

**Professional
True Nursing
HealthCare
Service**

**Psychiatric
Checklist**

Name:

Date:

Years of Experience:

Directions for completing skills checklist:

The following is a list of equipment and/or procedures performed in rendering care to patients. Please indicate your level of experience/proficiency with each area and, where applicable, the types of equipment and/or systems you are familiar with. 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.
- D) Proficient/Competent--Able to demonstrate/perform the task/skill proficiently without any assistance and can instruct/teach.

A. PSYCHIATRIC

1. Clinical Assessment/Assessment Tools

	A	B	C	D
a. General Admission Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Initial Nursing Assessment and Care Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Initial Treatment Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Neurological Vital Signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Nursing Diagnoses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Nursing Reassessment/Care Plan Updating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Suicide Risk Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Intelligence Assessment				
(1) Wechsler Intelligence Scale (WAIS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Wechsler Intelligence Scale for Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Personality Assessment				
(1) Minnesota Multiphasic Personality Inventory (MMPI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Rorschach Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Thematic Apperception Test (TAT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Child's Apperception Test (CAT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Informal Cognitive Status Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Mental Status Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- I. Gestalt Test ○ ○ ○ ○
- m Stanford-Binet Test ○ ○ ○ ○
- 2. Equipment and Procedures
- a. Participapation in Multi-Disciplinary Staffing ○ ○ ○ ○
- b. Charge Nurse Experience years
- c. Charting ~~○ ○ ○ ○~~
- (1) Behavioristic ○ ○ ○ ○
- (2) Treatment/Goal Oriented ○ ○ ○ ○
- d. Discharge Planning ○ ○ ○ ○
- e. Patient Teaching/Education ○ ○ ○ ○
- f. Psychiatric Emergency Response Team ○ ○ ○ ○
- g. Psychiatric Home Health ○ ○ ○ ○
- h. Rapid Tranquilization ○ ○ ○ ○
- I. Cardiopulmonary Resuscitation ○ ○ ○ ○
- j. Insertion/Care of Foley Catheter ○ ○ ○ ○
- k. Oxygen Therapy and medication Delivery Systems
- (1) Bag and Mask ○ ○ ○ ○
- (2) External CPAP ○ ○ ○ ○
- (3) Face Masks ○ ○ ○ ○
- (4) Inhalers ○ ○ ○ ○
- (5) Nasal Cannula ○ ○ ○ ○
- (6) Portable Oxygen Tanks ○ ○ ○ ○
- (7) Trach Collar ○ ○ ○ ○
- l. Restraints, Application and Assessment of: ○ ○ ○ ○
- (1) Ambulatory Cuffs ○ ○ ○ ○
- (2) Full Restraints ○ ○ ○ ○
- (3) Wrist Restraints ○ ○ ○ ○
- m Group Therapy Leader ○ ○ ○ ○
- n. Participation in Milieu Therapy ○ ○ ○ ○
- o. Psychotherapy ○ ○ ○ ○
- p. Behavior Therapy ○ ○ ○ ○
- q. Relationship/Family Therapy ○ ○ ○ ○
- r. Electroconvulsive Therapy ○ ○ ○ ○
- s. Crisis Counseling ○ ○ ○ ○
- t. Telephonic Crisis Intervention ○ ○ ○ ○
- u. Suicide Precautions ○ ○ ○ ○
- 3. Communication Skills
- a. Active Listening ○ ○ ○ ○
- b. Questioning ○ ○ ○ ○



- c. Restatement/Reflection
- d. Clarification
- e. Focusing
- f. Confrontation
- g. Summarizing
- h. Boundaries
- I. Positive Reinforcement
- j. Orientation Assessment
- k. De-escalation
- l. Empathizing
- m Reframing Skills
- 4. Care of the Patient with:
 - a. Depressive Disorders
 - b. Anxiety Disorders
 - c. Schizophrenia-Spectrum Disorders
 - d. Personality Disorders
 - e. Eating Disorders
 - f. Congenital/Developmental Disorders
 - (1) Mental Retardation
 - (2) Down's Syndrome
 - (3) Cystic Fibrosis
 - (4) Cerebral Palsy
 - (5) Spina Bifida
 - (6) Autism
 - (7) Asperger's Syndrome
 - (8) Rett's Syndrome
 - g. Degenerative Disorders
 - (1) Alzheimer's Disease
 - (2) Parkinson's Disease
 - (3) Huntington's Chorea
 - h. Rape Victimization
 - i. Assault/Violence
 - j. Suicidal Behavior
 - k. Conduct Disorder
 - l. Separation Anxiety Disorder
 - m Attention Deficit Disorders (ADD/ADHD)



n. Elimination Disorders (Encopresis/Enuresis)

B. MEDICATIONS/METHODS OF DELIVERY

1. Medications

- a. Antipsychotics
- b. Analgesics/Narcotics
- c. Antidepressants
- d. Antianxiety
- e. Anticonvulsants
- f. Anti-Parkinson

2. Methods of Delivery

- a. Intramuscular
- b. Oral
- c. Rectal
- d. Subcutaneous
- e. Unit Dose

3. Phlebotomy/IV Therapy

- a. Administration of Blood and Blood Products
- b. Drawing Blood from Central Line
- c. Drawing Venous Blood
- d. Management of Patient with Hypertension
- e. Management of Patient with IV
- f. Starting IVs
- (1) Angiocath
- (2) Butterfly
- (3) Heparin Lock



C. LEGAL/ETHICAL

- 1. Legal Rights of the Mentally Ill
- 2. Informed Consent
- 3. Right to Refuse Treatment
- 4. Involuntary Commitment
- 5. Use of Restraints
- 6. Use of Seclusion

D. MISCELLANEOUS

1. AMA procedures yes no

AGE SPECIFIC PRACTICE

A. Newborn/Neonate (birth - 30 days)	D. Preschooler (3 - 5 years)		G. Young adults (18 - 39 years)
B. Infant (30 days - 1 year)	E. School age children (5 - 12 years)		H. Middle adults (39 - 64 years)

C.Toddler (1 - 3 years)	F.Adolescents (12 - 18 year ;)	I.Older adults (64+)
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EXPERIENCE WITH AGE GROUPS	A	B	C	D	E	G	H	I
Able to adapt care to incorporate normal growth and development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can ensure a safe environment reflecting specific needs of various age groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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my Long Term Skills Checklist to client facilities of True in relation to consideration of employment as a Traveler with those
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 relations to consideration of employment as a Traveler with those facilities.

Signature

Date

Signature

Date

