

Rehab LTC Skills Checklist
RN-RH/LTC

Name (signature)

Name (printed)

*Please indicate your level of experience by checking the appropriate box by each category.
Please rate your level of proficiency of each of the following skills on a scale of 0 to 4.*

0: Unfamiliar with	1: Theory- no practice	2: Familiar with: need review	3: Some experience with: need minimal review	4: Frequent experience: performs well
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Patient Groups

Neonate
Infant
Children
Adolescent
Adult
Geriatric

0 1 2 3 4

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Clinical Skills

Wound Care/ Surgical
Wound Care/ Medical
Dressing Changes
Skin Assessment
Suture Staple removal
Cast Care
PICC insertion
Total Joint replacements
Prosthesis Application
Sliding boards

0 1 2 3 4

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Clinical Skills

Stroke precautions
Assistive devices
Discharge planning
Sliding boards
Standard extremity braces
TPN protocols and site care
Team charting
Stump wrapping
GT/PEG feedings
Oxygen delivery devices
Nebulizer use
Head injury
Trauma-lacerations
Tracheostomy care
Ventilator
MSDS assessments
UR/ Medicare review

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I certify that all of the above information is correct and that any misrepresentations or falsification of fact may be considered sufficient cause for immediate dismissal. I have completed this skills checklist to the best of my knowledge and agree that all of the information provided is correct.

Signature

Date