Registered Nurse Competency/ Skills Checklist

Please check the column that applies to you skill level: Name: 0= No experience,

1= Need Direction (<6months experience) Date: 2= Minimal assistance needed (<1 year experience)

3= Very Competent (>1 year experience)

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| **SKILLS** | **3** | **2** | **1** | **0** | **SKILLS** | **3** | **2** | **1** | **0** |
| **NURSING ROLES** | -- | -- | -- | -- | **MEDICATION ADMINISTRATION** | -- | -- | -- | -- |
| Charge Nurse |  |  |  |  | Narcotic control |  |  |  |  |
| Team Leader |  |  |  |  | Inulin Administration |  |  |  |  |
| **PATIENT CARE DELIVERY** | -- | -- | -- | -- | Skin Testing (intradermal injection) |  |  |  |  |
| Team Nursing |  |  |  |  | Procedure |  |  |  |  |
| Primary Nursing |  |  |  |  | Documentation |  |  |  |  |
| **NURSING PROCESS SKILLS** | -- | -- | -- | -- | Reading Results |  |  |  |  |
| Nursing History |  |  |  |  | Heparin Administration/ Lock |  |  |  |  |
| Physical Assessments |  |  |  |  | Patient Controlled Analgesia |  |  |  |  |
| Skin |  |  |  |  | Administration of Medications |  |  |  |  |
| Cardiovascular |  |  |  |  | Oral |  |  |  |  |
| Heart |  |  |  |  | IM |  |  |  |  |
| Peripheral Vascular System |  |  |  |  | Subcutaneous |  |  |  |  |
| Respiratory |  |  |  |  | Topical/ Medication Patches |  |  |  |  |
| Neurological |  |  |  |  | Eye |  |  |  |  |
| Abdomen |  |  |  |  | Ear |  |  |  |  |
| Bowel |  |  |  |  | Nose |  |  |  |  |
| Bladder |  |  |  |  | Unit Dose Medication Administration |  |  |  |  |
| Musculoskeletal |  |  |  |  | Nebulizer/ Aerosol Medication Therapy |  |  |  |  |
| Psychosocial Status |  |  |  |  | **INTRAVENOUS THERAPY** | -- | -- | -- | -- |
| Fall Assessment |  |  |  |  | Venipuncture Site Care |  |  |  |  |
| Pain Assessment |  |  |  |  | Calculating and Monitoring Infusion Rate |  |  |  |  |
| Elder/ Domestic |  |  |  |  | Infusion Pumps |  |  |  |  |
| Patient Care Planning |  |  |  |  | PCA pumps |  |  |  |  |
| Nursing Intervention |  |  |  |  | Insulin pump |  |  |  |  |
| Patient Teaching |  |  |  |  | IV insertion |  |  |  |  |
| Evaluation of Patient Care |  |  |  |  | Heparin Locks/ Saline Locks |  |  |  |  |
| Discharge Instruction/ Planning |  |  |  |  | Angio Caths |  |  |  |  |
| Documentation of Care Plan |  |  |  |  | Scalp Vein |  |  |  |  |

