

# True PROFESSIONAL LONG TERM CARE HealthCareNURSING SKILLS CHECKLIST SERVICE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Directions for completing skills checklist:

The following is a list of procedures performed in rendering care to patients. Please indicate the level of experience/proficiency. Use the following key as a guideline:

- A) Theory Only/No Experience – Didactic instruction only, no hands on experience
- B) Limited Experience – Knows procedure/has used equipment, but has done so infrequently or not within the last six months
- C) Moderate Experience – Able to demonstrate equipment/procedure, performs the task/skill independently with only resource assistance needed

instruct/teach

	A	B	C	D
<b>A. CARDIAC</b>				
1. Use of cardiac monitors	7	7	7	7
2. Assessment of heart sounds	7	7	7	7
3. Cardiac Arrest	7	7	7	7
4. CPR	7	7	7	7
5. Care of patients with CHF	7	7	7	7
6. Atropine administration	7	7	7	7
7. Digoxin administration	7	7	7	7
8. Dopamine administration	7	7	7	7
9. Inderal administration	7	7	7	7
10. Lidocaine administration	7	7	7	7
<b>B. GENITOURINARY</b>				
1. Fluid Balance	7	7	7	7
2. Foley Catheter Insertion	7	7	7	7
3. Ileostomy	7	7	7	7
4. GU Irrigations	7	7	7	7
5. Nephrostomy Tube	7	7	7	7
<b>C. ENDOCRINE</b>				
1. Blood Glucose Checks	7	7	7	7
2. Insulin Administration	7	7	7	7

3. Care of patients with Diabetes

7 7 7 7 D) Proficient/Competent – Able to demonstrate/perform the task/skill proficiently without any assistance and can

A B C D

D. GASTROINTESTINAL

- 1. NG tube care and feedings
- 2. Gastrostomy tube care and feedings
- 3. Colostomy Care
- 4. Assessment of Bowel Sounds

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- 2. Admission Procedures
- 3. Discharge Procedures
- 4. Patient Education
- 5. Patient Care Plans

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E. LEADERSHIP/PATIENT CARE

- 1. Taking Charge

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F. MEDICATIONS/IV THERAPY

- 1. Medication Calculation
- 2. Reconstitution
- 3. Oral Administration
- 4. Eye Administration
- 5. IM Administration
- 6. SQ Administration
- 7. Rectal Administration
- 8. Starting IV's
- 9. IV Medication Administration
- 10. Central Line Care

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G. NEUROLOGY

- 1. Assessment of Neurological Status
- 2. Seizure Precautions
- 3. Care of a patient with a CVA
- 4. Care of a patient with Alzheimer's
- 5. Care of patients with Spinal Cord Injury
- 6. Decadron Administration
- 7. Dilantin Administration
- 8. Phenobarbital Administration
- 9. Valium Administration

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H. ORTHO/SKIN

- 1. Assessment of skin
- 2. Wound Care and Treatments
- 3. Use of special pressure relief devices
- 4. Care of pts with a total hip replacement
- 5. Care of pts with a total knee replacement
- 6. Crutch Walking

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A B C D

I. RESPIRATORY

- 1. Pulse Oximetry
- 2. Oxygen Administration via nasal cannula
- 3. Oxygen Administration via face mask
- 4. Principles of chest percussion
- 5. Care of patients with ventilator
- 6. Care of patients with COPD
- 7. Care of patients with ARDS

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- 8. Care of patient with a Tracheotomy

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The information I have given is true and accurate to the best of my knowledge. I hereby authorize Professional Nursing Service to release **The information I have given is true and accurate to the best of my knowledge. I hereby authorize True Consulting, LLC. to release** my Long Term Skills Checklist to client facilities of PNS in relation to consideration of employment as a Traveler with those facilities. **my Long Term Skills Checklist to client facilities of True in relation to consideration of employment as a Traveler with those facilities.**

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Signature

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Date

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Address

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Phone

