PRECISION HUMAN RESOURCE SOLUTIONS, INC.
Nursing Skills Checklist

_____ _____
First Name **Last Name**

_____ _____
Social Security number **Date**

_____
Email

AGE-SPECIFIC COMPENTENCIES

A = Neonate / Newborn (birth - 30 days)
B = Infant (30 days - 1 year)
C = Toddler (1 - 3 years)
D = Preschool (3-5 years)
E = School Age (5-12 years)
F = Adolescent (12 – 18 years)
G = Young Adult (18 - 39 years)
H = Middle Adult (39 - 62 years)
I = Older Adult (64+ years)

Please check the boxes below for each age group for which you have expertise

	A	B	C	D	E	F	G	H	I
Able to adapt care to incorporate normal growth & development	☐	☐	☐	☐	☐	☐	☐	☐	☐
Able to adapt method & terminology of patient instruction to age Comprehension and maturity level	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ensure a safe environment reflecting specific needs to various age Groups	☐	☐	☐	☐	☐	☐	☐	☐	☐

AREAS OF EXPERIENCE

Please indicate the number of years of experience for each of the following.

_____ *Medical*
_____ *Neurological*
_____ *Psychiatric*
_____*Rehabilitation*
_____ *OB/GYN*
_____ *Telemetry*
_____ *Pediatrics*
_____ *School*
_____*Surgical*
_____*Orthopedics*
_____*Oncology*
_____*OTHER (_____)*

Please indicate below your level of experience for each item following the coding:
1 = No experience or only prior observation
2 = Less than one year current experience or any previous experience
3 = One - two years current experience or need minimal assistance
4 = Two plus years of current experience or function independently

CARDIOVASCULAR

Assessment	**1**	**2**	**3**	**4**
Auscultation (rate, rhythm, volume)	☐	☐	☐	☐
Blood pressure / non-invasive	☐	☐	☐	☐
Doppler Heart sounds / murmurs	☐	☐	☐	☐
Pulses / circulation Checks	☐	☐	☐	☐
Equipment & Procedures				
Basic 12-lead interpretation	☐	☐	☐	☐
Basic arrhythmia interpretation	☐	☐	☐	☐
Lead placement	☐	☐	☐	☐
Permanent pacemaker	☐	☐	☐	☐
Temporary pacemaker	☐	☐	☐	☐
Basic EKG interpretation	☐	☐	☐	☐

Care of a Patient with	**1**	**2**	**3**	**4**
Aneurysm	☐	☐	☐	☐
Angina	☐	☐	☐	☐
Cardiac arrest	☐	☐	☐	☐
Congestive heart failure	☐	☐	☐	☐

INFECTIOUS DISEASES

Assessment	**1**	**2**	**3**	**4**
Interpretation of blood count lab results	☐	☐	☐	☐
Equipment & Procedures				
Fever management	☐	☐	☐	☐
Isolation	☐	☐	☐	☐

Care of a Patient with	**1**	**2**	**3**	**4**
HIV / AIDS	☐	☐	☐	☐
Hepatitis	☐	☐	☐	☐
Lyme Disease	☐	☐	☐	☐
Tuberculosis	☐	☐	☐	☐

RENAL/GENITOURINARY

Assessment	**1**	**2**	**3**	**4**
Interpretation of BUN & creatine results	☐	☐	☐	☐
Interpretation of electrolytes lab results	☐	☐	☐	☐
Equipment & Procedures				
Insertion & care of catheter - male	☐	☐	☐	☐
Insertion & care of catheter - female	☐	☐	☐	☐
Routine urine specimen collection	☐	☐	☐	☐

Care of a Patient with	**1**	**2**	**3**	**4**
Renal failure	☐	☐	☐	☐

24-hour urine specimen collection	☐	☐	☐	☐	Urinary tract infection	☐	☐	☐	☐

ENDOCRINE / METABOLIC

Assessment	**1**	**2**	**3**	**4**	***Care of a Patient with***	**1**	**2**	**3**	**4**
S/S diabetic coma	☐	☐	☐	☐	Diabetes mellitus	☐	☐	☐	☐
S/S insulin reation	☐	☐	☐	☐	Diabetes insipidus / Pituitary disorders	☐	☐	☐	☐
Equipment & Procedures					Adrenal disorders / Addison's disease	☐	☐	☐	☐
Performing finger stick	☐	☐	☐	☐	Hyperthyroidism / Grave's disease	☐	☐	☐	☐
Use of blood glucose meter device	☐	☐	☐	☐	Hypothyroidism	☐	☐	☐	☐
Use of visual blood glucose strips	☐	☐	☐	☐	Thyroidectomy	☐	☐	☐	☐
Indwelling insulin pump					***Medication Administration***				
Insulin Administration					Insulin	☐	☐	☐	☐
Single type	☐	☐	☐	☐	Oral hypoglycemics	☐	☐	☐	☐
Mixed insulins	☐	☐	☐	☐	Steroids	☐	☐	☐	☐
Insulin infusion	☐	☐	☐	☐	Thyroid	☐	☐	☐	☐

