EMERGENCY ROOM SKILLS CHECKLIST

Name _____ **Date**_____

Level of Experience

A = Able To Teach And Supervise
B = Two Year Consistent Experience
C = One Year Consistent Experience
D = Intermittent Experience
E = No Experience

	A	B	C	D	E
Air Transport of Trauma Patient	❒	❒	❒	❒	❒
Major Trauma	❒	❒	❒	❒	❒
Minor Trauma	❒	❒	❒	❒	❒
M.A.S.T. Suit	❒	❒	❒	❒	❒
First Degree	❒	❒	❒	❒	❒
Second Degree	❒	❒	❒	❒	❒
Third Degree	❒	❒	❒	❒	❒
Electrocution	❒	❒	❒	❒	❒
Dressing Procedure	❒	❒	❒	❒	❒
Hazardous Materials Exposure	❒	❒	❒	❒	❒
Radiation Exposure	❒	❒	❒	❒	❒
Pulmonary Edema	❒	❒	❒	❒	❒
C.O.P.D.	❒	❒	❒	❒	❒
Pheumothorax	❒	❒	❒	❒	❒
Assisting with Intubation	❒	❒	❒	❒	❒
Assisting with Extubation	❒	❒	❒	❒	❒
Tracheotomy	❒	❒	❒	❒	❒
Trach Tube	❒	❒	❒	❒	❒
T-Piece	❒	❒	❒	❒	❒
Obtaining Arterial Blood Gases	❒	❒	❒	❒	❒
From Radial Artery	❒	❒	❒	❒	❒
From Femoral Artery	❒	❒	❒	❒	❒
From Arterial Line	❒	❒	❒	❒	❒
Setting Up of Arterial Line	❒	❒	❒	❒	❒
Cardio/Hypovolemic Shock	❒	❒	❒	❒	❒
Ventilator	❒	❒	❒	❒	❒
O2 Mask	❒	❒	❒	❒	❒
O2 Cannula	❒	❒	❒	❒	❒
Venturi Mask	❒	❒	❒	❒	❒
Ambu Bags	❒	❒	❒	❒	❒
O2 Cylinders	❒	❒	❒	❒	❒
(Continued)	**A**	**B**	**C**	**D**	**E**
Nebulizer Set Up	❒	❒	❒	❒	❒
Oropharyingeal Suction	❒	❒	❒	❒	❒
Nasotracheal Suction	❒	❒	❒	❒	❒
Endotracheal Suction	❒	❒	❒	❒	❒
Assisting with Chest Tube Insert	❒	❒	❒	❒	❒
Use of Pleuravac Drainage System	❒	❒	❒	❒	❒
Use of Emerson Drainage System	❒	❒	❒	❒	❒
G.I. Bleed	❒	❒	❒	❒	❒
Abdominal Wounds	❒	❒	❒	❒	❒
G.I. Tubes	❒	❒	❒	❒	❒
Acute Abdominal Disorders	❒	❒	❒	❒	❒
Insertion of Nasogastric Tube	❒	❒	❒	❒	❒
Gastric Lavage	❒	❒	❒	❒	❒
Acute Renal Failure	❒	❒	❒	❒	❒
Chronic Renal Failure	❒	❒	❒	❒	❒
Peritoneal Dialysis	❒	❒	❒	❒	❒
Set Up For Cast Application	❒	❒	❒	❒	❒
Checking C.M.S.	❒	❒	❒	❒	❒
Set Up For OCL Splinting	❒	❒	❒	❒	❒
Set Up For Inserting Steinman Pin / K-Wires	❒	❒	❒	❒	❒
Assist With Close Fracture / Dislocation Reduction	❒	❒	❒	❒	❒
Sedation Monitoring	❒	❒	❒	❒	❒
Application of Orthopedic Appliances	❒	❒	❒	❒	❒
Set Up For Flourescein/Woods Lamp Exam	❒	❒	❒	❒	❒
Use of Morgan Lens Irrigation	❒	❒	❒	❒	❒
Ear Irrigations	❒	❒	❒	❒	❒
Eye Irrigations	❒	❒	❒	❒	❒
(Continued)	**A**	**B**	**C**	**D**	**E**
Eye Patch Application	❒	❒	❒	❒	❒
Nasal Packing	❒	❒	❒	❒	❒
Remove Contact Lens	❒	❒	❒	❒	❒
Visual Acuity	❒	❒	❒	❒	❒
Setting Up Suture Tray	❒	❒	❒	❒	❒
Assist With Sutures	❒	❒	❒	❒	❒
Assist With Staples	❒	❒	❒	❒	❒
Suture Removal	❒	❒	❒	❒	❒
Staple Removal	❒	❒	❒	❒	❒
Steri Strips	❒	❒	❒	❒	❒
Calculating Emergency Medication Dosages	❒	❒	❒	❒	❒
Knowledge of Normal Serum Lab Values	❒	❒	❒	❒	❒
Pediatric Arrest / Resuscitation	❒	❒	❒	❒	❒
Epiglottitis	❒	❒	❒	❒	❒
Overdose/Poison Ingestion	❒	❒	❒	❒	❒

