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RN Skills Checklist

Name:

Date:

Key: 0=No Experience 1=Limited 2=Moderate 3=Experiences & Competent 4= Able to teach and supervise
 Please circle appropriate number:

	Skills	Rating
1	Abdominal Assessment	
	Inspection	0,1,2,3,4
	Auscultation	0,1,2,3,4
	Percussion	0,1,2,3,4
	Palpation	0,1,2,3,4
2	Antiembolism	
	Measurement for	0,1,2,3,4
	Application for	0,1,2,3,4
3	Arterial Puncture for Blood Gas Determination	0,1,2,3,4
4	Bladder Irrigation	
	Continuous	0,1,2,3,4
	Intermittent	0,1,2,3,4
5	Blood Pressure Measurement	
	Manual	0,1,2,3,4
	Electronic monitor	0,1,2,3,4
6	Blood Administration	0,1,2,3,4
7	Breathe Sound Auscultation	0,1,2,3,4
8	Cardiopulmonary Resuscitation	
	Adult	0,1,2,3,4
	Pediatric	0,1,2,3,4
	Participation in a "code"	0,1,2,3,4
9	Cast	
	Pedaling	0,1,2,3,4

	Monitoring	0,1,2,3,4
	Removal	0,1,2,3,4
10	Management of CV Lines	0,1,2,3,4
11	Management of Patients with Chest Pain	0,1,2,3,4
12	Chest Physiotherapy	
	Postural drainage	0.1.2.3,4
	Chest Percussion & Vibration	0,1,2,3,4
	Teach coughing & deep breathing exercises	0.1,2,3,4
13	Colostomy & Ileostomy Care	
	Applying & changing pouches	0,1,2,3,4
	Irrigation	0.1.2.3,4
14	Drug Administration	
	Orals (capsules, tablets, liquids, etc.)	0,1,2,3,4
	Buccal administration	0,1,2,3,4
	Ear drop instillation	0,1,2,3,4
	Eye drops	0,1,2,3,4
	Eye ointments	0,1,2,3,4
	Insulin injections	0,1,2,3,4
	Intradermal injection	0,1,2,3,4
	Intramuscular injection	0,1,2,3,4
	Nose drops	0,1,2,3,4
	Oropharyngeal handheld inhalers	0,1,2,3,4
	Rectal suppositories	0,1,2,3,4
	Subcutaneous injection	0,1,2,3,4
	Sublingual	0,1,2,3,4
	Topical	0,1,2,3,4
	Transdermal	0,1,2,3,4
	Vaginal	0,1,2,3,4
	Thru nasogastric tube	0,1,2,3,4
	Thru gastrostomy tube	0,1,2,3, 4
	Via Intermittent infusion device (Hep lock)	0,1,2,3,4
	Via secondary IV tube line (piggy back)	0,1,2,3,4
	Via Z track injection	0,1,2,3,4
15	ECG	
	Measurement of	0,1,2,3,4
	Read & understand basic	0,1,2,3,4

	ECG	
16	Edotracheal Tube Care	0,1,2,3,4
17	Eye Irrigation	0,1,2,3,4
18	Fecal Impaction	
	Checking for	0,1,2,3,4
	Removal of	0,1,2,3,4
19	Glucose Monitoring Using	
	Hemo Cue	0,1,2,3,4
	Accu Check	0,1,2,3,4
	Glucometer	0,1,2,3,4
20	Heart Sound Auscultation	0,1,2,3,4
21	Heat Application	
	Heat Water Bottle	0,1,2,3,4
	Electric Heating Pad	0,1,2,3,4
	Chemical Packs	0,1,2,3,4
	Warm Compresses	0,1,2,3,4
22	Isolation Precautions	0,1,2,3,4
23	IV Controller & Infusion Pump Use	0,1,2,3,4
24	Peripheral IVs	
	Starting an IV	0,1,2,3,4
	Flow rate calculation	0,1,2,3,4
	Monitoring & Maintenance	0,1,2,3,4
	Removal of	0,1,2,3,4
25	Intermittent Infusion Device (Heparin Lock)	
	Insertion of	0,1,2,3,4
	Converting from the IV line	0,1,2,3,4
26	Palpating Lymph Nodes	0,1,2,3,4
27	Manual Ventilation With Handheld Resuscitation Bag & Mask	0,1,2,3,4
28	Mechanical Ventilation	
	Care of patient on a ventilator	0,1,2,3,4
	Weaning patient from ventilator	0,1,2,3,4
	Responding to ventilator alarms	0,1,2,3,4
29	Mouth Care	0,1,2,3,4
30	Nasal Irrigation	0,1,2,3,4
31	Nasogastric Tube Care	
	Insertion of	0,1,2,3,4
	Irrigation of	0,1,2,3,4
	Feeding thru	0,1,2,3,4

