



## RN SELF-ASSESSMENT

### PROFICIENCY & SKILLS CHECKLIST

Please complete the following checklist by placing a “✓” in the appropriate column. This will be placed in your personnel file. You will not be assigned to a unit involving a skill you have not done until orientation or in service training creates competency in a necessary skill(s).

- |   |   |
|---|---|
| 1. Knowledge/Experience (two or more years) | 2. Some Knowledge/Experience (one year) |
| 3. Intermittant Knowledge/Experience        | 4. Knowledge and/or Theory only         |

PULMONARY	1	2	3	4
Establishing an airway	_____	_____	_____	_____
Auscultation of Breath Sounds	_____	_____	_____	_____
O2 Therapy via nasal cannula, face mask, ambu bag	_____	_____	_____	_____
Oropharyngeal care/suctioning	_____	_____	_____	_____
Oximeter-checking O2 saturation	_____	_____	_____	_____
Nasopharyngeal care/suctioning	_____	_____	_____	_____
Chest Physio Therapy (CPT)	_____	_____	_____	_____
Care of adult patient with Trach	_____	_____	_____	_____
Care of pediatric patient with Trach	_____	_____	_____	_____
Care of patient on ventilator	_____	_____	_____	_____
Use and complications of PEEP	_____	_____	_____	_____
Use and complications of CPAP	_____	_____	_____	_____
Use and complications of IMV	_____	_____	_____	_____
Et Intubation/Extubation	_____	_____	_____	_____
Thoracentesis	_____	_____	_____	_____

Care of patient with chest tube	_____	_____	_____	_____
Use of water seal drainage system	_____	_____	_____	_____
Incentive Spirometry (IS)	_____	_____	_____	_____
Interpretation of lab results	_____	_____	_____	_____
Other	_____	_____	_____	_____

#### CARDIOVASCULAR

Auscultation of heart rate, rhythm	_____	_____	_____	_____
Assessment of heart sounds, murmurs	_____	_____	_____	_____
Assessment of pulses, circulatory checks	_____	_____	_____	_____
Telemetry monitoring	_____	_____	_____	_____
Apnea Monitor	_____	_____	_____	_____
Arrhythmia interpretation	_____	_____	_____	_____
Lead placement(s) List: _____	_____	_____	_____	_____
EKG interpretation (12 lead)	_____	_____	_____	_____
Hemodynamic monitoring	_____	_____	_____	_____
Interpretation of lab results (cardiac enzymes, coagulation studies)	_____	_____	_____	_____
Assist with & monitoring of A-line	_____	_____	_____	_____
Assist with & monitoring of central line	_____	_____	_____	_____
Assist with & monitoring of Swan Ganz	_____	_____	_____	_____
Assist with & monitoring of inta-aortic balloon pump	_____	_____	_____	_____
Defibrillation/cardio version	_____	_____	_____	_____
Pacemaker/permanent, temporary	_____	_____	_____	_____
Care of Open Heart patient	_____	_____	_____	_____
Care of patient in shock (anaphylactic, cardiogenic, hypovolemic, neurogenic, septic)	_____	_____	_____	_____
Other	_____	_____	_____	_____

#### G/U & G/I

Abdominal assessment/bowel sounds	_____	_____	_____	_____
Assessment of Fluid & Electrolyte Balance	_____	_____	_____	_____
Interpretation of Lab Results (blood chemistry, BUN, creatnine)	_____	_____	_____	_____

Catheter care/straight, Foley, 3 way, condom (Texas)	_____	_____	_____	_____
Specimen collections/routine, 24 hour	_____	_____	_____	_____
Ostomy care/ ileostomy, colostomy and nephrostomy tube care	_____	_____	_____	_____
Management of gastrostomy tube (G-tube), jejunostomy tube (J-tube)	_____	_____	_____	_____
Placement and care of nasogastric tube (NG)	_____	_____	_____	_____
Administration of tube feedings/gravity pumps (sobhoff, corpale)	_____	_____	_____	_____
Management of PPN, TPN and lipids administration	_____	_____	_____	_____
Care of Salem sump to suction	_____	_____	_____	_____
Administering of saline lavage	_____	_____	_____	_____
Care of patient with TURP	_____	_____	_____	_____
Care of patient with hemodialysis	_____	_____	_____	_____
Care of patient with peritoneal dialysis	_____	_____	_____	_____
Care of patient with renal transplant	_____	_____	_____	_____
Other	_____	_____	_____	_____

#### NEUROLOGICAL

Assessment of LOC, Motor strength, PERLA	_____	_____	_____	_____
Glasgow coma scale and pathologic reflexes	_____	_____	_____	_____
Care of patient with neuro trauma	_____	_____	_____	_____
Use of seizure precautions	_____	_____	_____	_____
Use of halo traction	_____	_____	_____	_____
Use of nerve stimulator	_____	_____	_____	_____
Use of rotation bed	_____	_____	_____	_____
Use of hyper/hypothermia equipment	_____	_____	_____	_____
Care of patient pre/post neuro surgery	_____	_____	_____	_____
Assist with lumbar puncture	_____	_____	_____	_____
ICP monitoring	_____	_____	_____	_____
Other	_____	_____	_____	_____

