



Clinic Skills Checklist

This profile helps us place you in an assignment suited to your skill level and expertise. This checklist is intended for Medical/Surgical nurses with (1) or more year of experience in their discipline and specialty.

First Name: _____ Last Name: _____

Date: _____ S.S. Number: _____

Please indicate your current level of experience. There are no right/wrong answers.

- 1.) No Experience, Theory Only
- 2.) Limited Experience
- 3.) Moderate Experience
- 4.) Experienced and Competent
- 5.) Experienced; Able to Teach

I. CARDIOVASCULAR

1. Assessment

- a. Auscultation (rate and rhythm) 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
- b. Blood Pressure 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
- d. Heart sounds/murmurs 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
- e. Pulses/circulation checks 1 ○ 2 ○ 3 ○ 4 ○ 5 ○

2. Perform 12 Lead EKG

- a. Basic 12 lead interpretation 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
- b. Placement of leads 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
- c. Arrhythmia interpretation 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
- d. Pacemaker 1 ○ 2 ○ 3 ○ 4 ○ 5 ○

3. Care of Patient with:

- a. Angina 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
- b. Angioplasty (Post) 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
- c. Abdominal Aortic bypass 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
- e. Arteriosclerosis 1 ○ 2 ○ 3 ○ 4 ○ 5 ○

- f. Cardiac Cath Post 1 2 3 4 5
- g. Cardiomyopathy 1 2 3 4 5
- h. Congestive heart failure 1 2 3 4 5
- i. Myocarditis 1 2 3 4 5
- j. Myocardial infarction 1 2 3 4 5
- k. Open heart post 1 2 3 4 5
- l. Post cardiac surgery 1 2 3 4 5
- m. Thrombophlebitis 1 2 3 4 5
- n. Transplant (Post) 1 2 3 4 5
- o. Vascular surgery (Post) 1 2 3 4 5

II. GASTROINTESTINAL

1. Assessment

- a. Abdomen/bowel sounds 1 2 3 4 5
- b. Elimination History & Pattern 1 2 3 4 5

4. Care of patient with:

- a. Colostomy 1 2 3 4 5
- b. GI bleed 1 2 3 4 5
- c. Hepatitis 1 2 3 4 5
- d. IBD 1 2 3 4 5
- e. Liver failure 1 2 3 4 5
- f. Paralytic ileus 1 2 3 4 5

III. PULMONARY

1. Assessment

- a. Breath sounds 1 2 3 4 5
- b. Rate and work of breathing 1 2 3 4 5

2. Airway management devices

- a. Nasal airway/suctioning 1 2 3 4 5
- b. Oropharyngeal/suctioning 1 2 3 4 5

4. Oxygen therapy and medication delivery

- a. Bag and mask 1 2 3 4 5
- b. Face mask 1 2 3 4 5
- c. Inhalers 1 2 3 4 5
- d. Nasal cannula 1 2 3 4 5

- e. Portable oxygen tanks 1 2 3 4 5
- f. Use of pulse oximetry 1 2 3 4 5
- g. Pulmonary function Testing 1 2 3 4 5

5. Care of patient with:

- a. COPD 1 2 3 4 5
- b. Lobectomy (post) 1 2 3 4 5
- c. Pneumonectomy (post) 1 2 3 4 5
- d. Pneumonia 1 2 3 4 5
- e. PE 1 2 3 4 5
- f. Tuberculosis 1 2 3 4 5

IV. INTRAVENOUS THERAPY

- a. Antibiotics 1 2 3 4 5
 - b. Mixing 1 2 3 4 5
 - c. Piggybacking 1 2 3 4 5
 - d. Use of infusion pumps 1 2 3 4 5
 - e. Use of multiple lumen catheters 1 2 3 4 5
2. Blood Draws:
- a. Venipuncture 1 2 3 4 5
 - b. Central 1 2 3 4 5
3. Discontinuing:
- a. Central 1 2 3 4 5
 - b. Peripheral 1 2 3 4 5
4. Flushing:
- a. Central 1 2 3 4 5
 - b. Peripheral 1 2 3 4 5

V. ADMINISTRATION

- a. Central 1 2 3 4 5
 - b. Chemotherapy 1 2 3 4 5
 - c. Implanted 1 2 3 4 5
 - d. Peripheral 1 2 3 4 5
1. Insertion of:
- a. Angio cath 1 2 3 4 5
 - b. Butterfly 1 2 3 4 5

- c. Heparin lock 1 2 3 4 5
- 2. PICC Line Insertion:
 - a. Adult 1 2 3 4 5
 - b. Pediatric 1 2 3 4 5
- 3. Site Care:
 - a. Central (Hickman/Broviac) 1 2 3 4 5
 - b. Peripheral 1 2 3 4 5

