Name:	
Date:	

RECRUITMENT SKILLS CHECKLIST

AIM OF CHECKLIST:

When completing the following, please remember that this checklist is used by the reviewer to access your overall competency and suitability to a particular area.

Please feel free to elaborate on any area you feel necessary to give a more comprehensive overview.

EXPERIENCE: How frequently have you given nursing care to patients with the conditions listed below (within the last two years).

Frequency:

1 - Observed Only or Never Done

- 2 Rarely Done (<6 times/year)
- 3 Occasionally Done (1-2 times/month)
- 4 Frequently Done (daily or weekly)

Experience:

- 1 None
- 2 Needs Practice
- 3 Competent
- 4 Well Skilled

	MEDICATION ADMINISTRATION
	Oral
	Intramuscular
	Intravenous:
	Piggyback
	IV push
	Infusions
	Central Lines
	Vascular Access Device
	Subcutaneous
	Rectal: Medication
	Enemas
15	Spec. Drugs: Insulin Infusion
	Heparin
B.	Cardiac Drugs
	Narcotic
	Controlled Drugs
	Blood Product Administration
11.	PERFORM THESE PROCEDURES
	System Assessments:
	Neurological

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		FREQUENCY				EXPERIENCE					
Description (1	2	3	4		1	2	3	4		
Respiratory		-	_								
Cardiovascular		_			1 .						
Gastrointestinal		_							2000		
Genitourinary											
Integumentary	-										
APGAR											
Glascow Coma Scale						- 1					
Peds Glascow Coma Scale									1		
CPR											
Ambuing Technique											
EKG Interpretation											
Delibrillator/Cardioversion											
Pulse Oxymetry											
Suctioning: Oral Pharyngeal					1						
Naso Pharyngeal											
Tracheostomy											
Management/Insertion of Arterial Lines											
Starting Intravenous/Heparin Locks											
Insertion of NG Tubes								-			
Crutch Walking					1						
Immobilizations:					1	_		-			
Cervical Spines						-		-	-		
Sprains					1	_					
Fractures					1 -	_					
/isual Acuity	8							-	<u> </u>		
ye Irrigation			_			_	-		-		
ar Irrigation						-		-			
Gastric Irrigation		-			 -	_					
					-	_	-	-	-		
SPECIMEN COLLECTION:	NAME OF TAXABLE PARTY.		-					SCHOOL SECTION	NAME OF TAXABLE PARTY.		
Venous Samples: Peripherally	- Marian	Sen as	ALESSANIA I		100	40.0	-Vani	STREET	Service of the least of the lea		
Eye/Ear/Nose/Throat Swab		-	-	-	l	-	-	-	-		
Wound Cultures	-	-		-	l -	_	-	-	-		
Sputum		-	-		-	_	-	-			
Urine: Routine		-	-	-	-	_		-	-		
Catheter		-			H		-	-	-		
Vaginal Swab	-	-	-	_	<u> </u>				-		
Blood Culture	-	-	-	-	-	_	_	_	_		
Peritoneal Tap – Ascitic Fluid		-	-	-	-		-	-	-		
remonear rap - Ascilic Fidio		-	-		-	_		_	_		
CARE OF PATIENT WITH:	NAME OF TAXABLE PARTY.		100000	THE REAL PROPERTY.	-	0000a	District of	-	-		
Neurological Problems: Carabral Vacquier Accident			SPIES.	A S	1			-	100 344		
Cerebral Vascular Accident		-									
Seizure		_									
Overdose	.										
Neuro Trauma/Head Injury											
Cranial Hemorrhage											
Meningitis			1								

Emergency Department Recruitment Skills Checklist - Page 4 -

10.00	FREQUENCY			CY	EXPERIENCE					
	•	1	2	3	4		1	2	3	4
8. Hematological Problems: Sickle Cell Anemia			E COLUMN							
Sickle Cell Anemia *										
Hemophilia			18							
G6PD .								_		
9. Pediatric Disorders:										
Bronchiolitis										
Asthma										
Gastroenteritis			_							
Seizures										
Epiglottis									100000	
Croup						*				
Ingestion of Foreign Objects										
Failure to Thrive					-					
10. Infectious Diseases:										
Brucellosis					-			TOP STATE OF	Septiments.	The particular in the last of
Shigellosis										
Schistosomiasis										
Tuberculosis										
11. Ob/Gyn				AND S	NEEDES!					
Abortions: Complete		THE PERSON	and the latest designation of the latest des	Name and Address of the Owner, where	CANCEL CONTRACT		NAME AND	SECONOMIC SECOND	D STATE OF THE PARTY.	0.0000000000000000000000000000000000000
Incomplete										
Pre-eclampsia/Eclampsia										
Deliveries										
Placenta Previa										
Trauma with Pregnancy										
IV. GENERAL		-			+		-	-	\vdash	+
Post Op Recovery: Pediatric										_
Adult									+	+
Airway Management: Pediatric										\top
Adult									_	t
Pain Management										
V. ASSIST WITH PROCEDURES:							SOLUTION .			
Peritoneal Lavage			The same of	CONTRACTOR OF THE PARTY OF	THE REAL PROPERTY.		Service Co.	CONTRACTOR OF THE PERSON	PRINCIPALITY	NAME OF TAXABLE PARTY.
Suturing										
Open Chest: Pediatric			1	1			-			
Adult									1	1
Chest Tubes						1				1
Subclavian Lines						1			1	
Intravenous Cutdowns						1				
Intraosseous Needle Insertion						1				
Thoracentesis						1				
Peritoneal/Ascitic Tap		CONTRACT.				1			· Carry	