#### ENDOCRINE

Assessment of diabetic ketoacidosis	_____	_____	_____	_____
Assessment of insulin shock	_____	_____	_____	_____
Interpretation of Lab Results (blood glucose, thyroid)	_____	_____	_____	_____
Blood glucose monitoring (accu check, one touch)	_____	_____	_____	_____
Insulin Management (sub-q, IV, etc.)	_____	_____	_____	_____
Other	_____	_____	_____	_____

#### MATERNAL/CHILD NURSING

Labor assessment & management	_____	_____	_____	_____
Assist with vaginal delivery	_____	_____	_____	_____
Assist with forceps vaginal delivery	_____	_____	_____	_____
Circulate for C-section	_____	_____	_____	_____
Assist with VBAC	_____	_____	_____	_____
Vaginal exams	_____	_____	_____	_____
Assist with placement of intrauterine monitor	_____	_____	_____	_____
Management of IV Drips	_____	_____	_____	_____
Use of fetoscope/doppler	_____	_____	_____	_____
FHR pattern identification	_____	_____	_____	_____
Fetal scalp blood sampling	_____	_____	_____	_____
Apgar scores/evaluation & f/u	_____	_____	_____	_____
Suction of neonates	_____	_____	_____	_____
Fundus consistency	_____	_____	_____	_____
Assessment of lochia	_____	_____	_____	_____
Management of bladder distention	_____	_____	_____	_____
Management of episiotomies	_____	_____	_____	_____
Neonate eye prophylaxis	_____	_____	_____	_____
Collect cord blood samples	_____	_____	_____	_____
Newborn care	_____	_____	_____	_____
Neonatal I	_____	_____	_____	_____
Neonatal II	_____	_____	_____	_____
Draw blood from U-line	_____	_____	_____	_____
Circumcision care	_____	_____	_____	_____

Cord Care	_____	_____	_____	_____
Photo therapy	_____	_____	_____	_____
Other	_____	_____	_____	_____

## PEDIATRICS

Note: Please mark a “P” in the appropriate column in the previous and following categories

that apply to your proficiencies and skills

IV therapy	_____	_____	_____	_____
Scalp veins	_____	_____	_____	_____
Cardiac monitor	_____	_____	_____	_____
Croup tent	_____	_____	_____	_____
Use of ventilators	_____	_____	_____	_____
Calculation and administration of Ped. Dosages	_____	_____	_____	_____
Other	_____	_____	_____	_____

## OTHER

Care of ortho patient	_____	_____	_____	_____
Management of fraction	_____	_____	_____	_____
Management of Bucks traction	_____	_____	_____	_____
Management of Halo traction	_____	_____	_____	_____
Management of Skeletal traction	_____	_____	_____	_____
Management of Stryker Frame	_____	_____	_____	_____
Care of oncology patients	_____	_____	_____	_____
Management of chemotherapy	_____	_____	_____	_____
Isolation techniques	_____	_____	_____	_____
Care of Burn patient	_____	_____	_____	_____
Management of First Degree	_____	_____	_____	_____
Management of Second Degree	_____	_____	_____	_____
Management of Third Degree	_____	_____	_____	_____
Management of gangrene	_____	_____	_____	_____
Care of trauma patients	_____	_____	_____	_____
Management of drowning	_____	_____	_____	_____
Management of electrocution	_____	_____	_____	_____

Management of gunshot wound	_____	_____	_____	_____
Management of MVA	_____	_____	_____	_____
Management of M.A.S.T.	_____	_____	_____	_____
Management of natural disaster(s)/list_____	_____	_____	_____	_____
Care of psychiatric patients:	_____	_____	_____	_____
Management of adults	_____	_____	_____	_____
Management of adolescents	_____	_____	_____	_____
Management of children	_____	_____	_____	_____
Care of OR patient(s)	_____	_____	_____	_____
Management of surgical out-pt	_____	_____	_____	_____
Management of surgical in-pt	_____	_____	_____	_____
Management of ophthalmologic pt	_____	_____	_____	_____
Care of RR/PACU patient(s)	_____	_____	_____	_____
Care of the patient requiring pain management	_____	_____	_____	_____
Management of anesthesia/blocks	_____	_____	_____	_____
Management of analgesia	_____	_____	_____	_____
Management of IV/conscious sedation	_____	_____	_____	_____
Management of PCA(patient controlled analgesia)	_____	_____	_____	_____
Wound /management	_____	_____	_____	_____
Assessment of skin/stasis ulcers, surgical wounds	_____	_____	_____	_____
Management of sterile dressing changes	_____	_____	_____	_____
Management of surgical wound/irrigations, drains	_____	_____	_____	_____
Management of pressure sores	_____	_____	_____	_____
Management of staged decubitus ulcers	_____	_____	_____	_____
Management of traumatic wounds	_____	_____	_____	_____
Other	_____	_____	_____	_____
IV'S				
Starting IV's/angiocath, butterfly, heparin lock	_____	_____	_____	_____
Drawing blood/venous, central line	_____	_____	_____	_____
Use of IV syringe pump	_____	_____	_____	_____

TPN administration

\_\_\_\_\_

Administration of blood/blood products

\_\_\_\_\_

Management of central line catheters

\_\_\_\_\_

Management of central line Boviac

\_\_\_\_\_

Management of central line Groshong

\_\_\_\_\_

Management of central line Hickman

\_\_\_\_\_

Management of central line PICC

\_\_\_\_\_

Management of central line Portacath

\_\_\_\_\_

Management of central line Quinton

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name

Date

Signature