KING SALMAN ARMED FORCES HOSPITAL - NORTHWESTERN REGION
NURSING DEPARTMENT

REGISTERED NURSE SKILLS CHECKLIST
MEDICAL/SURGICAL/ORTHOPEDIC

PLEASE MARK LEVEL OF EXPERIENCE:

1	**=**	**NO EXPERIENCE**
2	**=**	**KNOWLEDGE**
3	**=**	**PERFORM INFREQUENTLY {WOULD REQUIRE SOME SUPERVISION}**
4	**=**	**ABLE TO PERFORM WITHOUT ANY SUPERVISION**

NURSING SKILLS CHECKLIST	1	2	3	4
MEDICAL/SURGICAL				
Assessment and care of patient with:				
• AIDS/ARC				
• Anemia				
• Hepatitis				
• Immuno compromised condition				
• Inpatient chemotherapy				
• Leukemia				
• Sickle cell disease				
PATIENT WITH CARDIOVASCULAR PROBLEMS				
• Cardiac monitors				
• Telemetry				
• Permanent pacemaker				
• Post acute MI 24-48hours				
• Post angioplasty				
• Post cardiac cath				
• Post cardiac surgery				
• Temporary pacemaker				
Defibrillation				
Performing basic rhythm strip measurements				
Recognizing Basic and Life threatening dysrhythmias				
Taking ECGs 12-lead				
Use of automatic BP cuffs (ie, Dinamap)				

NURSING SKILLS CHECKLIST	1	2	3	4
PATIENTS WITH ENDOCRINE PROBLEMS:				
Blood glucose monitoring:				
• Use of blood glucose meter device				
Care of patient with:				
• Diabetes mellitus				
• Thyroidectomy				
Insulin Administration				
PATIENTS WITH GASTROINTESTINAL PROBLEMS				
Administration of tube feedings via flexible tubes:				
• By feeding pump				
• By gravity infusion				
Assisting with liver biopsy:				
Bowel prep:				
• Enemas				
Preparation for patient for endoscopy/ERCP				
Removal of anal packs				
Colostomy care:				
Inserting nasogastric tubes				
Jejunostomy, gastrostomy, Colostomy tubes				
Nasogastric tubes (ie, Salem Sump, Levine)				
Wound dehiscence				
PATIENTS WITH NEUROLOGIC PROBLEMS				
Assessing levels of consciousness				
Assisting with lumbar puncture				
Care of patient with:				
• CVA				
• Neuromuscular Disease				
• Seizures				
• Spinal cord injury – Fresh				
• Spinal cord injury – long term				
• Head Injury				
• Post-Craniotomy				
Glasgow coma scale				

NURSING SKILLS CHECKLIST	1	2	3	4
PATIENTS WITH RENAL/GU PROBLEMS				
Assessment and care of AV shunt/fistula				
Care of patient with:				
• Ideal conduit/other urinary diversion surgery				
• Nephrectomy				
• Renal surgery				
• Renal failure				
• Renal stones				
Irrigations				
• Continuous				
• Intermittent				
Dialysis				
• Peritoneal				
Pre/Post transplant care				
PULMONARY				
Administration of oxygen via nasal cannula/ mask				
Bronchodilator Administration:				
Care of patients with:				
• Chest tubes				
• COPD				
• Pre/Post thoracic surgery				
• Pulmonary embolism				
• Tuberculosis				
Assisting with:				
• Intubation				
Suctioning oro/pharyngeal/ETT				
ADDITIONAL SKILLS				
Application and Assessment of restraints				
• Extremity				
• Vests				
Care of Patients with following:				
• ENT Diseases				
• ENT post-op				

NURSING SKILLS CHECKLIST	1	2	3	4
• Gyne Surgery				
• Plastic Surg				
• Opthalmic surgery				
• Maxillofacial surgery				
• Skin grafts – wire fixation				
Interpretation of Lab Work				
ORTHOPEDICS				
Assessment and care of patient with:-				
• Amputation				
• Arthroscopic surgery				
• Cast				
• Osteoporosis				
• Pinned fractures				
• Cervical traction				
• Rheumatic/arthritic disease				
• Fractured femur				
- Tibia and fibula				
- Pelvis				
- Humerus				
- Radius and ulna				
- Skull				
• Spinal Injury				
- Cervical				
- Thoracic				
- Lumbar				
• Total Hip replacement				
• Total knee replacement				
Continuous passive motion				
Traction – Skeletal				
Traction – Skin				
Stryker bed				
Use of assertive devices:				

NURSING SKILLS CHECKLIST	1	2	3	4
GENERAL SKILLS				
PAIN MANAGEMENT				
Assessment of pain level/tolerance				
Care of patient with:				
• Epidural anesthesia/analgesia				
IV Insertion				
Venepuncture				
IV Administration:				
• Medication				
• TPN				
• Blood				
• Chemotherapy				
Fever Management				
CVP Line measurement				
Isolation Precautions				
Computer skills				

CERTIFICATION	YES	NO	EXPIRY DATE
BLS			
ACLS			
NRP			
PALS			
IV THERAPY			

The information I have given is true and accurate.

_____   _____   _____

NAME (PLEASE PRINT)   SIGNATURE   DATE