



Date: _____

Medical/Surgical Nursing Skills Checklist

Please check the column that best describes your experience level with each skill.

Key:

1 - Performs well (no assistance required)

2 - Some experience (some assistance required)

3 - No experience

4 - Not applicable

| | 1 | 2 | 3 | 4 |
|--|-------|-------|-------|-------|
| Neurological System | | | | |
| assess level of consciousness | _____ | _____ | _____ | _____ |
| assess sensory motor function of extremities | _____ | _____ | _____ | _____ |
| assess cranial nerves | _____ | _____ | _____ | _____ |
| assist with lumbar puncture | _____ | _____ | _____ | _____ |
| halo traction | _____ | _____ | _____ | _____ |
| pre/post op neuro surgical care | _____ | _____ | _____ | _____ |
| seizure precautions | _____ | _____ | _____ | _____ |
| documentation of seizure | _____ | _____ | _____ | _____ |
| shunts (i.e. ventriculoperitoneal) | _____ | _____ | _____ | _____ |
| use of Glasgow Scale | _____ | _____ | _____ | _____ |
| use of anticonvulsants: | | | | |
| oral | _____ | _____ | _____ | _____ |
| IM | _____ | _____ | _____ | _____ |
| IV | _____ | _____ | _____ | _____ |
| care of patients with: | | | | |
| acute head injury | _____ | _____ | _____ | _____ |
| aphasia | _____ | _____ | _____ | _____ |
| autonomic dysreflexia | _____ | _____ | _____ | _____ |
| cancer of the brain | _____ | _____ | _____ | _____ |
| craniotomy | _____ | _____ | _____ | _____ |
| CVA | _____ | _____ | _____ | _____ |
| head trauma | _____ | _____ | _____ | _____ |
| impending D.T.'s | _____ | _____ | _____ | _____ |
| multiple sclerosis | _____ | _____ | _____ | _____ |
| Parkinson's | _____ | _____ | _____ | _____ |
| quadraplegia | _____ | _____ | _____ | _____ |
| seizure disorders | _____ | _____ | _____ | _____ |
| spinal cord injury | _____ | _____ | _____ | _____ |

| | | | | |
|---|-------|-------|-------|-------|
| CV/Circulatory | | | | |
| ability to perform 1 person rescue: | | | | |
| (CPR) infant/child | _____ | _____ | _____ | _____ |
| adult | _____ | _____ | _____ | _____ |
| assess heart sounds (normal vs. abnormal) | _____ | _____ | _____ | _____ |
| basic EKG interpretation | _____ | _____ | _____ | _____ |
| initiation of arrest procedure | _____ | _____ | _____ | _____ |
| administration of meds during | | | | |
| arrest procedure | _____ | _____ | _____ | _____ |
| set up/run 12 lead EKG | _____ | _____ | _____ | _____ |
| use of cardiac monitor | _____ | _____ | _____ | _____ |
| use of doppler | _____ | _____ | _____ | _____ |

| | 1 | 2 | 3 | 4 |
|-----------------------------------|-------|-------|-------|-------|
| CV/Circulatory - continued | | | | |
| care of patients with: | | | | |
| aneurysm | _____ | _____ | _____ | _____ |
| acute CHF | _____ | _____ | _____ | _____ |
| acute MI | _____ | _____ | _____ | _____ |
| blood lymph disease | _____ | _____ | _____ | _____ |
| cardiac surgeries | _____ | _____ | _____ | _____ |
| CVA | _____ | _____ | _____ | _____ |
| femoral bypass/vascular procedure | _____ | _____ | _____ | _____ |
| pacemakers | _____ | _____ | _____ | _____ |
| transplant/cardiac | _____ | _____ | _____ | _____ |

| | | | | |
|----------------------------------|-------|-------|-------|-------|
| Respiratory | | | | |
| Ambu Techniques | _____ | _____ | _____ | _____ |
| apnea monitor usage | _____ | _____ | _____ | _____ |
| assess lung sounds | _____ | _____ | _____ | _____ |
| knowledge of abnormal & | | | | |
| adventitious breath sounds | _____ | _____ | _____ | _____ |
| chest tube maintenance and care | _____ | _____ | _____ | _____ |
| incentive spirometer | _____ | _____ | _____ | _____ |
| IPPB Machine | _____ | _____ | _____ | _____ |
| Nebulizers | _____ | _____ | _____ | _____ |
| Oxygen therapy: | | | | |
| nasal cannula | _____ | _____ | _____ | _____ |
| face mask | _____ | _____ | _____ | _____ |
| precautions | _____ | _____ | _____ | _____ |
| use of portable oxygen tank | _____ | _____ | _____ | _____ |
| Pulmonary Hygiene: | | | | |
| oral suctioning | _____ | _____ | _____ | _____ |
| tracheostomy suctioning | _____ | _____ | _____ | _____ |
| chest physiotherapy (CPT) | _____ | _____ | _____ | _____ |
| determining proper catheter size | _____ | _____ | _____ | _____ |
| nasotracheal suctioning | _____ | _____ | _____ | _____ |
| thoracentesis | _____ | _____ | _____ | _____ |
| Tracheostomy: | | | | |
| cleaning of inner cannula | _____ | _____ | _____ | _____ |
| changing trach or tube | _____ | _____ | _____ | _____ |
| emergency management of | | | | |
| S & S infection | _____ | _____ | _____ | _____ |
| skin care | _____ | _____ | _____ | _____ |
| dressing changes | _____ | _____ | _____ | _____ |

