

SKILLS CHECKLIST

Critical Care. PERSONAL DATA

KEY	
Number	Experience Levels
3	Performs Well
2	Some Experience, may need minimal review
1	Familiar with, need review
0	Theory / No Practice

- Applicant:----- RN LPN
- Date-----Updated-----

Please Indicate Number of Years Experience for Each:

- Adult:----- Neonatal:-----Combined-----

By accurately filling out this checklist, you will help us match your skills and interests with available assignments at our client hospitals Please fill in the appropriate circle to best describe your experience level with each skill,

MEDICATIONS / IV THERAPY	3210	RENAL	3210
Preparation of Emergency Drugs.....	0000	Care of Post Renal/Genitourinary Surgery.....	0000
IV Drips (Dopamine, Nipride, NTG, etc).....	0000	Ability Insert /maintain Urinary Drainage tubes.....	0000
Administration Blood/Blood Products.....	0000	Care of Patient on Peritoneal Dialysis.....	0000
Central Line Care.....	0000	Care of patient on Haemodialysis.....	0000
Maintain IV.....	0000	Care of Patient in Chronic Renal failure.....	0000
Start IV/Heparin Lock/PRN Adaptor.....	0000	Care of Patient in Acute Renal Failure.....	0000
TPN/Hyper alimentation.....	0000		
IV Pump.....		RESPIRATORY	
IV Push.....	0000	Care of Patient Post Thoracic Surgery.....	0000
Rectal Administration.....	0000	Care of Patient With Chest Injury.....	0000
SQ Administration.....	0000	Care of Patient With Pulmonary Edema.....	0000
IM Administration.....	0000	Care of patient With RDS.....	0000
Oral Administration.....	0000	02 Sat Monitoring	0000
Reconstitution.....	0000	Interpretation of ABGs.....	0000
Medication Calculation.....	0000	Care of patient on Ventilator.....	0000
		Ventilation With Ambu Baa.....	0000
ENDOCRINE		Care of Tracheostomy.....	0000
Administration of IV Insulin Drip.....	0000	Suction (NP, OP Endo, Trach)	0000
Blood Glucose Checks.....	0000	Assist With Bronchoscopy	0000
Care of Patient in Diabetic Ketoacidosis...	0000	Assist With Intubation.....	0000
		Administer 02 (NC, Mask etc)	0000
CARDIOVASCULAR		Assist With Set-Up/ Maintenance of Chest Tube	
Care patient + acute myocardial infraction.	0000	identify Abnormalities pneumothorax rales rhonci	0000
Care of Post Op Vascular Surgical Patient..	0000	Assessment of Breath Sounds.....	0000
Balloon Pump.....	0000		
Care of Open Heart Patient:		NEUROLOGY	
Immediate.....	0000	Halo Traction.....	0000
24-48 Hour Post op.....	0000	Strvker Frame	0000
TPA Administration.....	0000	Care of Patient With Degenerative Diseases of	
Calculation Cardiac Output.....	0000	System	0000
Swan Ganz.....	0000	Care of Patient With CNS Infections.....	0000
Arterial Line.....	0000	Care of Patient With Post Neurological Surgery..	0000
Permanent pacemakers.....	0000	Care of Patient With Spinal Cord injury.....	0000
Temporary Pacemakers.....	0000	Care of Patient With Drug Overdose.....	0000
12 Lead EKG Interpretation.....	0000	ICP Monitoring.....	0000
Identification life threatening Arrhythmias	0000	Identify Abnormalities.....	0000
Placement of Patient on Monitor.....	0000	Neuro Assessment / Neuro Vitals.....	0000
identification of Abnormalities.....	0000	ADDITIONAL SKILLS/PROCEDURES	
Assessment of Cardiac Rhythm.....	0000	Charge Experience	0000
Assessment of Heart Sounds.....	0000	Care of Patient With AIDS.....	0000
		Care of Patient With Burns.	0000
GASTROINTESTINAL		Care of patient Post Transplant.....	0000
Care of Post Abdominal Surgery.....	0000	Care of Patient With Multiple Trauma.....	0000
Care of Acute GI Bleed	0000	Isolation /Universal Precautions.....	0000
Insert.maintain.intermittent. NG tubes.....	0000	Dressing Changes.	0000
Administration Tube Feedings.....	0000	Pain Management	0000
Insert/Maintain Feeding Tubes.....	0000		
Stool Tests.....	0000	Care of Drains/Tubes (J Pratt Hemovac etc)	0000
		Specimen Collections	0000
Identification of Abnormalities.....	0000	Knowledge Serum Lab Values.....	0000
Assessment of Bowel Sounds.....	0000	CPR.....	0000

Please complete other side

EQUIPMENT EXPERIENCE

Please list all brands of equipment you have used in the following categories:

Cardiac Monitors

Other Monitors (Apnea. IV etc)

Ventilators:

Infusion Pumps:

ADDITIONAL SKILLS:

Please list any additional skills or experience you may have that is not included above:

NAME:

SIGNATURE

DATE: