxygen					
	Fill portable O2 back					
	Oxygen regulator					
	Oxygen concentrator					
	Analyze Oxygen					
	Humidification/heating device					
	Temperature probe					
	Nebulized med treatments					
	Oral airway insertion					
	Stationary suction machine					
	CPAP					
	Portable suction machine					
	Pulse oximetry					
	End tidal CO2 monitor					
	Clean and disinfect equipment					
Ventilator:	Types: PLV 100/102					
	Types: LP6/LP10 series					
	Types: Sechrist (continuous flow)					
	Types: Puritan Bonnett 2600					
	Types: PEEP Valve					
	Types: Other					
	Negative pressure vest					
	Clean and set-up of vent tubing					
	Trouble shooting equipment					
	Clean and disinfect equipment					



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GI/NUTRITIONAL:	NASOGASTRIC/OROGASTRIC	A	B	C	D	E
Nasogastric/Orogastric:	Insertion					
	Size selection					
	Check placement					
	Bolus feeds					
	Continuous feeds					
	Pumo feeds					
	Change/replace mushroom tube					
	Change/replace balloon tube					
	Change/replace button tube					
Use of Gastrointestinal	Flexiflo					
Equipment Pump/Gastros-	Kangaroo					
tomy Feeding:	Other					

ENDOCRINE	A	B	C	D	E
Diabetic management					
Teaching blood glucose monitoring					
Diabetic skin, foot, nail care					
Insulin administration					
Blood glucose monitoring equipment: Accu-check					
Blood glucose monitoring equipment: Glucometer					
Blood glucose monitoring equipment: Other					
Teaching diabetic restriction					

COLLECTION OF LAB SPECIMENS	A	B	C	D	E
Capillary sampling, heel, or finger stick					
Sputum for C&S					
Urine, sugar and acetone					
Wound for C&S					
Clean voided urine					

Stool collection					
24-hour urine collection					
Nasoharyngeal swab for C&S					
PH probe					
Other					



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PEDIATRIC PROCEDURES		A	B	C	D	E
Nutritional assessment						
PO feeding premature infant						
Feeding infant with cleft lip/palate						
Management of home						
Medicine Administration: Intradermal SQ/IM injections						
	Infants					
	Toddlers					
	School age					
	Adolescents					
	Ear drops					
Phototherapy:	Use of phototherapy					
	Equipment					
	Wallaby					
	Biliblanket					
	Case lights					
	Conventional overhead					
	Other					

OTHER SKILLS/PROCEDURES	A	B	C	D	E
Lactation counseling					
Antepartum follow-up					
Other					



ADDITIONAL INFORMATION

Please list any other areas in which you feel you have extensive experience which were not included in the skills survey:

LICENSES HELD

State	Number	Expiration Date

CERTIFICATIONS

Name	Date Certified

The information I have given is true and accurate to the best of my knowledge. In addition, I hereby authorize STERLING STAFFING SOLUTIONS to release this Skills Checklist to client institutions in relation to my assignment with that institution.

Signature

Date

Name - please print