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| IV Push Medications |  |  |  |  | Application of Crutches |  |  |  |  |
| IV Piggyback Medications |  |  |  |  | Application of Knee Immobilizers |  |  |  |  |
| IV Add-Mixture/ Additives |  |  |  |  | Monitoring CVP |  |  |  |  |
| Blood/ Blood Products Administration |  |  |  |  | Care of Wound Drainage |  |  |  |  |
| Monitoring Blood/ Blood Products |  |  |  |  | Hemovac Suction Device |  |  |  |  |
| Lipids |  |  |  |  | Jackson Pratt Suction Device |  |  |  |  |
| TPN/PPN |  |  |  |  | Care of G-tube |  |  |  |  |
| Central Lines/ Intravascular Access Ports |  |  |  |  | Care of Penrose Drains |  |  |  |  |
| PICC lines |  |  |  |  | Care of NG tubes/ Feeding tubes |  |  |  |  |
| **CHEMOTHERAPY** | -- | -- | -- | -- | Care of Chest tubes/ Drainage system |  |  |  |  |
| Administration of Chemo meds |  |  |  |  | Care of Salem tubes |  |  |  |  |
| Precautions/ Teaching |  |  |  |  | Catheterization – male incontinence device |  |  |  |  |
| Mixing/ Preparation |  |  |  |  | Catheterization- foley insertion |  |  |  |  |
| Disposal |  |  |  |  | Catheterization- foley catheter care |  |  |  |  |
| Chemotherapy Certified |  |  |  |  | Catheterization- foley removal |  |  |  |  |
| **NURSING PROCEDURES** | -- | -- | -- | -- | Catheterization-straight catheter |  |  |  |  |
| Irrigations |  |  |  |  | Gastric suction |  |  |  |  |
| Eye |  |  |  |  | Electronic Thermometer |  |  |  |  |
| Ear |  |  |  |  | Range of Motion: Active and Passive |  |  |  |  |
| Foley |  |  |  |  | Seizure Precautions |  |  |  |  |
| Suprapubic |  |  |  |  | Peri-Care |  |  |  |  |
| Incision |  |  |  |  | Cast Care |  |  |  |  |
| NG tube |  |  |  |  | Skin Care in Traction |  |  |  |  |
| Ostomy |  |  |  |  | Incision Care |  |  |  |  |
| Insertion of NG feeding tube |  |  |  |  | AV Shunt Care |  |  |  |  |
| Hot Soaks |  |  |  |  | Bladder Irrigations |  |  |  |  |
| Ice Packs |  |  |  |  | Infection Control Precautions |  |  |  |  |
| Rectal Temperature |  |  |  |  | Standard Universal Precautions |  |  |  |  |
| Removal of fecal impaction |  |  |  |  | Reverse Isolation |  |  |  |  |
| Weighing patients |  |  |  |  | TB/ Airborne Precautions |  |  |  |  |
| Vital Signs |  |  |  |  | MRSA/ VRE Precautions |  |  |  |  |
| Application of Restraints |  |  |  |  | Urine, Sugar & Acetone |  |  |  |  |
| Application of Support Binders |  |  |  |  | Blood Glucose Monitoring |  |  |  |  |
| Application of Ace Wraps |  |  |  |  | Stool Hemocult |  |  |  |  |
| Application of Antimobolic Stocking |  |  |  |  | Gastric Hemocult |  |  |  |  |
| Application of Slings |  |  |  |  | Urine Specific Gravity |  |  |  |  |
| Application of Soft Cervical Collar |  |  |  |  | Oxygen Therapy Administration |  |  |  |  |
| Application of Rib Belts |  |  |  |  | Ambu bag |  |  |  |  |
| Application of Clavicle Brace |  |  |  |  | Bag & Mask |  |  |  |  |
| Application of Back Supports (Chairback, Jewett, Corsets) |  |  |  |  | BiPAP |  |  |  |  |

