



### Long Term Care Skills Checklist

This profile helps us place you in an assignment suited to your skill level and expertise. This checklist is intended for Licensed Practical Nurses with one (1) or more years of experience in a clinical setting.

First: \_\_\_\_\_ 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 (1-2 years)
- 5.) Experienced; Able to teach (2 + years)

#### Medication Administration

- |                                  |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|
| a. Dosage calculation            | 1 | ○ | 2 | ○ | 3 | ○ | 4 | ○ | 5 | ○ |
| b. Document on M.A.R. and chart  | 1 | ○ | 2 | ○ | 3 | ○ | 4 | ○ | 5 | ○ |
| c. PDR / Drug book usage         | 1 | ○ | 2 | ○ | 3 | ○ | 4 | ○ | 5 | ○ |
| d. Narcotic waste / verification | 1 | ○ | 2 | ○ | 3 | ○ | 4 | ○ | 5 | ○ |
| e. Generic drug equivalents      | 1 | ○ | 2 | ○ | 3 | ○ | 4 | ○ | 5 | ○ |
| f. Swallowing precautions        | 1 | ○ | 2 | ○ | 3 | ○ | 4 | ○ | 5 | ○ |
| g. Ear drops                     | 1 | ○ | 2 | ○ | 3 | ○ | 4 | ○ | 5 | ○ |
| h. Eye drops                     | 1 | ○ | 2 | ○ | 3 | ○ | 4 | ○ | 5 | ○ |
| i. Intradermal meds              | 1 | ○ | 2 | ○ | 3 | ○ | 4 | ○ | 5 | ○ |
| j. Intramuscular meds            | 1 | ○ | 2 | ○ | 3 | ○ | 4 | ○ | 5 | ○ |
| k. Oral meds                     | 1 | ○ | 2 | ○ | 3 | ○ | 4 | ○ | 5 | ○ |
| l. Sublingual meds               | 1 | ○ | 2 | ○ | 3 | ○ | 4 | ○ | 5 | ○ |
| m. Topical meds                  | 1 | ○ | 2 | ○ | 3 | ○ | 4 | ○ | 5 | ○ |

### **Pain Management**

- n. Pain “level” assessment 1  2  3  4  5
- o. Documentation of pain (location, duration, etc) 1  2  3  4  5
- p. Document effectiveness of pain meds 1  2  3  4  5

### **Universal Precautions / Infection Control**

- q. AIDS / HIV 1  2  3  4  5
- r. Hepatitis 1  2  3  4  5
- s. MRSA 1  2  3  4  5
- t. Fever management 1  2  3  4  5
- u. Decubitus / Wound care 1  2  3  4  5
- v. Reverse isolation 1  2  3  4  5
- w. Proper disposal of sharps and waste 1  2  3  4  5

### **Diabetic Care**

- a. Diabetic patient teaching 1  2  3  4  5
- b. Diabetic monitoring 1  2  3  4  5
- c. S/S of hyperglycemia 1  2  3  4  5
- d. S/S of hypoglycemia 1  2  3  4  5
- e. Performing fingersticks 1  2  3  4  5
- f. Glucometer use 1  2  3  4  5
- g. Insulin infusion 1  2  3  4  5
- h. Regular / Long acting insulin 1  2  3  4  5
- i. Mixing insulin 1  2  3  4  5

### **Other Skills**

- a. 24 hr written and verbal reporting 1  2  3  4  5
- b. Charting systems 1  2  3  4  5
- c. Accident and incident reporting 1  2  3  4  5
- d. Code status; full or DNR 1  2  3  4  5

### **Wounds / Pressure Sores**

- a. Assessment and care of post op wounds 1  2  3  4  5
- b. Assessment. Prevention and care of pressure wounds 1  2  3  4  5
- c. Assessment and documentation of wounds 1  2  3  4  5
- d. Sterile dressing changes 1  2  3  4  5
- e. Aseptic dressing changes 1  2  3  4  5
- f. Wound irrigation 1  2  3  4  5
- g. Use of wound care products 1  2  3  4  5
- h. Beds – air fluidized, low air loss beds 1  2  3  4  5