GASTROINTESTINAL

Assessment	**1**	**2**	**3**	**4**	***Care of a Patient with***	**1**	**2**	**3**	**4**
Abdominal / bowel sounds	☐	☐	☐	☐					
Fluid balance	☐	☐	☐	☐					
Equipment & Procedures									
Administration of TPN and care of line	☐	☐	☐	☐	GI bleeding	☐	☐	☐	☐
Use of feeding pump	☐	☐	☐	☐	Liver disease	☐	☐	☐	☐
Tube feeding by gravity infusion	☐	☐	☐	☐					
Saline lavage	☐	☐	☐	☐					
Nasogastric tubes (ie, Salem Sump, Levine)	☐	☐	☐	☐					
Collection of Stool Specimens	☐	☐	☐	☐					
Bowel preparation and cleansing Procedures	☐	☐	☐	☐					

PAIN MANAGEMENT

Assessment	**1**	**2**	**3**	**4**	***Care of a Patient with***	**1**	**2**	**3**	**4**
Pain level	☐	☐	☐	☐					
Tolerance	☐	☐	☐	☐					
Care of a patient with									
Epidural anesthesia / analgesia	☐	☐	☐	☐					

PULMONARY / RESPIRATORY

Assessment	**1**	**2**	**3**	**4**	***Care of a Patient with***	**1**	**2**	**3**	**4**
Breath sounds	☐	☐	☐	☐	Acute respiratory distress	☐	☐	☐	☐
Rate and work of breathing	☐	☐	☐	☐	Asthma	☐	☐	☐	☐
ABG interpretation	☐	☐	☐	☐	Emphysema	☐	☐	☐	☐
Sputum specimen collection	☐	☐	☐	☐	COPD	☐	☐	☐	☐
Equipment & Procedures									
Establish airway	☐	☐	☐	☐	Pneumonia	☐	☐	☐	☐
Use of IPPB	☐	☐	☐	☐					
Assist with intubation	☐	☐	☐	☐	Pulmonary embolism	☐	☐	☐	☐
Nasal suctioning	☐	☐	☐	☐	Pneumocystic disease	☐	☐	☐	☐
Oral suctioning	☐	☐	☐	☐	Pulmonary edema	☐	☐	☐	☐
Tracheostomy tube suctioning	☐	☐	☐	☐					
Chest PT	☐	☐	☐	☐	Tuberculosis	☐	☐	☐	☐
					Care of a patient on a ventilator				
Incentive spirometry	☐	☐	☐	☐	Weaning	☐	☐	☐	☐
Oxygen administration	☐	☐	☐	☐					
Oxygen cannulas / masks	☐	☐	☐	☐					
Pulse oximetry	☐	☐	☐	☐					

PHLEBOTMY / IV THERAPY

Equipment & Procedures	**1**	**2**	**3**	**4**
Draw blood from central line	☐	☐	☐	☐
Central line dressing changes	☐	☐	☐	☐
Draw blood from venous stick	☐	☐	☐	☐
Inserting IV	☐	☐	☐	☐
Mixing IV	☐	☐	☐	☐
Regulating IV	☐	☐	☐	☐
Discontinuing peripheral IV	☐	☐	☐	☐
IV Infusion pump	☐	☐	☐	☐

WOUND MANAGEMENT

Assessment	1	2	3	4	*Care of a Patient with*	1	2	3	4
Skin for impending breakdown	☐	☐	☐	☐	Pressure sores	☐	☐	☐	☐
Stasis ulcers	☐	☐	☐	☐	Staged decubitus ulcers	☐	☐	☐	☐
Surgical wound healing	☐	☐	☐	☐	Surgical wounds with drains	☐	☐	☐	☐
Equipment & Procedures					Traumatic wounds	☐	☐	☐	☐
Air fluidized, low airloss beds	☐	☐	☐	☐	Stab wounds	☐	☐	☐	☐
Pressure relief mattress / seat cushion	☐	☐	☐	☐	Gunshot wounds	☐	☐	☐	☐
Sterile dressing changes	☐	☐	☐	☐	First or second degree burns	☐	☐	☐	☐
Wound care / irrigation	☐	☐	☐	☐	Third or fourth degree burns	☐	☐	☐	☐

