

- ❖ Adherence to Policies and Procedures
- ❖ Ability to work with diverse populations

STAFFING ON THE GO

SKILLS CHECKLIST

Name: _____

Date: _____

RN/LPN SKILLS CHECKLIST

RN () LPN () (CHECK ONE)

The objective of this skill sheet is to assist in determining your current level of knowledge and experience in general nursing skills. It is your responsibility to seek out opportunities to increase your experience, and competency in these skills.

CHECK ONE: Pediatric () Adult ()

Please complete this skills sheet by TICKING the column that best describes your current level of competence.

1. No contact with equipment or this patient situation. No knowledge of procedure.
2. Understand procedure and patient situation but never performed task.
3. Have performed this task infrequently and would need supervision.
4. Have performed this task frequently and can perform independently.

SKILL	1	2	3	4	SIGNATURE OF REGISTERED NURSE(DON)
GENERAL					
Aseptic Technique					
Universal Precautions/Personal Protective Equipment					
Neurological Assessments					
Orientation to time and place					
Pupil Checks					
Mobility/Strength					
General Seizure precautions/Observation					
• Grand Mall					
• Petit Mall					
• Focal					
• Jacksonian					
Respiratory:					
Auscultation of Lung Sounds					
Suctioning					
• Oral					
• Nasopharyngeal					
• Tracheal					
Instillation of Saline Drops					
Suction Machine-assesses pressures, cleaning of					
Suction Catheters- Cleaning of					
Corrugated Tubing-changing of					
Routine Tracheotomy care					
Track Tube changing					
Placement on Oxygen Delivery Device					
• Nasal canola					

• Oxygen Mask					
• Track Collar					
• Ventilator					
Calibrate Oxygen Analyzer					
Check Oxygen Level/Liter Flow on Port. Oxygen Tank					
Portable Oxygen Concentrator					
Check/Calibrate Ventilator setting					
IMV					
PEEP					
Pressures					
Tidal Volume					
Systematic Troubleshooting of Ventilator					
Chest Percussion					
Humidity System- water level. Temperature, Filling and draining procedure, cleaning humidity bottle.					
Check compressor operation and cleaning of screen					
Clean Manual Resuscitation Device (reservoir bug & assoc					
Administration of Aerosol Treatments					
Arterial punctures					
Interpreting Blood Gases					
Pulse Oximeter- Alarm App. Interpretation and Documentation					
Apnea Monitor- Application. Alarm interpretation, and Documentation					
CARDIOVASCULAR:					
Cardiovascular Assessment					
Assessment of peripheral pulses.					
Assessment of Dehydration/Fluid Overload					
Assessment of Tissue/Nail Bed Perfusion					
Cardiac Rehabilitation- activity and diet teaching					
Orthopedic					
CMS Checks of Extremities (color, movement, sensation)					
Traction					
Fracture and Cast Care					
Inflatable Splints					
Cervical Collar					
Velcro Knee Splint					
C nitch Walking Instructions					
K-Wires					
Overhead Bar and Assembly					
CASTRO-Intestinal:					
GI Assessments					
Assesses and Record I & O					
Weights- Hoyer Lift					
Skin Care:					
GT Site					
N/G Site					
Preparation of Special Formula/Feedings					
Insertion of NG Tube and placement check					
Check N/G Residual					
Gastrostomy/Jejunostomy Tube Feedings					
Re- insert GT and check placement					
Continuous Bolus Feed					
Use of Feeding Pump.					

Nurse Name: _____

Signature: _____

Date: _____

Evaluator's Name: _____

Signature: _____

Date: _____