Name Date

Instructions: Please check the appropriate column that best describes your experience level for each knowledge copetency and skill. Evaluate yourself based on experiences within the last two (2) years.

 11. Evaluate yourself based on experiences within the last two (2) years.									
Self-Assessed Ex	perience Rating Scale:								
0 No Experience	2 Knowledgeable (Performs 1-2 times/ month)								
1 Needs Review and Practive (Performs < 6 times /	3 Fully Competent (Performs daily or weekly)								

SKILLS:		0 1 2		2 3	SKILLS:	0	1	2	3	
1 Admission Process	Ť	·		Ů	g) Electrolytes		Ė	H	Ť	
2 A - V Fistula Care			Н		h) Urine Dipstick		М	Н	Н	
3 Brace / Splint Application					20 Intestinal Tract Tubes, Placement & Care					
4 Catheter Insertion & Care					a) Gastrotomy					
a) Bladder Irrigation					Н	П				
b) Foley			Н		c) Nasogastric			Н	П	
1) Female			Н		d) Orogastric			Н	П	
2) Male			П		e) T-Tube			Н	П	
5 Cast Care			П		21 Intravenous Infusion Therapy					
6 Charge Nurse Routine			П		a) Blood & blood products infusion					
7 Chemotherapy Adult Protocols			П		1) Albumin			П	П	
8 Chest Physiotherapy			П		2) Cryoprecipitate			П	П	
9 Chest tube & Drainage System					3) FFP			П	П	
a) Care & maintenance					4) Packed RBC's			П	П	
b) Removal			П		5) Whole blood			П	П	
c) Set-up			П		b) Central Line Site Maintenance					
10 EKG Interpretation					1) Broviac					
a) 12 Lead					2) Groshong			П	П	
b) Arrhythmia			П		3) Hickman			П	П	
c) Lead placement:			П		4) PICC			П	П	
5 electrode placement			П		5) Portacath			П	П	
2) I, III, V-leads					6) Quinton			П	П	
3) Leed II & MCL					c) Heparin Lock			П	П	
11 Feedings					d) Nutritional Infusions	_				
a) Continuous tube feeding					1) Hyperalimentation					
b) Gavage, Intermittent					2) Intralipids			П	П	
12 Gastric Lavage, Iced Saline					e) Peripheral IV insertion & Maintenance	_		_	_	
13 Gastric Suction					1) Angiocath					
14 Glascow Coma Scale					2) Butterfly			П	П	
15 Halo Traction / Cervical Tongs					22 Isolation Procedures			П	П	
16 Hemodialysis					23 Lumbar Puncture			П	П	
17 Hemodynamic Monitoring, Non-invasive					24 Nephrostomy Tube Care			П	П	
a) Auscultation					25 Nerve Assessment Care Planning			П	П	
b) Doppler					26 Neurological Assessment					
c) Electronic					27 Nursing Assessment Care Planning					
d) Palpation					28 Oxygen Therapy Administration					
18 Incentive Spirometry					a) Bag & Mask					
19 Interpretation of Lab Results					b) External CPAP					
a) Blood Gasses					c) Face Mask					
b) Blood Chemistry					d) Nasal Cannula					
c) Cardiac Enzymes & Isoenzymes					e) Trach Collar					
d) CBC					29 Pacemaker					
e) Coagulation Studies					a) Permanent					
f) Cultures					b) Temporary					

Name Date

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Self-Assessed Expe	rience Rating Scale:
0 No Experience	2 Knowledgeable (Performs 1-2 times/ month)
1 Needs Review and Practive (Performs < 6 times / year	3 Fully Competent (Performs daily or weekly)

