

Print Name: _____ **Date:** _____

Registered Nurse, MedSurg

Proficiency Level: Indicated exp. for each task

- 1-No experience/knowledge
- 2-Minimal experience, need supervision
- 3-Can perform without supervision
- 4-Perform well and can act as resource person
- NA: Not Applicable to area or no exp. Required

Skills	1	2	3	4	NA
1. Physical assessment:					
a. Breath sounds.					
b. Heart sounds.					
c. Neurological assessment.					
d. GI assessment.					
e. General physical assessment.					
2. Blood sampling:					
a. Venipuncture.					
b. Central line.					
c. Implanted ports.					
3. Intravenous Fluid Administration:					
a. Peripheral access: Angiocath, Butterfly, and I.V. lock.					
b. Administration/maintenance: Peripheral, Central, TPN, and Lipids.					
c. Tubing changes: Peripheral and Central.					
d. Site care: Peripheral and Central.					
4. Blood/Blood Products Administration:					
a. Consent.					
c. Administration: PC, FFP, Platelets, and Albumin.					
d. Discontinuation/Transfusion Reactions.					
5. Urinary Catheterization:					
a. Placement: Single and three-way.					
b. CBI.					
6. Enteral Feedings: Continuous and Intermittent.					
7. Tubes/Drains:					
a. Nasogastric/Salem Sump Tube: Insertion, maintenance (including anti-reflux valve), and removal.					
b. Feeding tube: Insertion, maintenance, and removal.					
c. Levine tube: Insertion, maintenance, and removal.					
d. Jackson-Pratt drain.					
8. Wound/Sterile Dressing Care					
9. Oxygen Delivery: Set-Up/Maintenance					
a. Nasal cannula.					
b. Ventimask.					
c. Partial and non-rebreather masks.					
d. Trache collar.					

Skills	1	2	3	4	NA
10. Adjunctive Airway Management:					
a. Bag valve mask (Ambu bag).					
b. Tracheostomy care.					
c. Suctioning: Oral, nasal, and tracheal.					
11. Cardiac Monitoring: Application of leads, And interpretation/treatment of dysrhythmias.					
12. Use of Medical Equipment:					
a. I.V. and PCA pump					
b. Enteral feeding pump.					
c. Oxygen tank and regulator					
d. Capillary glucose monitor.					
e. Suction apparatus: Wall and portable.					
f. K-pad.					
g. Hypo/hyperthermia blanket.					
h. Sequential compression device.					
i. Specialty bed/overlay mattresses.					
j. Portable Hepafilter.					
k. Pulse oximeter.					
l. Overhead trapeze.					
m. Incentive spirometer.					
n. Defibrillator.					
o. ECG machine..					
p. Reports defective equipment.					
LEGAL ASPECTS					
Knowledge of patient's rights					
Confidentiality					
Voluntary & Involuntary Commitment					
Discharge AMA from hospital setting					
DOCUMENTATION					
Familiar with Problem oriented charting					
Use of Nursing diagnosis					
Initiating treatment plans					
Defining goals and objectives					
Complete Nursing assessment including biological, psychological, spiritual, intellectual functions					
MILIEU					
Use of milieu to enhance patient care					
Familiarity with group process					
Use of milieu to dec. confusion & tension					
Use of community meetings					

Skills	1	2	3	4	NA
GERONTOLOGICAL PSY. NURSING					
Relationship between personality factors & coping with loss in inc age					
Differentiating depression from dementia					
Factors contributing to Sundown Syndrome					
Effectiveness of Nursing actions with agitated elderly					
Interventions with confused elderly					
Preventive measures for disoriented elderly					
Relationship bet. mental status & cardiovascular response					
Factors that contribute to withdrawal of the elderly					
GENERAL ADULT PSY. NURSING					
Knowledge of responses, collection of data, development of & implementation					
Knowledge of Somatic therapies					
Knowledge of different types of utilized in milieu					
SUBSTANCE ABUSE NURSING					
Knowledge of major categories of abused substances in terms of usual route of related to syndrome					
stressors and behaviors observed					
Knowledge of common themes and appropriate nursing intervention					
ISOLATION PRECAUTIONS					
Regular Isolation					
Reverse Isolation					
Enteric Isolation					
Respiratory Isolation					
Wound and Skin Isolation					
Sterile Dressing Changes					

Signature: _____

Date: _____