

Psychiatric 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 = Limited competency; < 5 times per year; Needs supervision

3 = Acceptable competency; > 5 times per year

4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
Assessment				
Admission				
Initial nursing assessment and care plan				
Initial treatment plan				
Neurological vital signs				
Nursing diagnoses				
Nursing reassessment and care planning update				
Suicide risk assessment				
Equipment & Procedures				
Active participation in multi-disciplinary staffing				
Assist physician in administration of electroconvulsive therapy				
Assist with lumbar puncture				
Cardiopulmonary resuscitation				
Charge nurse experience				
Charting				
1. Behavioristic				
2. Treatment/goal oriented				
Discharge planning				
Electroconvulsive therapy				
Group therapy leader				
Insertion & care of straight and Foley catheter				
1. Female				
2. Male				
Management of drug/alcohol detox symptoms				
Management of assaultive behavior				
Multi-disciplinary treatment team participation				
O2 therapy & medication delivery systems				
1. Bag and mask				
2. External CPAP				
3. Face masks				
4. Inhalers				
5. Nasal cannula				

Skill Level	1	2	3	4
Equipment & Procedures cont...				
6. Portable O2 tank				
7. Trach Collar				
Oro-naso-pharynx suctioning				
Participation in milieu therapy				
Patient teaching				
Psychiatric emergency response team				
Psychiatric home health				
Rapid tranquilization				
Restraints, application and assessment of:				
1. Ambulatory cuffs				
2. Full restraints				
3. Wrist restraints				
Telephonic crisis intervention				
Therapeutic communication skills				
Tube Feeding				
Care of Patients with:				
Alcohol dependency				
Drug dependency				
Electroconvulsive therapy				
Hallucinations				
Manic behavior				
Med-psych patient				
Organic disorder				
Partial hospital/intensive outpatient program patient				
Seclusion and restraints				
Seizure disorder				
Tracheostomy				
Medications				
Administration of oral psychotropic medications				
Heparin				
Intramuscular				

Medications cont...				
Management of extrapyramidal symptoms (EPS)				
Oral				
Rectal				
Sub-Q				
Unit does				
Z-technique				
Phlebotomy/IV Therapy				
Administration of blood/blood products				
1. Packed red blood cells				
2. Whole blood				
Drawing blood from central line				
Drawing venous blood				
Management of patient with hyperalimentation				
Management of patient with IV				
Starting IVs				
1. Angiocath				
2. Butterfly				
3. Heparin lock				

Age Specific Practice Criteria				
Newborn/Neonate (birth - 30 days)				
Infant (30 days - 1 year)				
Toddler (1 - 3 years)				
Preschooler (3 - 5 years)				
School age children (5 - 12 years)				
Adolescents (12 - 18 years)				
Young adults (18 - 39 years)				
Middle adults (39 - 64 years)				
Older adults (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 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: _____