

**AL HADA MILITARY HOSPITAL
NURSING DEPARTMENT**

MEDICAL / SURGICAL SKILLS CHECKLIST

Name: _____

Date: _____

COURSES:

IV THERAPY _____ Date: _____
 EKG/ARRHYTHMIA _____ Date: _____
 CHEMOTHERAPY _____ Date: _____
 OTHER _____ Date: _____

LEVELS OF PROFICIENCY:

- 0 - No experience: Never performed this task/skill
- 1 - Limited experience: Performed this task/skill infrequently, needing practice and/or supervision
- 2 - Experienced & competent: Performed this task/skill frequently and proficiently.
- 3 - Experienced & able to teach: Proficient at performing this task/skill; able to teach and supervise.

PLEASE CHECK THE APPROPRIATE COLUMN FOR FAMILIARITY WITH OR USAGE OF THE FOLLOWING:

SKILLS	0	1	2	3	SKILLS	0	1	2	3
RESPIRATORY					ADMINISTRATION OF MEDICATION				
Suctioning Oropharyngeal					P.O.				
Suctioning Nasotracheal					I.M.				
Tracheostomy					Sub - Q				
Cuffed					Rectal				
Uncuffed					Topical				
Oxygen mask, Camulas					IV Push				
Endotracheal Tubes					IV Drip				
T-Tubes					ISOLATION AND TECHNIQUES				
Ventilators (assist intubation, extubation)					Strict				
Chest Tubes					Wound and Skin				
Care of					Reverse				
Assist with insertion and removal					Enteric				
THERAPY					Respiratory				
Insertion and maintenance of IV					Sterile Dressing Change				
Angiocaths					MISCELLANEOUS EQUIPMENT AND TECHNIQUES				
Intracaths					Hemovacs				
Hickman					Pleurovacs				
Discontinuance of IV Therapy					I & O (Fluid Balance)				
CVP Line and Dressing Change					Diabetic Insulin Pump				
Discontinuance of Subclavin					Diabetic Glucose Monitoring Device				
INFUSION PUMPS					Dressing Change				
IVAC					Wound Irrigation				

NAME: _____ SIGNATURE: _____ DATE: _____
 (PLEASE PRINT)

SKILLS	0	1	2	3	SKILLS	0	1	2	3
IMED					Ostomy Care				
IVAC Syringe					Air Fluidized Bed (Mediscus, Clinatron)				
Hanging and Maintaining blood and blood product					G.I. TUBES				
Assist with cut down					Kantor				
IV Meds - Mixing, Administration					Nasogastric				
Hyperalimentation and intralipids					Miller - Abbot				
Drawing Arterial Blood					Blakemore				
Drawing Venous Blood					T - Tube				
					Gastrostomy				
					Feeding Tubes				
G.U. TUBES					CARE OF SURGICAL PATIENT				
Foley Catheter					Thoracic Surgery				
GU Irrigation					Carotid Endarterectomy				
Suprapubic Tube					Craniotomy				
Nephrostomy					Gastrointestinal Surgery				
DIALYSIS					Abdominal Surgery				
Hemo					Renal Surgery				
Peritoneal					Vascular Surgery				
CARE OF MEDICAL PATIENT					ENT Surgery				
Oncology					Plastics				
Respiratory Disease (i.e. COPD, Asthma, Emphysema, CA of Lung)					GYN				
Liver Disease (i.e. Cirrhosis, Liver Failure)					Mastectomies				
Vascular Disease (i.e. Arteriosclerosis)					Spinal Surgery				
Endocrine Disease (i.e. CHF, Angina, MI)					Pulmonary Surgery				
Renal Disease					Tracheostomy				
Gastrointestinal Disease i.e. GI Bleed/Ulcers/Colon CA					Colonoscopy				
ENT Disease					Amputation				
DT's					NEURO/ORTHO EQUIPMENT				
Overdose					Circo-Electric Bed				
Burns					Roto Bed				

NAME: _____ SIGNATURE: _____ DATE: _____
(PLEASE PRINT)

SKILLS	0	1	2	3	SKILLS	0	1	2	3
Cardiac Respiratory Arrest					Stryker Frame				
Psychiatric Disorder					Trapeze				
Skin Breakdown file: Dicubitus ulcers, laceration)					Halo Traction				
Eating Disorders (i.e: Bulimia, Anorexia Nervosa)					Cervical Traction				
					Crutchfield Tongs				
					Bucks Traction				
					Skeletal Traction				
					Cast				
					Spika				
					Soft				
					Crutch Walking				
					Tens				
					Hoyer Lift				
					Neurological Evaluation				

Indicate any specialty in which you have training/experience.

Diabetic _____

ENT _____

Geriatrics _____

Burn _____

Psychiatric _____

M/S Unit _____

Telemetry _____

Neuro Unit _____

Oncology _____

Orthopedics _____

Rehabilitation _____

Urology _____

Charge _____

H.N./Supervisory _____

In-Service _____

Other _____

CERTIFICATION:

BCLS _____

ACLS _____

Others _____

Expiration Date: _____

Expiration Date: _____

Expiration Date: _____

NAME: _____

SIGNATURE: _____

DATE: _____

(PLEASE PRINT)