

PACU Skills Checklist

Name: _____

Date: _____

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** (✓) in the appropriate box.

1 = No experience; Theory/observed only.

2 = Familiar with. You are familiar with the task, but you would need more experience and practice to feel comfortable and proficient in this type of skill.

3 = Experienced in. You have performed this task several times and feel comfortable functioning independently, but would require a resource person to be nearby.

4 = Expert. You have performed this skill frequently and feel comfortable and proficient. You would not require supervision or practice.

Skill Level	1	2	3	4
Airway Maintenance				
Assist with extubation				
Assist with intubation				
Chin lift				
Insertion of nasal airway				
Insertion of oral airway				
Jaw thrust				
Removal of nasal or oral airway				
Use of pulse oximeter				
CARDIAC SYSTEM				
Arrhythmia analysis				
Auto blood pressure cuff				
Cardiac monitors				
Care of patient with pacemaker				
CPR/Cardiac Arrest				
Defibrillation/Cardioversion				
Pulmonary artery catheter				
Swan Ganz				
Equipment Used				
O2 setups				
a. Cannulas				
b. Face tents				
c. Mask				
1. Aerosol				
2. Non-rebreather				
3. Venit				
Suction setups				
a. Continuous				
b. Intermittent				
Gastrointestinal System				
Enterostomy care				
Gastrostomy/Jejunostomy				
Liver transplants				
N/G tube insertion				

Skill Level	1	2	3	4
Genitourinary System				
Electrolyte imbalance/replacement				
Foley catheter insertion				
GU irrigation				
Nephrostomy/suprapubic tubes				
Renal transplant				
TURP				
Neurological System				
Administration of anticonvulsants meds				
Administration of steroids				
Assess level of consciousness				
Care of post-op craniotomy				
Intracranial pressure monitoring				
Seizure precautions				
Orthopedic System				
Care of post-op total joint replacement				
Cast care				
Circulation assessment				
CPM (Continuous passive motion)				
Skeletal traction				
Pulmonary System				
Arterial line				
D/C				
Assist with arterial line insertion				
Care of patients with:				
a. Ambu bag				
b. Chest tubes				
c. ETT				
d. NIT				
e. Tracheostomy				
f. Ventilator				
Draw blood from arterial line				
Interpret ABG results				
Osculate lung sounds				

Pulmonary System cont...				
Suctioning				
a. Oral				
b. Nasal				
c. Tracheal				
Pain Management				
Administration of IV sedation				
a. Fentanyl				
b. Meperidine				
c. Morphine				
Assess epidural anesthesia level				
Assess spinal anesthesia level				
Assist with epidural catheter insertion				
Use of a PCA pump				
Use of Pyxis				
Vascular System				
Administration of blood & blood products				
Assist with central line insertion				
Auto infusion pumps				
Care of Hypovolemic patient				
Care of post-op abdominal aortic aneurysm patient				
Care of post-op vascular patient				
Draw blood from central line				
Interpret serum lab values				
Maintenance of central line				
Start IV's				
Use of Doppler				
a. Assess extremities for				
1. Color				
2. Sensory				
3. Temperature				
b. Assess extremities for				

Miscellaneous				
Care of patient with:				
a. HIV/AIDS				
b. Hypothermic				
c. Latex allergy				
d. Malignant hyperthermia				
Post-op multiple trauma				
Use of:				
a. Anti-emetic drugs				
b. Reversal drugs				
c. Warming blankets				
Age Appropriate Care				
Newborn (Birth-30days)				
Infant (30 Days – 1 year)				
Toddler (1-3 years)				
Preschooler (3-5 years)				
School Age (5-12 years)				
Adolescents (12-18 years)				
Young Adult (18-39 years)				
Middle Adult (39-64 years)				
Older Adult (64 + years)				
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 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: _____ Date: _____