SKILLS:		1	2	3	Medications:	0	1	2	3
30 Petroneal Dialysis					13 Oral Hypoglycemics				
a) Automatic Cycler					14 Thyroid Replacement				
b) Manual					15 Delivery Methods				
31 Phisical Assessment					a) Eye / Ear Intillations				
32 Restraints					b) IM Injections				
33 Specimen Collection	_				c) Insulin Pump				
a) Blood					d) Meter Dosed Inhalers				
1) Central Line					e) Nebulizer				
2) Venous Stick	Ш				f) Oral				$ldsymbol{ld}}}}}}$
b) Cultures					g) Piggy-back Infusions				
c) Sputum					h) SQ Injections				
d) Urine					I) Z Track Injections				
1) Catheter					Pain Management:	0	1	2	3
2) 24 hr. Collection	П				1 Pain Level Assessment				П
34 Suctioning	$\overline{}$				2 Care of patient with:				
a) Nasal-pharyngeal					a) Epidural Analgesia				
b) Oral-pharyngeal	П				b) IV Conscious Sedation				П
c) Tracheostomy	П				c) Insulin Pump				П
35 Temperature					d) Narcotic Agents		П		П
a) Oral					e) Non-narcotic Agents		П		П
b) Tympanic	П				Equipment:	0	1	2	3
36 Thoracentesis (assist)	П				1 Cardiac Monitor				Т
37 Traction Application	П				2 Defibrillator		П		
38 Vital Signs	П				3 Glucometer				П
39 Wound / Ostomy Care	_				4 Hemodialysis Machine				П
a) Colostomy site care / bag change					5 Infusion Delivery System				
b) Decubitus Ulcers	П				(Specify Manufacturer):				
c) Ileostomy site care / bag change					a) IV pump				
d) Irrigations					b) IV pump				
e) Sterile Dressing Changes					c) IV pump				
f) Surgical wounds with drains					6 Oxygen Flow Meter				
Medications:	0	1	2	3	7 Pulse Oxymeter		П		
1 Albuterol (Ventolin)					8 Specialty Beds				
2 Aminophylline					a) Air Fluidized				
3 Antibiotics					b) Low Air Loss				
4 Anticoagulants					c) Rotating				
5 Anticonvulsants	П				Assessment & Care of Patient with:	0	1	2	3
6 Antihypertensives	П				1 Acute Cholecystitis				
7 Corticosteroids	П				2 Adrenal Disorders				
8 Digoxin	П				3 Angina				П
9 Heparin	П				4 Amputation		\Box		
10 Insulin					5 Arthroscopic Surgery				
11 Lasix					6 Asthma				
12 Nitroglycerine					7 Basal Skull Fracture				

Name Date

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Self-Assessed Experience Rating Scale: 0 No Experience 2 Knowledgeable (Performs 1-2 times/ month) 1 Needs Review and Practive (Performs < 6 times / year 3 Fully Competent (Performs daily or weekly)

Assessment & Care of Patient with:			2	3	Assessment & Care of Patient with:	0	1	2	3
8 Bowel Obstruction		1			36 Neuromuscular Disease		Т	Т	
9 Bronchoscopy	\vdash	Т			37 Osteoporosis		\vdash	Т	Т
10 Burns		Г			38 Paralytic Ileus		Т	Г	Т
11 Cardiac Arrest		Г			39 Pinned Fractures	\vdash	\vdash	Г	Г
12 Cardiac Catheterization		Г			40 Pituitary Disorders		Т	Г	Г
13 Cardiomyopathy		Г			41 Pneumonectomy		\vdash	Г	Т
14 Carotid Endarerectomy		Г			42 Pneumonia		Т	Г	Т
15 Cerebral Vascular Accident (CVA)		Г			43 Post Acute MI (> 48 hours)		\Box	Г	П
16 Cirrhosis		Г			44 Post Angioplasty			Г	Г
17 Coma		Г			45 Post Hypophysectomy		Т	Г	Г
18 Congestive Heart Failure (CHF)		Г			46 Post Thyroidectomy		П	Г	Г
19 Coumadin / Heparin Therapy		Г			47 Post Operative Care				
20 COPD		Г			a) GI Surgery		П		Г
21 Delirium Tremens					b) Orthopedic Surgery				
22 Diabetes Insipidus		Г			c) Ostomy		П	Г	Г
23 Diabetes Mellitus		Г			d) Vascular Surgery	Г	П	Г	Г
24 Encephalitis					48 Renal Failure		П		
25 Femoral-Popliteal Bypass		П			49 Renal Transplant	Г	П	П	Г
26 GI Bleeding					50 Rheumatic / Arthritic Disease				
27 Hepatic Failure					51 Seizures				
28 Hepatitis					52 Spinal Cord Injury		П		Г
29 HIV / AIDS		П			53 Thrombophlebitis	Г	П	Г	Г
30 Hyperthyroidism					54 Total Hip Replacement				
31 Hypothyroidism					55 Total Knee Replacement		П		
32 Lobectomy					56 Tuberculosis				
33 Maliganant Tumors					57 TURP / TURBP				
34 Meningitis					58 Thyroid Dysfunction				
35 Multiple Sclerosis					59 Urinary Tract Infection				

Naı	me	Date
	Self-Assessed Exper	rience Rating Scale:
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Age Appropriate Nursing Care:

Please Check the appropriate box (es) for each age group and activity for which you have had experience whithin the last year.

Age Specific Experiences	Adolescent (13 - 18 yrs)	Young Adult (19 - 39 yrs)	Middle Adults (40 - 64 yrs)
Understands the nurmal growth and development for each age group and adampts care accordingly			
Understands the different communication needs for each age group and changes communication methods and terminology accordingly			
Understands the different safety risks for each age group and alters the environment accordingly			
Understands the different medications, dosages, and possible side effects for each age group and administers medications appropriately			

Signature			Date

The information I have provided in this skills checklist is true and accurate to the best of my knowledge.