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| Face Mask |  |  |  |  | Neuro Assessment |  |  |  |  |
| Nasal Cannula |  |  |  |  | Glascow Coma Scale |  |  |  |  |
| Tracheostomy Care |  |  |  |  | Seizure Precautions |  |  |  |  |
| IPPB Rx |  |  |  |  | Seizure Activity |  |  |  |  |
| Chest PT/ Breath Sounds |  |  |  |  | Mental Status/ LOC |  |  |  |  |
| Postural Drainage |  |  |  |  | Halo Traction |  |  |  |  |
| Specimen Collection |  |  |  |  | **ASSISTING WITH BASIC PROCEDURES** | -- | -- | -- | -- |
| Blood |  |  |  |  | Pelvic Exam |  |  |  |  |
| Central Line |  |  |  |  | Physical Exam |  |  |  |  |
| Venous Stick |  |  |  |  | Lumbar Puncture |  |  |  |  |
| Cultures |  |  |  |  | Thoracenthesis/ Paracenthesis |  |  |  |  |
| Sputum |  |  |  |  | Dressing Change |  |  |  |  |
| Urine |  |  |  |  | Staple/ Suture Removal |  |  |  |  |
| Clean Voided |  |  |  |  | Insertion of Central/ PA Catheter |  |  |  |  |
| 24-hour |  |  |  |  | Insertion of Arterial Line |  |  |  |  |
| Sterile (Straight Cath) |  |  |  |  | Discontinue Arterial Line |  |  |  |  |
| Swab Culture |  |  |  |  | Discontinue Central Lines |  |  |  |  |
| Gastric Analysis |  |  |  |  | Insertion of Chest Tubes |  |  |  |  |
| Abdominal Fluid |  |  |  |  | **EQUIPMENT** | -- | -- | -- | -- |
| Anaerobic Cultures |  |  |  |  | Hypothermia Blanket |  |  |  |  |
| Aerobic Cultures |  |  |  |  | Pressure Mattress |  |  |  |  |
| Wound Cultures |  |  |  |  | Restraints |  |  |  |  |
| Stool Cultures |  |  |  |  | Halo Apparatus |  |  |  |  |
| Suctioning |  |  |  |  | Traction |  |  |  |  |
| Oral/ Yankauer |  |  |  |  | Balance Traction |  |  |  |  |
| Oral- pharyngeal |  |  |  |  | Footboard |  |  |  |  |
| Nasal-pharyngeal |  |  |  |  | Foster/ Stryker Frame |  |  |  |  |
| Tracheostomy |  |  |  |  | Cir-O-Electric Bed |  |  |  |  |
| Wound/ Ostomy Care |  |  |  |  | Cradles |  |  |  |  |
| Colostomy care/ bag change |  |  |  |  | Intermittent Suction |  |  |  |  |
| Ileostomy care/ bag change |  |  |  |  | Wall-Straight Suction |  |  |  |  |
| Irrigations |  |  |  |  | Portable O2 Suction |  |  |  |  |
| Pressure Ulcers |  |  |  |  | Straight Drainage |  |  |  |  |
| Staging |  |  |  |  | Oxygen Wall Panel/ Flowmeter |  |  |  |  |
| Care |  |  |  |  | Chest Tube Suction |  |  |  |  |
| Statis Ulcers |  |  |  |  | Hoyer Lift |  |  |  |  |
| Sterile Dressing Change |  |  |  |  | K-Pads |  |  |  |  |
| Steristrip Application |  |  |  |  | Nelson Bed |  |  |  |  |
| Surgical Wounds with or without Drains |  |  |  |  | Pressure Relieving Beds |  |  |  |  |
| Neuro Skills: |  |  |  |  | Kangaroo Pumps |  |  |  |  |

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| Trans Nerve Stimulator |  |  |  |  | Neuro Surgery |  |  |  |  |
| Pyxis |  |  |  |  | Cranial Hemorrhage |  |  |  |  |
| Portable Vital Signs Monitor |  |  |  |  | AV Shunt Placement |  |  |  |  |
| Cardiac/ Tele Monitors |  |  |  |  | Multiple Sclerosis |  |  |  |  |
| Lead Placement |  |  |  |  | Encephalitis (Viral/ Infectious) |  |  |  |  |
| Arrhythmia Interpretation |  |  |  |  | **CARDIAC** | -- | -- | -- | -- |
| Blood Glucose Meters |  |  |  |  | Angina |  |  |  |  |
| Pulse Oxymetry |  |  |  |  | Aneurysm |  |  |  |  |
| Incentive Spirometer |  |  |  |  | Post MI |  |  |  |  |
| Emergency/ Crash Cart |  |  |  |  | Hypertensive Crisis |  |  |  |  |
| Ambu Bag (PPV) Mask/ Valve |  |  |  |  | Open Heart Surgery (Pre & Post Op Care) |  |  |  |  |
| HEPA Filters |  |  |  |  | CHF |  |  |  |  |
| **PAIN MANAGEMENT** | -- | -- | -- | -- | Cardiac Cath |  |  |  |  |
| Pain assessment using pain scales |  |  |  |  | Fem/ Pop Bypass |  |  |  |  |
| Epidural Analgesia |  |  |  |  | **RENAL/ GI** | -- | -- | -- | -- |
| IV Conscious Sedation |  |  |  |  | Chronic/ Acute Renal Failure |  |  |  |  |
| Patient controlled Analgesia (PCA) |  |  |  |  | Renal Calculi |  |  |  |  |
| Narcotic Agents |  |  |  |  | Renal Trauma |  |  |  |  |
| Non-narcotic agents |  |  |  |  | Nephrectomy |  |  |  |  |
| Non-pharmacological Measures |  |  |  |  | TURP |  |  |  |  |
| **CARE OF PATIENTS** | -- | -- | -- | -- | Radical Prostectomy |  |  |  |  |
| **RESPIRATORY** | -- | -- | -- | -- | Hemodialysis |  |  |  |  |
| COPD |  |  |  |  | Peritoneal Dialysis |  |  |  |  |
| ARDS |  |  |  |  | **GI/ ABDOMINAL** | -- | -- | -- | -- |
| Thoracic Surgery |  |  |  |  | Appendicitis |  |  |  |  |
| Asthma |  |  |  |  | GI Bleed |  |  |  |  |
| Inhalation Injuries |  |  |  |  | Pancreatitis |  |  |  |  |
| Pneumonia |  |  |  |  | Bowel Obstruction |  |  |  |  |
| Pneumothorax |  |  |  |  | Paralytic Ileus |  |  |  |  |
| Tuberculosis |  |  |  |  | Liver Failure |  |  |  |  |
| Pulmonary Edema |  |  |  |  | Hepatitis |  |  |  |  |
| Pulmonary Embolism |  |  |  |  | Laparoscopic Abdominal Procedures |  |  |  |  |
| **NEUROLOGY** | -- | -- | -- | -- | Open Abdominal Procedures |  |  |  |  |
| CVA/ TIA |  |  |  |  | Post endoscopic procedures |  |  |  |  |
| Overdose |  |  |  |  | Pre & Post op patients |  |  |  |  |
| Head Injury/ Trauma |  |  |  |  | **ORTHOPEDIC** | -- | -- | -- | -- |
| Neuro Injury/ Trauma |  |  |  |  | Amputation |  |  |  |  |
| Spinal Cord Injury |  |  |  |  | Arthroscopic Surgery |  |  |  |  |
| Paraplegia |  |  |  |  | Total Joint Replacement (Hips & Knees) |  |  |  |  |
| Quadriplegia |  |  |  |  | Cast Care |  |  |  |  |

