HEALTH CARE STAFFING

## ER Nurse Skills Checklist

Name: $\qquad$ Date: $\qquad$
In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a check $(\sqrt{ })$ in the appropriate box.

1 = No experience; Theory/observed only
3 = Acceptable competency; >5 times per year
2 = Limited competency; < 5 times per year; Needs supervision 4 = Competent; Performs on a daily or weekly basis; Proficient

| Skill Level | 1 | 2 | 3 | 4 |
| :---: | :---: | :---: | :---: | :---: |
| Administration/Mixing of IV meds |  |  |  |  |
| Administration of continuous fluids |  |  |  |  |
| Blood/blood product administration/precautions |  |  |  |  |
| Autotransfusion |  |  |  |  |
| Calculation of rates |  |  |  |  |
| Mcg/min |  |  |  |  |
| Mcg/kg/min |  |  |  |  |
| Mg/min |  |  |  |  |
| Hang IV Piggyback |  |  |  |  |
| Heparin Lock |  |  |  |  |
| Hyperalimentation |  |  |  |  |
| Peripheral/Central Line |  |  |  |  |
| Knowledge of solution |  |  |  |  |
| Insertion of Central line |  |  |  |  |
| Use of Broviac/Hickman/Groshong Catheters |  |  |  |  |
| Lab Assessment |  |  |  |  |
| Implanted venous access ports |  |  |  |  |
| Dressing changes |  |  |  |  |
| Insertion of peripheral line: |  |  |  |  |
| Dressing change |  |  |  |  |
| $\mathrm{d} / \mathrm{c}$ line |  |  |  |  |
| Universal precautions |  |  |  |  |
| Isolation procedures |  |  |  |  |
| Airborne isolations |  |  |  |  |
| Contact Isolation/Universal Precautions |  |  |  |  |
| Specimen Collection: |  |  |  |  |
| Arterial line blood draw |  |  |  |  |
| Blood culture |  |  |  |  |
| Capillary blood draw |  |  |  |  |
| Central line blood draw |  |  |  |  |
| PICC line blood draw |  |  |  |  |
| Sputum |  |  |  |  |
| Stool |  |  |  |  |


| Skill Level | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |
| CARDIOVASCULAR |  |  |  |  |
| Arterial line/Swan-Ganz set up |  |  |  |  |
| Remove art line |  |  |  |  |
| Arterial blood gasses |  |  |  |  |
| Zeroing Device |  |  |  |  |
| Assess heart sounds |  |  |  |  |
| Assist with pacemaker insertion |  |  |  |  |
| Temporary/single/double/lumen |  |  |  |  |
| Recognize pacemaker malfunction |  |  |  |  |
| Pacemaker care |  |  |  |  |
| Paceport Swan-Ganz |  |  |  |  |
| Arrhythmia recognition and intervention |  |  |  |  |
| Assist with pericardiocentesis |  |  |  |  |
| External pacemaker maintenance |  |  |  |  |
| Blood pressure monitoring/auto cuff |  |  |  |  |
| Assist in: |  |  |  |  |
| Arterial line insertion |  |  |  |  |
| Swan/Ganz insertion with or without |  |  |  |  |
| fluoro |  |  |  |  |
| Obtain 12 lead EKG |  |  |  |  |
| Normal Anatomy of the Heart |  |  |  |  |
| Left Side |  |  |  |  |
| Right Side |  |  |  |  |
| Acute Ml |  |  |  |  |
| Normal Physiology of CV system |  |  |  |  |
| Resuscitation |  |  |  |  |
| Team Member |  |  |  |  |
| Perform defibrillation |  |  |  |  |
| Perform/set up emergent cardioversion |  |  |  |  |
| Prepare and administer meds |  |  |  |  |
| Set up and interpret 12 lead EKG |  |  |  |  |
| Use of Doppler |  |  |  |  |
|  |  |  |  |  |