VI. MEDICATION ADMINISTRATION

- a. Documentation on MAR 1 2 3 4 5
 - b. Dose calculation 1 2 3 4 5
 - c. Unit dose 1 2 3 4 5
 - d. Verification of narc. waste 1 2 3 4 5
1. Medication Administration via:
- a. Oral 1 2 3 4 5
 - b. Parenteral 1 2 3 4 5
 - c. Intradermal 1 2 3 4 5
 - d. Intramuscular 1 2 3 4 5
 - e. Intravenous 1 2 3 4 5
 - f. Heparin lock 1 2 3 4 5
 - g. Hickman Catheter 1 2 3 4 5
 - h. Z-Track 1 2 3 4 5
 - i. Subcutaneous 1 2 3 4 5
 - j. Rectal 1 2 3 4 5
 - k. Sublingual 1 2 3 4 5
 - l. Topical 1 2 3 4 5

VII. NEUROLOGICAL

1. Assessment
- a. Level of consciousness 1 2 3 4 5
2. Care of patient with:
- a. Aneurysm precautions 1 2 3 4 5
 - b. Closed head injury 1 2 3 4 5

c. CVA	1 ○	2 ○	3 ○	4 ○	5 ○
d. CNS infection	1 ○	2 ○	3 ○	4 ○	5 ○
e. DT's	1 ○	2 ○	3 ○	4 ○	5 ○
f. Encephalitis	1 ○	2 ○	3 ○	4 ○	5 ○
g. Neuromuscular disease	1 ○	2 ○	3 ○	4 ○	5 ○
h. Post craniotomy	1 ○	2 ○	3 ○	4 ○	5 ○
i. Seizures	1 ○	2 ○	3 ○	4 ○	5 ○
j. Spinal cord injury	1 ○	2 ○	3 ○	4 ○	5 ○

VIII. RENAL

1. Assessment

a. AV shunt/fistula	1 ○	2 ○	3 ○	4 ○	5 ○
b. Fluid balance	1 ○	2 ○	3 ○	4 ○	5 ○

2. Procedures

1. Insertion of straight and foley catheter

a. Female	1 ○	2 ○	3 ○	4 ○	5 ○
b. Male	1 ○	2 ○	3 ○	4 ○	5 ○

2. Catheter care

a. 3-way foley	1 ○	2 ○	3 ○	4 ○	5 ○
b. Supra-pubic	1 ○	2 ○	3 ○	4 ○	5 ○

3. Specimen collection

a. Routine	1 ○	2 ○	3 ○	4 ○	5 ○
b. 24 hour	1 ○	2 ○	3 ○	4 ○	5 ○

3. Care of patients with:

a. Cystostomy	1 ○	2 ○	3 ○	4 ○	5 ○
b. Hemodialysis	1 ○	2 ○	3 ○	4 ○	5 ○
c. Nephrectomy/Nephrostomy	1 ○	2 ○	3 ○	4 ○	5 ○
d. Peritoneal dialysis	1 ○	2 ○	3 ○	4 ○	5 ○
e. Renal failure	1 ○	2 ○	3 ○	4 ○	5 ○
f. Renal surgery	1 ○	2 ○	3 ○	4 ○	5 ○
g. Renal transplant	1 ○	2 ○	3 ○	4 ○	5 ○
h. TURP	1 ○	2 ○	3 ○	4 ○	5 ○
i. Ileal conduit nephrostomy	1 ○	2 ○	3 ○	4 ○	5 ○
j. UTI	1 ○	2 ○	3 ○	4 ○	5 ○

IX. ORTHOPEDICS

1. Assessment

- a. Circulation checks 1 2 3 4 5
- b. Gait 1 2 3 4 5
- c. Range of motion 1 2 3 4 5
- d. Skin 1 2 3 4 5

2. Procedures:

- a. Cane 1 2 3 4 5
- b. Cervical collar 1 2 3 4 5
- d. Gait belt 1 2 3 4 5
- e. Prosthetic 1 2 3 4 5
- f. Sling 1 2 3 4 5
- g. Walker 1 2 3 4 5
- h. Wheelchair 1 2 3 4 5
- i. Crutches 1 2 3 4 5

3. Care of patient with:

- a. Amputation 1 2 3 4 5
- b. Cast 1 2 3 4 5
- c. Joint replacement (post) 1 2 3 4 5
- d. Osteoporosis 1 2 3 4 5
- e. Osteomyelitis 1 2 3 4 5
- f. Pinned fractures (post) 1 2 3 4 5
- g. Rheumatic/arthritis disease 1 2 3 4 5
- h. Total hip replacement 1 2 3 4 5
- i. Total knee replacement 1 2 3 4 5
- j. Prosthesis 1 2 3 4 5