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| Orthopedic Trauma |  |  |  |  |  |  |  |  |  |
| Skeletal Traction |  |  |  |  |  |  |  |  |  |
| Bucks Extension |  |  |  |  |  |  |  |  |  |
| Pin site Care |  |  |  |  |  |  |  |  |  |
| Laminectomy |  |  |  |  |  |  |  |  |  |
| Passive ROM Exercises |  |  |  |  |  |  |  |  |  |
| **GYNECOLOGY** | -- | -- | -- | -- |  |  |  |  |  |
| Mastectomy |  |  |  |  |  |  |  |  |  |
| Hysterectomy |  |  |  |  |  |  |  |  |  |
| Tubal Ligation |  |  |  |  |  |  |  |  |  |
| Ectopic pregnancy |  |  |  |  |  |  |  |  |  |
| Abdominoplasty |  |  |  |  |  |  |  |  |  |
| Reconstructive Breast Surgery |  |  |  |  |  |  |  |  |  |
| Thyroidectomy |  |  |  |  |  |  |  |  |  |
| Assist/ Preform GYN Exam/ PAP |  |  |  |  |  |  |  |  |  |
| Removal of Cysts |  |  |  |  |  |  |  |  |  |
| **OTHER** | -- | -- | -- | -- |  |  |  |  |  |
| Sickle Cell Anemia |  |  |  |  |  |  |  |  |  |
| Transfusion Reaction |  |  |  |  |  |  |  |  |  |
| Anaphylaxis |  |  |  |  |  |  |  |  |  |
| Septic Shock |  |  |  |  |  |  |  |  |  |
| Cancer patients |  |  |  |  |  |  |  |  |  |
| Infectious Diseases and Complications |  |  |  |  |  |  |  |  |  |
| HIV/AIDS |  |  |  |  |  |  |  |  |  |
| Shingles (Herpes) |  |  |  |  |  |  |  |  |  |
| Chicken pox |  |  |  |  |  |  |  |  |  |
| West Nile Virus |  |  |  |  |  |  |  |  |  |
| Lyme Disease |  |  |  |  |  |  |  |  |  |
| Terminally ill patients |  |  |  |  |  |  |  |  |  |
| Death & Dying |  |  |  |  |  |  |  |  |  |
| Suicide/ Homicide precautions |  |  |  |  |  |  |  |  |  |
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