### Cardiovascular

- a. Auscultation of heart rate / rhythm 1  2  3  4  5
- b. Blood pressure 1  2  3  4  5
- c. Pulses 1  2  3  4  5
- d. Circulatory checks 1  2  3  4  5
- e. CPR 1  2  3  4  5
- f. Angina 1  2  3  4  5
- g. CHF 1  2  3  4  5
- h. Post acute MI 1  2  3  4  5
- i. Administration of post-op cardiac meds 1  2  3  4  5

### Pulmonary

- a. Airway management 1  2  3  4  5
- b. Apnea monitor 1  2  3  4  5
- c. Differentiate breath sounds 1  2  3  4  5
- d. Chest tube care 1  2  3  4  5
- e. Chest physiotherapy 1  2  3  4  5
- f. Incentive spirometry 1  2  3  4  5
- g. Inhaler use 1  2  3  4  5
- h. Tracheal / nasotracheal suctioning 1  2  3  4  5
- i. Oxygen therapy 1  2  3  4  5
- j. Pulse oximetry 1  2  3  4  5
- k. Sputum specimen collection 1  2  3  4  5
- l. Tracheostomy care / suctioning 1  2  3  4  5
- m. Ventilator patient care 1  2  3  4  5

**Neurological**

- n. Neuro checks 1  2  3  4  5
- o. Seizure precautions 1  2  3  4  5
- p. Dementias 1  2  3  4  5
- q. Neuromuscular disease 1  2  3  4  5
- r. CVA 1  2  3  4  5
- s. DT's 1  2  3  4  5
- t. Anticonvulsants 1  2  3  4  5
- u. Long term spinal injuries 1  2  3  4  5
- v. Pain control measures 1  2  3  4  5
- w. Meningitis 1  2  3  4  5

**Gastrointestinal**

- a. Tube feeding administration 1  2  3  4  5
- b. Medication administration via tube 1  2  3  4  5
- c. Bowel prep 1  2  3  4  5
- d. G. I. Bleeding 1  2  3  4  5
- e. IBD 1  2  3  4  5
- f. Assessing nutritional status 1  2  3  4  5
- g. Enema administration 1  2  3  4  5
- h. Assessment of bowel incontinence 1  2  3  4  5
- i. S/S of fecal impaction 1  2  3  4  5
- j. NG tube care 1  2  3  4  5
- k. Assessment of NG tube placement 1  2  3  4  5
- l. Colostomy care 1  2  3  4  5
- m. Assessment of abdomen 1  2  3  4  5
- n. Assessment of bowel sounds 1  2  3  4  5
- o. Post op care – Abdominal surgeries 1  2  3  4  5

**Urinary / Renal**

- a. Post renal surgery 1  2  3  4  5
- b. Renal failure 1  2  3  4  5
- c. ESRD 1  2  3  4  5
- d. Assessment of urinary incontinence 1  2  3  4  5
- e. Assess I & O 1  2  3  4  5
- f. S/S of UTI 1  2  3  4  5

- g. S/S of distended bladder 1  2  3  4  5
- h. Indwelling catheter insertion – female 1  2  3  4  5
- i. Indwelling catheter insertion – male 1  2  3  4  5
- j. Straight cath – female 1  2  3  4  5
- k. Straight cath – male 1  2  3  4  5

**Experience in Primary Areas**

- a. Hospitals 1  2  3  4  5
- b. Clinics 1  2  3  4  5
- c. Long Term Care 1  2  3  4  5
- d. Assisted living 1  2  3  4  5
- e. Hospice 1  2  3  4  5
- f. Rehabilitation 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 )
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- 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 )
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- 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 Long Term Skills Checklist to client facilities in relation to consideration of employment as a Traveler, Contract or Per-diem worker with those facilities.

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Signature

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Date



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