Near Drowning ❒ ❒ ❒ ❒ ❒
Child Abuse ❒ ❒ ❒ ❒ ❒
Spontaneous Abortion ❒ ❒ ❒ ❒ ❒
Hemorrhage ❒ ❒ ❒ ❒ ❒
Placenta Previa ❒ ❒ ❒ ❒ ❒
Abruptio Placenta ❒ ❒ ❒ ❒ ❒
Preeclampsia/Eclampsia ❒ ❒ ❒ ❒ ❒
Emergency Delivery ❒ ❒ ❒ ❒ ❒
Communicable Diseases ❒ ❒ ❒ ❒ ❒
Crisis Intervention ❒ ❒ ❒ ❒ ❒
Upholding Patients Rights ❒ ❒ ❒ ❒ ❒
Suicidal Patient ❒ ❒ ❒ ❒ ❒
Patient With Overdose ❒ ❒ ❒ ❒ ❒
Patient In Restraints ❒ ❒ ❒ ❒ ❒
Neuro Assessment ❒ ❒ ❒ ❒ ❒
Monitoring Neuro Signs ❒ ❒ ❒ ❒ ❒
Use of Glascow Coma Scale ❒ ❒ ❒ ❒ ❒
Acute Head Injury ❒ ❒ ❒ ❒ ❒
Acute T.I.A./C.V.A. ❒ ❒ ❒ ❒ ❒
Acute Spinal Cord Injury ❒ ❒ ❒ ❒ ❒
Seizure Precautions ❒ ❒ ❒ ❒ ❒
Observing For Increased Intercranial Pressure ❒ ❒ ❒ ❒ ❒
Transport of Patient With Spinal Cord Injuries ❒ ❒ ❒ ❒ ❒
Assist With Lumbar Puncture ❒ ❒ ❒ ❒ ❒
Dilantin ❒ ❒ ❒ ❒ ❒
Phenobarbital ❒ ❒ ❒ ❒ ❒
Dacadron ❒ ❒ ❒ ❒ ❒

