

Name: _____ Date: _____

Years of Experience: _____

Directions for completing skills checklist:

The following is a list of procedures performed in rendering care to patients. Please indicate the level of experience/proficiency. Use the following key as a guideline:

- A) Theory Only/No Experience – Didactic instruction only, no hands on experience
- B) Limited Experience – Knows procedure/has used equipment, but has done so infrequently or not within the last six months
- C) Moderate Experience – Able to demonstrate equipment/procedure, performs the task/skill independently with only resource assistance needed
- D) Proficient/Competent – Able to demonstrate/perform the task/skill proficiently without any assistance and can instruct/teach

	A	B	C	D		A	B	C	D
A. CARDIAC					2. Admission Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Use of cardiac monitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Discharge Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Assessment of heart sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Patient Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Cardiac Arrest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Patient Care Plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. CPR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	F. MEDICATIONS/IV THERAPY				
5. Care of patients with CHF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Medication Calculation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Atropine administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Reconstitution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Digoxin administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Oral Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Dopamine administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Eye Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Inderal administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. IM Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Lidocaine administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. SQ Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. GENITOURINARY					7. Rectal Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Fluid Balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Starting IV's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Foley Catheter Insertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. IV Medication Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Ileostomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Central Line Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. GU Irrigations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G. NEUROLOGY				
5. Nephrostomy Tube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Assessment of Neurological Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. ENDOCRINE					2. Seizure Precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Blood Glucose Checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Care of a patient with a CVA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Insulin Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Care of a patient with Alzheimer's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Care of patients with Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Care of patients with Spinal Cord Injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. GASTROINTESTINAL					6. Decadron Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. NG tube care and feedings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Dilantin Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Gastrostomy tube care and feedings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Phenobarbital Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Colostomy Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Valium Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Assessment of Bowel Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	H. ORTHO/SKIN				
E. LEADERSHIP/PATIENT CARE					1. Assessment of skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Taking Charge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Wound Care and Treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					3. Use of special pressure relief devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					4. Care of pts with a total hip replacement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					5. Care of pts with a total knee replacement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					6. Crutch Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A B C D

I. RESPIRATORY

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Pulse Oximetry | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Oxygen Administration via nasal cannula | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Oxygen Administration via face mask | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Principles of chest percussion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Care of patients with ventilator | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Care of patients with COPD | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Care of patients with ARDS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Care of patient with a Tracheotomy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Cambay Consulting, LLC. to release my Long Term Skills Checklist to client facilities of Cambay in relation to consideration of employment as a Traveler with those facilities.

Signature

Date

Address

Phone