



HEALTH CARE RECRUITERS

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Name: _____

Clinical area of Competence with past 3 years: _____

Date: _____

Type of Unit _____ Size of Unit _____

Classification: _____

Have you traveled before? Yes No

Total Years experience: _____

Expertise/Experience Not Listed: _____

INSTRUCTIONS: This checklist is meant to serve as a general guideline for our client facilities as to the Level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.

0 = Never Performed 1 = Limited Experience 2 = Comfortable Performing 3 = Proficient

INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY FOR ALL PROCEDURES / EQUIPMENT IN LAST 12 MONTHS.

EXPERIENCE	SKILL LEVEL				NEUROLOGICAL PROBLEMS	SKILL LEVEL			
	0	1	2	3		0	1	2	3
Neuro (NEURO)					Glascow Coma Scale				
Cardiovascular (CARDIO)					Assessment of neuro signs				
Respiratory (RESP)					Seizure precautions				
GastroIntestinal (GI)					Assist with lumbar puncture/burr holes				
Renal (GU)					Halo traction				
Substance Abuse					Cervical neck collar				
Orthopedic (ORTHO)					Care of patient with:				
Burns					Suicidal patients				
Abuse/Violence					DT's				
					Seizure activity				
					Overdose				
					Spinal cord injury				
					Neuro trauma				
					CVA				
					Acute head injury				
					Administration of the following drugs:				
					Dexamethasone				
					Phenytoin				
					Mannitol				
					Phenobarbital				
					Diazepam				
					CARDIOVASCULAR PROBLEMS				
					Obtaining 12 lead EKG				
					Arrhythmia interpretation				
					Arrest-initial resuscitation				
					Defibrillation, cardioversion				
					Preparation of emergency drugs				
					Drug calculations in:				
					MCG/KG/MIN				
					MG/MIN				
					MCG/MIN				

EMERGENCY ROOM SKILLS CHECKLIST

Name: _____

Date: _____

INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY FOR ALL PROCEDURES / EQUIPMENT IN LAST 12 MONTHS.

	SKILL LEVEL			
	0	1	2	3
CARDIOVASCULAR PROBLEMS				
Titrating cardiovascular drugs:				
DOPAMINE				
DOBUTREX				
ISUPREL				
EPINEPHRINE				
LEVOPED				
NIPRIDE				
TRIDIL				
LIDOCAINE				
DIGITALIS				
STREPTOKINASE				
PTCA				
Care of a patient in shock:				
Anaphylactic				
Septic				
Hypovolemic				
Cardiogenic				
Care of a patient with acute MI				
Care of a patient with CHF				
Care of a patient with pacemaker				
Assist with insertion of a temporary pacemaker/A line				
RESPIRATORY PROBLEMS				
Assisting w/ intubation/extubation				
Obtaining arterial blood gases				
Performing arterial puncture for ABG's				
Care of a patient on a ventilator				
Assisting w/chest tube insertion				
Use of a Pleur-evac drainage system				
Care of a patient with acute asthma/SOB				
Near drowning				
Flail chest				
ARDS				
Pulmonary emboli				
Acute pulmonary edema/CHF				
GASTRO INTESTINAL PROBLEMS				
Sengstaken-Blakemore tubes				
GI bleed				
Abdominal wound(s)				
Gastric lavage/NG Tube				
Acute abdominal disorders/pain				
RENAL PROBLEMS				
Care of patient with:				
Shunts				
Fistulas				
Care of patient in acute renal failure				
SUBSTANCE ABUSE				
Care of EWAL tube				
Closed system lavage				
Administration of activated charcoal/Ipecac				

	SKILL LEVEL			
	0	1	2	3
ORTHOPEDIC				
Casts				
Splints				
Immobilizing joints/extremities				
First aid				
Bier block or IV Xylocaine uses				
Insertion of pins/external fixation				
Application of:				
Clavical strap				
Shoulder immobilizer				
Knee immobilizer				
Ace wrap to joints				
MISCELLANEOUS				
Care of a patient in orthopedic traction				
Care of a patient in a mast suit				
Care of a patient on isolation precautions				
Care of burn patients:				
1st°				
2nd°				
3rd°				
EXPERIENCE WITH SPECIAL EQUIPMENT				
EKG machines				
O ₂ Equipment:				
Ventilators				
H cylinders				
E cylinders				
Compressed air				
Nebulizer set-up				
T-tube				
Ventimask/nasal canula				
Emergency suction equipment				
EXPERIENCE SETTING UP TRAYS				
Suture set				
Cut down				
C.V.P./A Line				
Chest tube				
Peritoneal Lavage				
Pelvic exam				
Trach tray				
Procto/endo/bronchotrayer				
EXPERIENCE WITH SPECIAL PROCEDURES				
Chest Tubes:				
Emerson				
Pleur-Evac				
Laryngoscope				
Endo tubes				
Ambu bags				
Tracheotomy				
Pacemakers:				
Trans-thoracic				
Percutaneous				
Rotating tourniquets				

Name: _____

Date: _____

INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY FOR ALL PROCEDURES / EQUIPMENT IN LAST 12 MONTHS.

EXPERIENCE WITH SPECIAL PROCEDURES	SKILL LEVEL			
	0	1	2	3
Hickman-Broviac catheters				
Cardioversion/defibrillation				
Cardiac Monitoring/Drugs				
PEDIATRICS				
Child abuse treatment and reporting				
CPR-Infant/child				
O2 Croup tent				
Ventilator				
Apnea monitor				
Cardiac monitor				
Emergency dose calculations				
Start IV scalp veins				
MISCELLANEOUS				
Rape treatment/reporting				
Triage				
Air transport				
Organ harvest				
Trauma major				
Trauma minor				
Radiation Exposure				
Haz mat exposure				
Gun Shot wounds				
Stabbings				
Domestic Violence				
ER violence/prevention				
MediCal Patients				

Name: _____

Date: _____

<u>Age Specific Skill</u>	Neonates (0-30 days)	Infants (1 mo- 1 yr)	Toddlers (1-3 yrs)	Preschool (4-6 yrs)	School Age (7-12 yrs)	Adolescent (13-18 yrs)	Young Adult (19-39 yrs)	Middle Adults (40-64 yrs)	Older Adults (65+ yrs)
Checks the box under EACH age group that you have experience with and are comfortable with for each skill below.									
Understands the different communication needs for the age group & changes communication methods and terminology accordingly									
Understands the different medications, dosages and possible side effects for the age group and administers medications appropriately									
Understands the different safety risks for the age group and alters the environment accordingly									
Understands the normal growth and development for the age group and adapts care accordingly									

I hereby certify that ALL information I have provided to **UNI**, on this skills checklist and all other documentation, is true and accurate.

I understand and acknowledge that any misrepresentation or omission may result in disqualification for employment and /or immediate termination.

Nurse Signature _____ Date _____

FAX TO (877) 970-5777

EMERGENCY ROOM SKILLS CHECKLIST