



### Operating Room Nurse Skills Checklist

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date: \_\_\_\_\_ License 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 (2 -3 years)
- 5.) Experienced; Able to teach ( 3- 5 years)

#### I. ORAL

- |                         |    |    |    |    |    |
|-------------------------|----|----|----|----|----|
| a. Mandibular Procedure | 1○ | 2○ | 3○ | 4○ | 5○ |
| b. TMJ Arthroplasty     | 1○ | 2○ | 3○ | 4○ | 5○ |
| c. Maxillary Procedures | 1○ | 2○ | 3○ | 4○ | 5○ |
| d. Grafts               | 1○ | 2○ | 3○ | 4○ | 5○ |

#### II. EYE

- |                   |    |    |    |    |    |
|-------------------|----|----|----|----|----|
| a. Enucleation    | 1○ | 2○ | 3○ | 4○ | 5○ |
| b. Iridectomy     | 1○ | 2○ | 3○ | 4○ | 5○ |
| c. Muscle Repair  | 1○ | 2○ | 3○ | 4○ | 5○ |
| d. Trabeculectomy | 1○ | 2○ | 3○ | 4○ | 5○ |
| e. Vitrectomy     | 1○ | 2○ | 3○ | 4○ | 5○ |

f. Retinal Detachment Repair	10	20	30	40	50
g. Removal of Foreign Body	10	20	30	40	50
h. Cataract with IOL	10	20	30	40	50
i. Blepharoplasty	10	20	30	40	50
j. Corneal Transplant	10	20	30	40	50

### III. NEURO

a. Endarterectomy	10	20	30	40	50
b. Hematoma Evacuation	10	20	30	40	50
c. Neuro Trauma	10	20	30	40	50
d. Shunts	10	20	30	40	50
e. Lumbar Laminectomy	10	20	30	40	50
f. Craniotomy	10	20	30	40	50
g. Cervical Laminectomy	10	20	30	40	50
h. Aneurysm Repair	10	20	30	40	50

### IV. THORACIC

a. Pneumonectomy	10	20	30	40	50
b. Pacemaker Insertions	10	20	30	40	50
c. Thoracotomy	10	20	30	40	50
d. Bronchoscopy	10	20	30	40	50
e. CABG	10	20	30	40	50
f. Valve Replacement	10	20	30	40	50

### V. VASCULAR

a. Embolectomy	10	20	30	40	50
b. Fem-Fem bypass	10	20	30	40	50
c. Fem-Pop bypass	10	20	30	40	50
d. Fem-tib bypass	10	20	30	40	50
e. Carotid Endarterectomy	10	20	30	40	50
f. Aortic Aneurysm	10	20	30	40	50

## VI. UROLOGY

a. Nephrectomy	10	20	30	40	50
b. Radical Prostate Resection	10	20	30	40	50
c. Urinary Diversion	10	20	30	40	50
d. Cystoscopy	10	20	30	40	50
e. Nephrectomy	10	20	30	40	50
f. TURP	10	20	30	40	50

## VII. ORTHOPEDICS

a. Amputation	10	20	30	40	50
b. ORIF	10	20	30	40	50
c. Total Knee Replacement	10	20	30	40	50
d. Total Hip Replacement	10	20	30	40	50
e. Total Shoulder Replacement	10	20	30	40	50
f. Carpal Tunnel	10	20	30	40	50
g. Closed Reduction	10	20	30	40	50
h. Arthroscopy	10	20	30	40	50
i. Spinal Fixation	10	20	30	40	50

## VIII. TRANSPLANTS

a. Heart	10	20	30	40	50
b. Liver	10	20	30	40	50
c. Kidney	10	20	30	40	50
d. Lung	10	20	30	40	50
e. Organ Harvest	10	20	30	40	50

## IX. GENERAL

a. Multiple Injury MVA	10	20	30	40	50
b. Gunshot Wounds	10	20	30	40	50
c. Abdominoplasty	10	20	30	40	50
d. Breast Reconstruction	10	20	30	40	50

e. Flap Grafts	10	20	30	40	50
f. Mammoplasty	10	20	30	40	50
g. Rhinoplasty	10	20	30	40	50
h. Tubal Ligation	10	20	30	40	50
i. Abdominal Resection	10	20	30	40	50
j. Colon Resection	10	20	30	40	50
k. Gastrectomy	10	20	30	40	50
l. Lap Chole	10	20	30	40	50
m. Laparotomy	10	20	30	40	50
n. Mastectomy	10	20	30	40	50
o. Thyroidectomy	10	20	30	40	50
p. Colostomy	10	20	30	40	50
q. Hernia Repair	10	20	30	40	50
r. Cholecystectomy	10	20	30	40	50
s. Appendectomy	10	20	30	40	50

## **X. PEDIATRIC**

a. Neonatal Procedures	10	20	30	40	50
b. Pediatric Open Heart	10	20	30	40	50
c. Pediatric Thoracotomy	10	20	30	40	50
d. Plastic Surgery	10	20	30	40	50
e. Abdominal Surgeries	10	20	30	40	50

## **XI. EQUIPMENT**

a. Doppler	10	20	30	40	50
b. Fracture Table	10	20	30	40	50
c. Laser	10	20	30	40	50
d. Pacemakers	10	20	30	40	50
e. Ventilators	10	20	30	40	50
f. Tourniquets	10	20	30	40	50
g. Saws	10	20	30	40	50
h. Drills	10	20	30	40	50
i. Infusion Pumps	10	20	30	40	50

j. Nerve Stimulators	10	20	30	40	50
k. IABP	10	20	30	40	50
l. Electrosurgery Unit	10	20	30	40	50
m. Endoscopy Scopes	10	20	30	40	50
n. Cardiac Monitors	10	20	30	40	50

**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 Operating Room Nurse 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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