| | 1 | 2 | 3 | 4 |
|--------------------------------|-------|-------|-------|-------|
| Respiratory - continued | | | | |
| Ventilators: | | | | |
| pressure pre-set | _____ | _____ | _____ | _____ |
| volume pre-set | _____ | _____ | _____ | _____ |
| CPAP | _____ | _____ | _____ | _____ |
| PEEP | _____ | _____ | _____ | _____ |
| portables | _____ | _____ | _____ | _____ |
| list types of ventilators: | _____ | _____ | _____ | _____ |

| | | | | |
|------------------------|-------|-------|-------|-------|
| care of patients with: | | | | |
| AIDS | _____ | _____ | _____ | _____ |
| asthma/ wheezing | _____ | _____ | _____ | _____ |
| CA of lung | _____ | _____ | _____ | _____ |
| COPD | _____ | _____ | _____ | _____ |
| emphysema | _____ | _____ | _____ | _____ |
| pneumonia | _____ | _____ | _____ | _____ |
| TB | _____ | _____ | _____ | _____ |
| transplant/pulmonary | _____ | _____ | _____ | _____ |

GI/NUTRITION

| | | | | |
|--|-------|-------|-------|-------|
| abdominal drains: | | | | |
| care and maintenance of | _____ | _____ | _____ | _____ |
| assess GI status | _____ | _____ | _____ | _____ |
| bowel training | _____ | _____ | _____ | _____ |
| enemas (Fleet or soapsuds) | _____ | _____ | _____ | _____ |
| Gastrostomy tube care: | | | | |
| G-tube feedings | _____ | _____ | _____ | _____ |
| G-tube change | _____ | _____ | _____ | _____ |
| N-G tube insertion/reinsertion: | | | | |
| N-G tube feedings | _____ | _____ | _____ | _____ |
| N-G tubes (i.e. Levine, Salem Sump) | _____ | _____ | _____ | _____ |
| nasal intestinal tubes (i.e. Miller-Abbot) | _____ | _____ | _____ | _____ |
| ostomy/stoma care | _____ | _____ | _____ | _____ |
| ostomy irrigations | _____ | _____ | _____ | _____ |
| education to new patients | _____ | _____ | _____ | _____ |
| paracentesis | _____ | _____ | _____ | _____ |
| parenteral feedings: | | | | |
| complications of | _____ | _____ | _____ | _____ |
| indications for | _____ | _____ | _____ | _____ |
| routes of administration | _____ | _____ | _____ | _____ |
| verification of fluid & caloric requirements | _____ | _____ | _____ | _____ |
| removal of fecal impaction | _____ | _____ | _____ | _____ |
| use of pumps for enteral feedings | _____ | _____ | _____ | _____ |
| list types of pumps: | _____ | _____ | _____ | _____ |

| | | | | |
|------------------------|-------|-------|-------|-------|
| care of patients with: | | | | |
| anorexia | _____ | _____ | _____ | _____ |
| bowel disease | _____ | _____ | _____ | _____ |
| cancer of colon | _____ | _____ | _____ | _____ |
| cancer of esophagus | _____ | _____ | _____ | _____ |

| | 1 | 2 | 3 | 4 |
|---------------------------------|-------|-------|-------|-------|
| GI/Nutrition - continued | | | | |
| cancer of rectum | _____ | _____ | _____ | _____ |
| GI bleeds | _____ | _____ | _____ | _____ |
| hepatic encephalopathy | _____ | _____ | _____ | _____ |
| hepatitis | _____ | _____ | _____ | _____ |
| inflammatory bowel disease | _____ | _____ | _____ | _____ |
| liver failure | _____ | _____ | _____ | _____ |
| liver transplant | _____ | _____ | _____ | _____ |