	Removal of	0,1,2,3,4
32	Gastronomy Tube Care	
	Irrigation of	0,1,2,3,4
	Feeding thru	0,1,2,3,4
33	Neurological Assessment	
	Level of consciousness & orientation	0,1,2,3,4
	Using the Glasgow coma scale	0,1,2,3,4
	Identifying decorticate & decedbrate posturing	0,1,2,3,4
34	Oronasopharygeal Suctioning	0,1,2,3,4
35	Otosopic examination	0,1,2,3,4
36	Oxygen Administration	0,1,2,3,4
	Nasal Cannula	0,1,2,3,4
	Mask	0,1,2,3,4
	Partial rebreather mask	0,1,2,3,4
	Venturi mask	0,1,2,3,4
	Tracheostomy	0,1,2,3,4
	CPAP mask	0,1,2,3,4
37	Pain management	
	Patient controlled analgesia	0,1,2,3,4
38	Passive Range of Motion Exercises	0,1,2,3,4
39	Perineal Care	0,1,2,3,4
40	Care of Patient with Peripherally Inserted Venous Catheter	0,1,2,3,4
41	Care of Patient undergoing Peritoneal Dialysis	0,1,2,3,4
42	Application of Pressure Dressing	0,1,2,3,4
43	Caring for Patient with Pressure Ulcers	
	Staging ulcers	0,1,2,3,4
	Cleaning	01,2,3,4
	Applying topical agents	0,1,2,3,4
	Dressing change	0,1,2,3,4
44	Pulse Goniometry	0,1,2,3,4
45	Pulse Measurement	
	Radial	0,1,2,3,4
	Apical-radial	0,1,2,3,4
	Pedal	0,1,2,3,4

	Use of Doppler ultrasound	
46	Respiratory Assessment	0,1,2,3,4
47	Restraints	
	Applying vest	0,1,2,3,4
	Applying limb	0,1,2,3,4
	Posey jacket	0,1,2,3,4
48	Incentive Spirometry	0,1,2,3,4
49	Sling Application	0,1,2,3,4
50	Sputum Collection	0,1,2,3,4
51	Stool Collection	0,1,2,3,4
52	Stump & Prosthesis Care	0,1,2,3,4
53	Swab Specimen Collection	0,1,2,3,4
54	Temperature Measurement	
	Oral	0,1,2,3,4
	Rectal	0,1,2,3,4
	Axillary	01,2,3,4
55	Temperature Measurement Using:	
	Mercury thermometer	0,1,2,3,4
	Electronic thermometer	0,1,2,3,4
	Chemical-dot thermometer	0,1,2,3,4
	Tympanic thermometer	0,1,2,3,4
56	Total Parenteral Nutrition (TNP)	
	Administration of	0,1,2,3,4
	Monitoring of	0,1,2,3,4
57	Tracheal Suctioning	0,1,2,3,4
58	Tracheostomy Care	0,1,2,3,4
59	Tranbdminal Tube Feeding & Care (PEG &PEJ tubes)	
	Intermittent feedings	0,1,2,3,4
	Continuous Feedings	0,1,2,3,4
	Tube Exit care	0,1,2,3,4
60	Transferring Patient with a Hydraulic Lift	0,1,2,3,4
61	T-Tube Care	0,1,2,3,4
62	Urinary Cauterization	
	Female Cauterization	0,1,2,3,4
	Male Cauterization	0,1,2,3,4
	Insertion of indwelling catheter: female	0,1,2,3,4
	Insertion of indwelling	0,1,2,3,4

	catheter: male	
63	Urine Collection	
	Random specimen	0,1,2,3,4
	Clean-catch specimen	0,1,2,3,4
	From indwelling catheter	0,1,2,3,4
64	Venipuncture to obtain Blood Sample	0,1,2,3,4
65	Wound Care	
	Wound irrigation	0,1,2,3,4
	Dressing change	0,1,2,3,4

The information, I have given is true and accurate to the best of my knowledge. I hereby authorize All American Healthcare Services Inc. to release my skills proficiency checklist to client facilities of AAHCS in relation to my employer with that institution.

Signature: _____

Date: _____