| NEUROLOGICAL SYSTEM |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Assessing sensory-motor function extremities |  |  |  |  |
| Assist with lumbar puncture |  |  |  |  |
| Cervical traction |  |  |  |  |
| Cranial nerve assessment |  |  |  |  |
| Crutchfield tongs |  |  |  |  |
| Halo traction |  |  |  |  |
| LOC assessment |  |  |  |  |
| Monitoring of ICP |  |  |  |  |
| Appropriate interventions for changes in pressure |  |  |  |  |
| Pre/post neuro surgical care |  |  |  |  |
| Seizure precautions |  |  |  |  |
| Use of Glascow coma scale |  |  |  |  |
| Visual acuity measurement |  |  |  |  |
| Stryker Frame |  |  |  |  |
| Care of patients with |  |  |  |  |
| Aphasia |  |  |  |  |
| Closed head injury |  |  |  |  |
| Craniotomy |  |  |  |  |
| VP shunt |  |  |  |  |
| Neuro Shunt |  |  |  |  |
| CVA |  |  |  |  |
| Multiple Sclerosis |  |  |  |  |
| Multiple trauma patient |  |  |  |  |
| Overdose patient |  |  |  |  |
| Seizure disorder |  |  |  |  |
| Spinal cord injury |  |  |  |  |
| Insulin preparation and administration |  |  |  |  |
| Blood glucose monitoring |  |  |  |  |
| Treatment of Hyperglycemia/Hypoglycemia |  |  |  |  |
| Equipment used |  |  |  |  |
| Jejunostomy care |  |  |  |  |
| NG tube insertion/lavage/OG Tube/Dobhoff Tube |  |  |  |  |
| Normal physiology of renal and GI system |  |  |  |  |
| Ostomy/stoma care |  |  |  |  |
| Peritoneal lavage |  |  |  |  |
| Poison control |  |  |  |  |
| Wound care irrigations |  |  |  |  |
| TRAUMA AND EMERGENCY SKILLS |  |  |  |  |
| Air transport of Trauma patient |  |  |  |  |
| Care of the patient with: |  |  |  |  |
| Major trauma |  |  |  |  |
| Minor trauma |  |  |  |  |
| MAST suit |  |  |  |  |
| Hyperthermia |  |  |  |  |
| Heat stroke |  |  |  |  |


| Trauma and Emergency Skills cont... |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Heat exhaustion |  |  |  |  |


| Care of the patient with |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Acute cholecystitis |  |  |  |  |  |
| Acute renal failure |  |  |  |  |  |
| Bowel obstruction |  |  |  |  |  |
| Diabetes |  |  |  |  |  |
| ERCP |  |  |  |  |  |
| Gl bleed |  |  |  |  |  |
| Hyper/hypoglycemia |  |  |  |  |  |
| Multiple abdominal wounds |  |  |  |  |  |
| Paralytic ileus |  |  |  |  |  |
| Nephrectomy |  |  |  |  |  |
| Pancreatitis |  |  |  |  |  |
| Transplant/Kidney |  |  |  |  |  |
| T.U.R.P. |  |  |  |  |  |
| Whipple procedure |  |  |  |  |  |
| EMR |  |  |  |  |  |
| Allscripts |  |  |  |  |  |
| Cerner |  |  |  |  |  |
| Epic |  |  |  |  |  |
| HomeCare Home Base |  |  |  |  |  |
| McKesson |  |  |  |  |  |
| Meditech |  |  |  |  |  |
| Other Computerized Documentation |  |  |  |  |  |
| System |  |  |  |  |  |

EQUIPMENT: Please check "YES" if you have used any of the ventilators or Cardiac Monitors listed below:

|  | YES |  | YES |
| :--- | :--- | :--- | :--- |
| VENTILATORS |  | EMV |  |
| Bear I |  | MA-I |  |
| Bear II |  | MA-II |  |
| Bear V |  | Monihan |  |
| Bennett 7200 |  | Ohio 560 |  |
| CPAP |  | Infant Star |  |
| Emerson |  | Drager |  |
| Engstrom/Erica |  | LP 10 |  |
| PEEP |  | CARDIAC MONITORS |  |
| Pressure Pre-Set |  | Spacelab |  |
| Servo 900b |  | Marquette |  |
| Servo 900c |  | Mennen |  |
| Servo 900b |  | Lifecare |  |
| Siemens |  | Nihon-Kodhen |  |
|  |  |  |  |

Please list any areas of expertise below:
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$\qquad$
$\qquad$
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$\qquad$

I hereby certify that ALL information I have provided to Onyx Health Care Staffing on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature: $\qquad$ Date: $\qquad$