(Continued) **A B C D E**

Mannitol ❒ ❒ ❒ ❒ ❒
Solu-Medrol ❒ ❒ ❒ ❒ ❒
Abdominal Aortic Aneurysm ❒ ❒ ❒ ❒ ❒
Cardiac Monitoring ❒ ❒ ❒ ❒ ❒
Recognizing Arrhythmias ❒ ❒ ❒ ❒ ❒
Obtaining 12 Lead EKG's ❒ ❒ ❒ ❒ ❒
Cardiopulmonary Arrest ❒ ❒ ❒ ❒ ❒
Cardioversion ❒ ❒ ❒ ❒ ❒
Defibrillation ❒ ❒ ❒ ❒ ❒
Open Chest Heart Massage ❒ ❒ ❒ ❒ ❒
Assist With Insertion of a Permanent Pacemaker ❒ ❒ ❒ ❒ ❒
Assist With Insertion of a Temporary Pacemaker ❒ ❒ ❒ ❒ ❒
Trans-Thoracic Pacemaker ❒ ❒ ❒ ❒ ❒
Pervenous Pacemaker ❒ ❒ ❒ ❒ ❒
Set Up and Use of CVP ❒ ❒ ❒ ❒ ❒
Interpretation of CVP Readings ❒ ❒ ❒ ❒ ❒
Interpretation of Swan Ganz Readings ❒ ❒ ❒ ❒ ❒
Thrombolytic Therapy ❒ ❒ ❒ ❒ ❒
Anaphalactic Shock ❒ ❒ ❒ ❒ ❒
Cardiogenic Shock ❒ ❒ ❒ ❒ ❒
Cardiogenic Shock ❒ ❒ ❒ ❒ ❒
Septic Shock ❒ ❒ ❒ ❒ ❒
Hypovolemic Shock ❒ ❒ ❒ ❒ ❒
Administration of Blood and Blood Products ❒ ❒ ❒ ❒ ❒
Lidocaine ❒ ❒ ❒ ❒ ❒
Bretylium ❒ ❒ ❒ ❒ ❒
Nipride ❒ ❒ ❒ ❒ ❒
Dopamine ❒ ❒ ❒ ❒ ❒
Digitalis ❒ ❒ ❒ ❒ ❒
Sodium Bicarbonate ❒ ❒ ❒ ❒ ❒
Atrophine ❒ ❒ ❒ ❒ ❒
Epinephrine ❒ ❒ ❒ ❒ ❒
Dobutrex ❒ ❒ ❒ ❒ ❒
Tridil/Nitroglycerine ❒ ❒ ❒ ❒ ❒
Rape Kit ❒ ❒ ❒ ❒ ❒
Reporting Procedures For Acts Of Domestic Violence ❒ ❒ ❒ ❒ ❒
Hypothermia ❒ ❒ ❒ ❒ ❒
Heat Stroke ❒ ❒ ❒ ❒ ❒
Heat Exhaustion ❒ ❒ ❒ ❒ ❒
Snake Bite ❒ ❒ ❒ ❒ ❒
Administration of Antivenin ❒ ❒ ❒ ❒ ❒

(Continued) **A B C D E**

Animal Bite ❒ ❒ ❒ ❒ ❒
Poison Index ❒ ❒ ❒ ❒ ❒
Isolation Procedures ❒ ❒ ❒ ❒ ❒
Triage Procedures ❒ ❒ ❒ ❒ ❒
Care of Patient With AIDS ❒ ❒ ❒ ❒ ❒
Lab Values ❒ ❒ ❒ ❒ ❒
Procedure for Pt. Signing AMA ❒ ❒ ❒ ❒ ❒
Consent For Treatment of Minor ❒ ❒ ❒ ❒ ❒
Disaster Protocols ❒ ❒ ❒ ❒ ❒
Heparin/Saline Lock ❒ ❒ ❒ ❒ ❒
Starting IV's (Adult) ❒ ❒ ❒ ❒ ❒
Starting IV's (Pediatric) ❒ ❒ ❒ ❒ ❒
Universal Precautions ❒ ❒ ❒ ❒ ❒
Assist With Peritoneal Lavage ❒ ❒ ❒ ❒ ❒
Pelvic Tray ❒ ❒ ❒ ❒ ❒
Cut Down Tray ❒ ❒ ❒ ❒ ❒
Procto Tray ❒ ❒ ❒ ❒ ❒
CVP Tray ❒ ❒ ❒ ❒ ❒
Trach Tray ❒ ❒ ❒ ❒ ❒
Culdocentesis Tray ❒ ❒ ❒ ❒ ❒
Thoracentesis ❒ ❒ ❒ ❒ ❒

EXPERIENCE / CERTIFICATION

Indicate any specialty in which you have at least one year experience or certification within the past 3 years.

	YEARS	MONTHS
ICU:		
CCU:		
OPEN HEART CRITICAL CARE:		
SICU:		
EMERGENCY ROOM:		
GERIATRICS:		
BURN:		
GYNECOLOGY:		
GU:		
LABOR / DELIVERY:		
POST – PARTUM:		
NURSERY:		
NICU (INDICATE LEVEL):		
PEDIATRICS:		
MEDICAL:		
SURGICAL:		
TELEMETRY:		
CARDIAC STEPDOWN:		
NEURO:		
ORTHO:		
REHABILITATION:		
DIALYSIS:		
DIABETIC:		
PSYCH:		
OPERATING ROOM:		
RECOVERY ROOM:		
HOME HEALTH:		
NURSING MANAGEMENT:		
OTHER (INDICATE):		

Please include copies of any certifications with this form.

I understand that I am legally accountable in the areas I have stated performance ability on the attached Clinical Skills Checklist. I realize that it is my personal responsibility to seek further instruction in areas of deficiency and I will make them known to Quality Medical Staffing.

_____ _____

Signature **Date**