# Medical/Surgical 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

| Skill Level | 1 | 2 | 3 | 4 |
| :---: | :---: | :---: | :---: | :---: |
| Administration of chemotherapy meds |  |  |  |  |
| 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 |  |  |  |  |
| d/c line |  |  |  |  |
| Universal precautions |  |  |  |  |
| Isolation procedures |  |  |  |  |
| Airborne isolations |  |  |  |  |
| Wound/blood isolations |  |  |  |  |
| Specimen Collection: |  |  |  |  |
| Arterial line blood draw |  |  |  |  |
| Blood culture |  |  |  |  |
| Capillary blood draw |  |  |  |  |
| Central line blood draw |  |  |  |  |
| PICC line blood draw |  |  |  |  |
| Sputum |  |  |  |  |

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 |
| :---: | :---: | :---: | :---: | :---: |
| Specimen Collection cont. |  |  |  |  |
| Stool |  |  |  |  |
| Urine Culture |  |  |  |  |
| Urinalysis |  |  |  |  |
| Venipuncture |  |  |  |  |
| Wound Culture |  |  |  |  |
| Medications |  |  |  |  |
| Activase |  |  |  |  |
| Amiodarone |  |  |  |  |
| Atropine |  |  |  |  |
| Bretylium |  |  |  |  |
| Bumex |  |  |  |  |
| Bicarbonate |  |  |  |  |
| Cardizem |  |  |  |  |
| Dextrose |  |  |  |  |
| Digoxin |  |  |  |  |
| Dilantin |  |  |  |  |
| Dobutamine |  |  |  |  |
| Dopamine |  |  |  |  |
| Epinephrine |  |  |  |  |
| Esmolol |  |  |  |  |
| Heparin |  |  |  |  |
| Inderal |  |  |  |  |
| Inocor |  |  |  |  |
| Insulin |  |  |  |  |
| Isuprel |  |  |  |  |
| KCl |  |  |  |  |
| Levophed |  |  |  |  |
| Lidocaine |  |  |  |  |
| Mannitol |  |  |  |  |
| Magnesium Sulfate |  |  |  |  |
| Morphine |  |  |  |  |
| Neosynephrine |  |  |  |  |
| Nipride |  |  |  |  |


| Medications cont... |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Nitroglycerine |  |  |  |  |
| Phenobarbital |  |  |  |  |
| Pavulon |  |  |  |  |
| Prednisone |  |  |  |  |
| Pitressin |  |  |  |  |
| Procainamide |  |  |  |  |
| Streptokinase |  |  |  |  |
| Tpa |  |  |  |  |
| Verapamil |  |  |  |  |
| Vasopressin |  |  |  |  |
| Obtain 12 lead EKG |  |  |  |  |
| Normal Anatomy of the Heart |  |  |  |  |
| Left Side |  |  |  |  |
| Right Side |  |  |  |  |
| Normal Physiology of CV system |  |  |  |  |
| Post Angiogram care |  |  |  |  |
| Resuscitation |  |  |  |  |
| Team Member |  |  |  |  |
| Perform defibrillation |  |  |  |  |
| Perform/set up emergent cardioversion |  |  |  |  |
| Prepare and administer meds |  |  |  |  |
| Set up and interpret 12 lead EKG |  |  |  |  |
| Care of patients with: |  |  |  |  |
| Acute Aneurysm |  |  |  |  |
| Acute MI |  |  |  |  |
| Angina |  |  |  |  |
| CHF |  |  |  |  |
| Airway maintenance |  |  |  |  |
| Deep vein thrombosis |  |  |  |  |
| Pulmonary edema |  |  |  |  |
| Shock: Cardiogenic |  |  |  |  |
| Shock: Hypovolemic |  |  |  |  |
| Shock: Septic |  |  |  |  |
| Pulmonary: |  |  |  |  |
| Care of patients with: |  |  |  |  |
| Acute respiratory distress |  |  |  |  |
| AIDS |  |  |  |  |
| Asthma |  |  |  |  |
| COPD |  |  |  |  |
| DIC |  |  |  |  |
| Hemothorax |  |  |  |  |
| Pneumonia |  |  |  |  |
| Pneumothorax |  |  |  |  |
| Pulmonary embolism |  |  |  |  |
| TB |  |  |  |  |




| ORTHO |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Total joint replacement |  |  |  |  |
| Arthroscopic surgery |  |  |  |  |
| Bucks extension |  |  |  |  |
| K-wires/Steinman pins |  |  |  |  |
| Removal of hardware |  |  |  |  |
| Spika Cast/body cast |  |  |  |  |
| Cast removal |  |  |  |  |
| Amputation |  |  |  |  |
| Skeletal traction |  |  |  |  |
| Ortho trauma |  |  |  |  |
| Laminectomy |  |  |  |  |
| Procedure for patient signing AMA |  |  |  |  |
| Disaster protocols |  |  |  |  |
| Assist with peritoneal lavage |  |  |  |  |
| MISC. Trays/Instruments |  |  |  |  |
| Pelvic tray |  |  |  |  |
| Cut down tray |  |  |  |  |
| Procto tray |  |  |  |  |
| CVP tray |  |  |  |  |
| Culdocentesis tray |  |  |  |  |
| Thoracentesis tray |  |  |  |  |
| EMR |  |  |  |  |
| Allscripts |  |  |  |  |
| Cerner |  |  |  |  |
| Epic |  |  |  |  |
| HomeCare Home Base |  |  |  |  |
| McKesson |  |  |  |  |
| Meditech |  |  |  |  |
| Other Computerized Documentation |  |  |  |  |
| System |  |  |  |  |
|  |  |  |  |  |

Please list any areas of expertise below:

I hereby certify that ALL information I have provided to Onyx Healthcare 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:
Date:

