

CLINICAL SKILLS CHECKLIST

Check the column box that best reflects your level of experience in each clinical area; be sure to review all sections, as areas may relate to your specialty.

A-No Experience B-Intermittent Experience C-One Year Consistent Experience D-Two Years Consistent Experience E-Able to Teach & Supervise

CARDIOVASCULAR	A	B	C	D	E
Assessment of heart sounds					
Interpretation of Arrhythmias					
Basic 12 Lead ECG interpretation					
Defibrillation/cardio version					
Care of patient with temporary pacemaker					
Care of patient with permanent pacemaker					
Care of open heart surgical patient					
Care of patient 24-48 hours post acute MI					
Care of patient with congestive heart failure					
Obtain central venous pressure readings					
via manometer.....					
via infusion pump.....					
Drawing blood					
Venous					
Arterial					
Care of patient with Femoral popliteal bypass					
Care of patient w/abdominal aortic aneurysm					
Care of patient with/carotid endarterectomy					
Start IV's					
Butterfly					
Angiocath					
PULMONARY	A	B	C	D	E
Assessment of breath sounds					
Chest physiotherapy					
Oximetry					
Interpretation of ABG's					
Care of patient with:	-	-	-	-	-
▪ Nasal cannula					
▪ Face mask					
▪ Portable O2 tank					
Or pharyngeal suctioning					
Nasotracheal suctioning					
Care of patient with tracheotomy					
Care of patient with chest tubes					
Care of patient on mechanical ventilator					
Care of patient with COPD					
NEUROLOGICAL/ORTHOPEDECS	A	B	C	D	E
Assessment of neurological status					
Care of patient with:	-	-	-	-	-
▪ Seizures					
▪ Head trauma					
▪ Spinal cord injury/surgery					
▪ Neuromuscular disease					
▪ Cervical traction					
▪ DT's					
▪ Post craniotomy					
▪ CVA					
▪ Total knee replacement					
▪ Total hip replacement					
▪ CPM					
▪ Bowel/Bladder program					
▪ Casts					
Use of hypo/hyperthermia blanket					
PEDIATRIC	A	B	C	D	E
Respiratory:	-	-	-	-	-
▪ O2					
▪ Hood					
▪ Aerosol					
▪ Tent					
▪ Venous					
Care of patient with:	-	-	-	-	-
▪ Cystic Fibrosis					
▪ Asthma					
▪ BPD					
▪ ARDS					
▪ Diabetes Mellitus					
▪ Meningitis					
▪ Assist with lumbar procedure					
▪ Failure to thrive					
▪ Sick Cell					

GASTROINTESTINAL	A	B	C	D	E
Assessment of abdomen					
Placement of Nasogastric tube					
Salem sump to suction					
Flex. feeding tube (e.g. Corpak, Dobhoff)					
Administration of tube feeding via flex tube					
Saline lavage					
Care of patient with:	-	-	-	-	-
▪ Gastromy tube					
▪ Jejunostomy tube					
▪ T-tube					
▪ Cecostomy					
▪ Colostomy/fleostomy					
Care of patient with:	-	-	-	-	-
▪ GI bleed					
▪ Inflammatory bowel disease					
▪ Hepatitis					
▪ GI surgery					
RENAL/GENITOURINARY	A	B	C	D	E
Insertion on catheter:	-	-	-	-	-
▪ Indwelling					
▪ Straight catheter					
▪ External male catheter					
Care of three-way Foley catheter					
Bladder irrigations:	-	-	-	-	-
▪ Continuous					
▪ Intermittent					
Care of patients with:	-	-	-	-	-
▪ Urinary diversion					
▪ Nephrectomy					
▪ Fistula/shunt					
▪ Renal transplant					
▪ Peritoneal dialysis					
▪ Hemo dialysis					
▪ Renal failure					
WOUND & SKIN MANAGEMENT	A	B	C	D	E
Wound care/irrigations					
Sterile dressing changes					
Assessment and care of pressure sores					
Burn care					
Ulcer care					
Decubits					
Use of air fluidized, low airloss beds					
Care of various surgical drains					
Bulb suction (manual)					
Wall suction					
ONCOLOGY <input type="checkbox"/> adult <input type="checkbox"/> pediatric	A	B	C	D	E
Chemotherapy administration/precautions					
Nutritional requirements					
Care of bone marrow transplant patient					
Isolation/reverse isolation					
Care of portacath					
Hickman					
Broviac					
Grosshng					
Chemotherapy certified? <input type="checkbox"/> Yes <input type="checkbox"/> No					
OTHER AREAS OF CLINICAL COMPETENCE					
Infectious Disease/AIDS					
Outpatient Surgery: Specialty _____					
Restraints <input type="checkbox"/> adult <input type="checkbox"/> pediatric					
Primary experience: Number of years experience (in last 10 years)					
Medical Surgical _____ Emergency Room _____ Telemetry _____					
Operating Room _____ Psychiatric _____ NICU _____					
Critical Care _____ Oncology _____ Neurology _____ Peds _____					
Ob/gyn _____ Orthopedics _____ Recovery Room _____					
Rehabilitation _____ Other _____					

The information I have provided is true and accurate to the best of my knowledge.

Name: _____ Signature: _____ Date: _____