X. ENDOCRINE

1. Assessment

- a. S/S of insulin reaction 1 2 3 4 5

2. Procedures

- a. Blood glucose monitoring 1 2 3 4 5
- b. Indwelling insulin pump 1 2 3 4 5

3. Care of patients with:

- a. Diabetes 1 2 3 4 5
- b. Diabetic complications 1 2 3 4 5

- c. Pancreatic Cancer 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
- d. Liver disease/failure 1 ○ 2 ○ 3 ○ 4 ○ 5 ○

XI. ONCOLOGY

- 1. Assessment
 - a. Nutritional status 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
 - b. Pain control 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
- 2. Care of patient with:
 - a. Anemia 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
 - b. Bone marrow 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
 - c. Immunocompromised condition 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
 - d. Leukemia 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
 - e. Radiation therapy 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
 - f. Radium implant 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
- 3. Procedures
 - a. Bone Marrow Aspiration 1 ○ 2 ○ 3 ○ 4 ○ 5 ○

XII. WOUND CARE

- 1. Assessment
 - a. Breakdown 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
 - b. Stasis ulcers 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
 - c. Surgical wound healing 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
- 2. Procedures
 - a. Debridement 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
 - b. Irrigation 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
 - c. Sterile dressing changes 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
 - d. Patient teaching 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
- 3. Care of patients with:
 - a. Burns 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
 - b. Pressure sores 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
 - c. Staged decubitus ulcers 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
 - d. Surgical wounds with drains 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
 - e. Traumatic wounds 1 ○ 2 ○ 3 ○ 4 ○ 5 ○

XIII. ADDITIONAL SKILLS

- a. Staple/Suture removal 1 ○ 2 ○ 3 ○ 4 ○ 5 ○
- b. AIDS care 1 ○ 2 ○ 3 ○ 4 ○ 5 ○

- | | | | | | |
|--------------------------------------|---|---|---|---|---|
| c. Sickle cell disease care | 1 | 2 | 3 | 4 | 5 |
| d. Computer charting | 1 | 2 | 3 | 4 | 5 |
| e. Flow sheet documentation | 1 | 2 | 3 | 4 | 5 |
| f. Narrative notes documentation | 1 | 2 | 3 | 4 | 5 |
| g. Patient flow (placement in rooms) | 1 | 2 | 3 | 4 | 5 |

AGE SPECIFIC CRITERIA

Please indicate by circling each age group for which you have expertise in providing age-appropriate nursing care.

- A. Newborn/Neonate (birth – 30 days)
- B. Infant (30 days – 1 year)
- C. Toddler (1 – 3 years)
- D. Preschooler (3 – 5 years)
- E. School age children (5 – 12 years)
- F. Adolescents (12 – 18 years)
- G. Young Adults (18 – 39 years)
- H. Middle adults (39 – 64 years)
- I. Older adults (64 + years)

Able to adapt care to incorporate normal growth and development:
Please circle if you have experience in the following:

- A. Newborn/Neonate (birth – 30 days)
- B. Infant (30 days – 1 year)
- C. Toddler (1 – 3 years)
- D. Preschooler (3 – 5 years)
- E. School age children (5 – 12 years)
- F. Adolescents (12 – 18 years)
- G. Young Adults (18 – 39 years)
- H. Middle adults (39 – 64 years)
- I. Older adults (64 + years)

Able to adapt method/terminology of patient instruction to comprehension:
Please circle if you have experience in the following:

- A. Newborn/Neonate (birth – 30 days)
- B. Infant (30 days – 1 year)
- C. Toddler (1 – 3 years)

- D. Preschooler (3 – 5 years)
- E. School age children (5 – 12 years)
- F. Adolescents (12 – 18 years)
- G. Young Adults (18 – 39 years)
- H. Middle adults (39 – 64 years)
- I. Older adults (64 + years)

Can ensure a safe environment reflecting the special needs of various age groups:

- A. Newborn/Neonate (birth – 30 days)
- B. Infant (30 days – 1 year)
- C. Toddler (1 – 3 years)
- D. Preschooler (3 – 5 years)
- E. School age children (5 – 12 years)
- F. Adolescents (12 – 18 years)
- G. Young Adults (18 – 39 years)
- H. Middle adults (39 – 64 years)
- I. Older adults (64 + years)

Please read and agree to the statements below by signing and dating the bottom

I attest that the information and statements made in this checklist are true and accurate to the best of my knowledge. I am the individual completing this form. I understand that any falsification will be the basis for disqualification of employment. I authorize Signature Healthcare to verify the information I have provided and to contact past employers and references concerning my ability, character and employment record. I release all such persons from liability for furnishing said information. I hereby authorize Signature Healthcare to release this Clinic Skills Checklist to client facilities in relation to consideration of employment as a Traveler, Contract or Per-diem worker with those facilities.

Signature

Date



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