BASIC PROCEDURES & EQUIPMENT

	1	2	3	4		1	2	3	4
Unit dose medications	☐	☐	☐	☐	Charge nurse experience	☐	☐	☐	☐
Dosage calculations	☐	☐	☐	☐	Team lead experience	☐	☐	☐	☐
Initiate multiple drips	☐	☐	☐	☐	Primary care experience	☐	☐	☐	☐
Maintain multiple drip dosages	☐	☐	☐	☐	SOAP charting	☐	☐	☐	☐
Pouring from stock medications	☐	☐	☐	☐	Initiating care plans	☐	☐	☐	☐
Narcotic administration	☐	☐	☐	☐	Organ donor protocol	☐	☐	☐	☐
PIC line insertion	☐	☐	☐	☐	Patient directives	☐	☐	☐	☐
Restraints	☐	☐	☐	☐	Patient rights / confidentiality	☐	☐	☐	☐

NEUROLOGY

Assessment	1	2	3	4	*Care of a Patient with*	1	2	3	4
Glasgow Coma Scale	☐	☐	☐	☐	Basal skull fracture	☐	☐	☐	☐
Level of consciousness	☐	☐	☐	☐	Conscious sedation	☐	☐	☐	☐
Pupil Checks	☐	☐	☐	☐	Craniotomy	☐	☐	☐	☐
Orientation to person, place, & time	☐	☐	☐	☐	Closed head trauma	☐	☐	☐	☐
Active range of motion	☐	☐	☐	☐	Coma	☐	☐	☐	☐
Passive range of motion	☐	☐	☐	☐	CVA	☐	☐	☐	☐
Equipment & Procedures					DTs	☐	☐	☐	☐
Assist with lumbar puncture	☐	☐	☐	☐	Encephalitis	☐	☐	☐	☐
Aneurysm precautions	☐	☐	☐	☐	Meningitis	☐	☐	☐	☐
Seizure precautions	☐	☐	☐	☐	Neuromuscular disease	☐	☐	☐	☐
Use of hyper/hypothermia blanket	☐	☐	☐	☐	Paralysis	☐	☐	☐	☐
Medications					Seizure disorders	☐	☐	☐	☐
Administration of anticonvulsants	☐	☐	☐	☐	Spinal cord injury	☐	☐	☐	☐
Administration of IV drip steroids	☐	☐	☐	☐	Status epilepticus	☐	☐	☐	☐

ONCOLOGY

Assessment	1	2	3	4
Nutritional status	☐	☐	☐	☐
Interpretation of blood count lab results	☐	☐	☐	☐
Interpretation of blood chemistry results	☐	☐	☐	☐
Equipment & Procedures				
Reverse isolation	☐	☐	☐	☐
Chemotherapy certification	YES		NO	

ORTHOPEDICS

Assessment	1	2	3	4	*Care of a Patient with*	1	2	3	4
Circulation checks	☐	☐	☐	☐	Cast	☐	☐	☐	☐
Gait	☐	☐	☐	☐	Amputation	☐	☐	☐	☐
Range of motion / active	☐	☐	☐	☐	Arthoscopic surgery	☐	☐	☐	☐
Range of motion / passive	☐	☐	☐	☐	Laminectomy	☐	☐	☐	☐
Cast Care	☐	☐	☐	☐	Osteoporosis	☐	☐	☐	☐
Equipment & Procedures					Pinned fractures	☐	☐	☐	☐
Continuous Passive Motion devices	☐	☐	☐	☐	Rheumatic / arthritic disease	☐	☐	☐	☐
Assistive devices (ie, canes, walker)	☐	☐	☐	☐	Total hip replacement	☐	☐	☐	☐
Hoyer lift	☐	☐	☐	☐	Total knee replacement	☐	☐	☐	☐
Antiembolic stockings	☐	☐	☐	☐	Hemovac	☐	☐	☐	☐

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Precision Human Resource Solutions, Inc. to release this RN Skills Checklist to Client facilities of Precision Human Resource Solutions, Inc. in consideration of my assignment to work at those facilities.

_____ _____

Signature **Date**