GI/Endocrine

| | | | | |
|-------------------------------------|-------|-------|-------|-------|
| bladder irrigations | _____ | _____ | _____ | _____ |
| bladder training | _____ | _____ | _____ | _____ |
| care, maintenance and removal | | | | |
| of indwelling catheter: | | | | |
| 3 way catheter | _____ | _____ | _____ | _____ |
| supra pubic catheter | _____ | _____ | _____ | _____ |
| catheter insertion: | | | | |
| female | _____ | _____ | _____ | _____ |
| male | _____ | _____ | _____ | _____ |
| diabetic care: | | | | |
| ADA diet | _____ | _____ | _____ | _____ |
| blood glucose testing | _____ | _____ | _____ | _____ |
| foot care | _____ | _____ | _____ | _____ |
| infection prevention | _____ | _____ | _____ | _____ |
| insulin prep and administration | _____ | _____ | _____ | _____ |
| insulin site rotation and education | _____ | _____ | _____ | _____ |
| skin care | _____ | _____ | _____ | _____ |
| S & S hypo/hyperglycemia | _____ | _____ | _____ | _____ |
| urine glucose testing | _____ | _____ | _____ | _____ |
| use of blood test meters | _____ | _____ | _____ | _____ |
| dialysis: | | | | |
| hemo | _____ | _____ | _____ | _____ |
| peritoneal | _____ | _____ | _____ | _____ |
| GYN exam/ PAP procedures | _____ | _____ | _____ | _____ |
| ileostomy care | _____ | _____ | _____ | _____ |
| intermittent catheterization | _____ | _____ | _____ | _____ |
| S & S of UTI | _____ | _____ | _____ | _____ |
| urinary diversions (ileo-conduit) | _____ | _____ | _____ | _____ |
| care of patients with: | | | | |
| AV shunt/fistula | _____ | _____ | _____ | _____ |
| bladder disease | _____ | _____ | _____ | _____ |
| cancer of kidney | _____ | _____ | _____ | _____ |
| cancer of prostate | _____ | _____ | _____ | _____ |
| female reproductive organ cancer | _____ | _____ | _____ | _____ |
| hysterectomy | _____ | _____ | _____ | _____ |
| hypo/hyperthyroidism | _____ | _____ | _____ | _____ |
| mastectomy | _____ | _____ | _____ | _____ |
| nephrectomy | _____ | _____ | _____ | _____ |
| renal failure | _____ | _____ | _____ | _____ |
| transurethral resection | _____ | _____ | _____ | _____ |

Integumentary/Orthopedic

| | | | | |
|-------------------------------------|-------|-------|-------|-------|
| amputations/stump care | _____ | _____ | _____ | _____ |
| assist in use of prosthetic devices | _____ | _____ | _____ | _____ |
| cast care | _____ | _____ | _____ | _____ |

| | 1 | 2 | 3 | 4 |
|---|-------|-------|-------|-------|
| Integumentary/Orthopedic - continued | | | | |
| cast/splint application and removal | _____ | _____ | _____ | _____ |
| circo-electric bed | _____ | _____ | _____ | _____ |
| range of motion | _____ | _____ | _____ | _____ |
| Spika cast | _____ | _____ | _____ | _____ |
| Stryker frame | _____ | _____ | _____ | _____ |
| TENS | _____ | _____ | _____ | _____ |
| traction: | | | | |
| skin | _____ | _____ | _____ | _____ |
| skeletal | _____ | _____ | _____ | _____ |
| transfers: | | | | |
| documentation of wounds | _____ | _____ | _____ | _____ |
| prevenative skin care | _____ | _____ | _____ | _____ |
| sterile dressing changes | _____ | _____ | _____ | _____ |
| use of Braden scale | _____ | _____ | _____ | _____ |
| wound enzyme debriders | _____ | _____ | _____ | _____ |
| wound irrigations | _____ | _____ | _____ | _____ |
| care of patients with: | | | | |
| amputation | _____ | _____ | _____ | _____ |
| arthritic disease | _____ | _____ | _____ | _____ |
| burns | _____ | _____ | _____ | _____ |
| decubitus ulcers | _____ | _____ | _____ | _____ |
| gun shot | _____ | _____ | _____ | _____ |
| hip replacement | _____ | _____ | _____ | _____ |
| incisions | _____ | _____ | _____ | _____ |
| knee replacement | _____ | _____ | _____ | _____ |
| laminectomy | _____ | _____ | _____ | _____ |
| skin cancer | _____ | _____ | _____ | _____ |
| stab wounds | _____ | _____ | _____ | _____ |

| | | | | |
|-----------------------------------|-------|-------|-------|-------|
| Oncology | | | | |
| bone marrow transplant | _____ | _____ | _____ | _____ |
| counseling for: | | | | |
| altered image | _____ | _____ | _____ | _____ |
| grieving process | _____ | _____ | _____ | _____ |
| imagery | _____ | _____ | _____ | _____ |
| relaxation techniques | _____ | _____ | _____ | _____ |
| assessing analgesic effectiveness | _____ | _____ | _____ | _____ |
| morphine pumps | _____ | _____ | _____ | _____ |
| narcotics via continuous infusion | _____ | _____ | _____ | _____ |
| side effects of chemotherapy | _____ | _____ | _____ | _____ |
| radiation therapy | _____ | _____ | _____ | _____ |
| radium plants | _____ | _____ | _____ | _____ |

