



HEALTH CARE RECRUITERS

www.unihcr.com

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 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.

SKILL LEVEL
0 1 2 3

SKILL LEVEL
0 1 2 3

EXPERIENCE

- Medical (MED)
- Telemetry (TELE)
- Oncology (ONCOL)
- Surgical (SURG)
- Orthopedics (ORTHO)
- Intermediate (IMC)
- Stepdown (SDU)
- Med/Surg (M/S)
- Neuro (NEURO)

CHARTING

- Computerized
- DARE
- APIE
- SOAPIE
- FOCUS
- Computer Order Entry
- Discharge Planning
- Utilization Review
- Chart Review/Audit

PATIENT CARE

- Acute MI
- AIDS, ARC
- Aneurysms
- Angina
- Burns
- Cardiac/Respiratory Arrest
- CHF
- CPR
- Craniotomy

- Colostomy
- CVA
- Diabetic
- Near Drowning
- DTs/Alcohol Detox
- GI Bleeding
- Hypertension
- Isolation
- Ileostomy
- Medication Administration
- Obstructed Airway
- Oncology
- PATIENT CARE**
- Overdose, Substance Abuse
- PCA Patient Controlled Analgesia
- Shock
- Spinal Cord Injury
- Seizures
- Death and Dying
- Patient/Family Teaching
- Psychiatric Care
- Restraints:
 - Assessment
 - Informed Consent
 - Posey
 - Soft

RN MEDICAL SURGICAL SKILLS CHECKLIST

Name: _____

Date: _____

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

	SKILL LEVEL					SKILL LEVEL			
	0	1	2	3		0	1	2	3
CARDIOVASCULAR					NEURO & ORTHO EQUIPMENT				
Obtain 12-lead EKG					Balanced Suspension				
Interpret Rhythm Strips					Bucks Extension				
Permanent Pacer					Cast Care				
Ultrasonic Doppler					Casts, Soft				
Patient/Family Teaching					Casts, Spika				
Other:					Cervical Devices, Other				
DRAINS					Circo-electric Bed				
Hemovac					Pressure Reduction Mattresses				
Jackson Pratt					Crutchfield tongs				
Patient/Family Teaching					Crutch walking				
Other:					Halo Traction				
DRESSINGS					K Wires				
Ace Wrap/Splints					Roto Bed				
Dressing Changes					Skeletal Traction, Other				
Pressure Ulcers					Stryker Frame				
Sterile Dressing					TENS				
Transparent Occlusive					Patient/Family Teaching				
Wound Irrigation					Other:				
Patient/Family Teaching					Other:				
GASTRO-INTESTINAL TUBES					PAIN MANAGEMENT				
Insertion					Assessment of Pain Level/Tolerance				
Removal					IV Sedation				
Blakemore-Balloon/Traction					Narcotic Analgesia				
Ewal					Patient Controlled Analgesia (PCA)				
Gastrostomy (PEG)					Anesthesia and Analgesia				
Jejunostomy					PEDIATRICS				
Kaslow (Kantor)					Chronic Illness/Disabilities				
Miller-Abbott					Development Theory Age Related				
Nasogastric Suction-Levine Tube					IV Therapy				
Nasogastric Suction-Sump Tube					Pediatric Meds Conversion				
T-tube					Patient/Family Teaching				
Patient/Family Teaching					Other:				
Other:					Other:				
INTRAVENOUS THERAPY					RENAL/GU				
Angiocath Insertion					Catheters to Gravity Drainage				
Blood & Blood Products					Catheters-3 Way Foley				
Blood Precautions					Catheter Insertion - Female				
Chemotherapy					Catheter Insertion - Male				
CVP's Dressing					Catheter - Suprapubic				
CVP's Measuring					Dialysis-Hemo				
Drawing Blood-Venous					Dialysis-Peritoneal				
Heparin/Saline Lock					GU Irrigations-Continuous				
Hickman/Broviac, Care of					GU Irrigations-Intermittent				
Hyperalimentation-Dressings					Nephrostomy Tube				
Hyperalimentation-Precautions					Tidal Drainage				
Hyperalimentation-Solutions					Patient/Family Teaching				
Infusion Monitor					Other:				
Infusion Pump					Other:				
IV Meds-mixing									
Needleless IV Systems									
Patient/Family Teaching									
TPN Other:									

Name: _____

Date: _____

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

SKILL LEVEL

RESPIRATORY

0 1 2 3

- Apnea Monitor
- Chest Tubes-H₂O Seal
- Chest Tubes-suction
- Cough and Deep Breathing Exercises
- Chronic Disease Physiology
- Incentive Spirometer
- Masks, Rebreather,
- Masks, Non-Rebreather
- Nasal, Nasotracheal Suctioning
- Nasal, Cannula
- O₂ Equipment
- Postural Drainage & Percussion
- Suctioning Oralpharyngeal
- Tracheostomy Care
- Tracheostomy Tubes, Cuffed
- Patient/Family Teaching
- Other:

SURGICAL CARE

- Abdominal Surgery
- Carotid Endarterectomy Surgery
- Consents
- GU Surgery
- ENT Surgery
- Femoral - Popliteal Bypass
- Orthopedic Surgery
- Nephrectomy Surgery
- Neuro Surgery
- Plastic Surgery
- Surgical Prep
- Thoracic Surgery
- Patient/Family Teaching

Name: _____ Date: _____

<u>Age Specific Skills</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)
Check 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

RN MEDICAL SURGICAL SKILLS CHECKLIST