| | | | | |
|-------------------------------------|-------|-------|-------|-------|
| IV Therapy | | | | |
| administration of chemotherapy | _____ | _____ | _____ | _____ |
| administration/mixing IV meds | _____ | _____ | _____ | _____ |
| blood/blood products administration | _____ | _____ | _____ | _____ |
| calculate dosages | _____ | _____ | _____ | _____ |
| calculate rates | _____ | _____ | _____ | _____ |
| care of central lines: | | | | |
| infusion procedures | _____ | _____ | _____ | _____ |
| care of insertion site | _____ | _____ | _____ | _____ |
| dressing changes | _____ | _____ | _____ | _____ |
| S & S complications | _____ | _____ | _____ | _____ |
| record keeping | _____ | _____ | _____ | _____ |

| | 1 | 2 | 3 | 4 |
|----------------------------------|-------|-------|-------|-------|
| IV Therapy - continued | | | | |
| pump operations: | | | | |
| IVAC | _____ | _____ | _____ | _____ |
| IMED | _____ | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ | _____ |
| hanging IV piggybacks | _____ | _____ | _____ | _____ |
| S & S of infection | _____ | _____ | _____ | _____ |
| S & S of infiltration | _____ | _____ | _____ | _____ |
| insertion of peripheral line: | | | | |
| adult | _____ | _____ | _____ | _____ |
| child | _____ | _____ | _____ | _____ |
| elderly | _____ | _____ | _____ | _____ |
| TPN (total parenteral nutrition) | _____ | _____ | _____ | _____ |
| intralipids | _____ | _____ | _____ | _____ |
| nursing care, maintenance of: | | | | |
| Broviac catheter | _____ | _____ | _____ | _____ |
| Buretois | _____ | _____ | _____ | _____ |
| heparin lock | _____ | _____ | _____ | _____ |
| insertion of | _____ | _____ | _____ | _____ |
| Hickman catheter | _____ | _____ | _____ | _____ |
| peripheral lines | _____ | _____ | _____ | _____ |
| porta-cath | _____ | _____ | _____ | _____ |
| triple lumen catheter | _____ | _____ | _____ | _____ |

| | | | | |
|--|-------|-------|-------|-------|
| Additional Nursing Responsibilities | | | | |
| admission procedure & initial assessment | _____ | _____ | _____ | _____ |
| discharge planning and teaching | _____ | _____ | _____ | _____ |
| injections: | | | | |
| preparation of meds/syringe | _____ | _____ | _____ | _____ |
| record keeping | _____ | _____ | _____ | _____ |
| site prep, rotation and selection | _____ | _____ | _____ | _____ |
| universal isolation | _____ | _____ | _____ | _____ |
| procedures/precautions | _____ | _____ | _____ | _____ |
| knowledge of unit doses | _____ | _____ | _____ | _____ |
| lab value interpretation | _____ | _____ | _____ | _____ |
| pre/post op teaching | _____ | _____ | _____ | _____ |
| problem oriented medical records | _____ | _____ | _____ | _____ |
| SOAP Charting | _____ | _____ | _____ | _____ |
| Specimen Collection: | | | | |
| arterial blood gas draw | _____ | _____ | _____ | _____ |
| interpretation | _____ | _____ | _____ | _____ |
| capillary draw | _____ | _____ | _____ | _____ |
| heelstick | _____ | _____ | _____ | _____ |
| venipuncture | _____ | _____ | _____ | _____ |
| sputum | _____ | _____ | _____ | _____ |
| stool | _____ | _____ | _____ | _____ |
| clean catch urine | _____ | _____ | _____ | _____ |
| 24 hour urine | _____ | _____ | _____ | _____ |
| urine via indwelling catheter | _____ | _____ | _____ | _____ |
| wound culture | _____ | _____ | _____ | _____ |
| use of restraints | _____ | _____ | _____ | _____ |
| charge nurse responsibilities | _____ | _____ | _____ | _____ |
| primary nurse responsibilities | _____ | _____ | _____ | _____ |
| team leading | _____ | _____ | _____ | _____ |

Certifications

Expiration Date

| | |
|------------------------|-------|
| ACLS | _____ |
| BCLS | _____ |
| Chemotherapy | _____ |
| IV Therapy | _____ |
| M/S | _____ |
| Diabetic Certification | _____ |
| Other | _____ |
| Other | _____ |
| Other | _____ |

Specialty Course

Date

Location

| | | |
|----------|-------|-------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |

Detail any additional experience/skills:

Print Name

RN Signature

Date