

Emergency Room Skills Checklist

Level of Proficiency:

- 1. Can function independently**
- 2. Experienced but may need review**
- 3. Limited or no experience**

By accurately filling out this checklist, you will help us match your skills and interest with available assignments. Please select the button in the column that best describes your experience level with each skill.

NEUROLOGICAL	1	2	3	CARDIOVASCULAR (cont.)	1	2	3
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adenosine (Adenocard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced neuro assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amiodarone (Cordarone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glasgow coma scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digoxin (Lanoxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflex/motor deficits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diltiazem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual or communications deficits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dobutamine (Dobutex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of consciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Esmolol (Brevibloc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lasix (furosemide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with lumbar puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nitroglycerin (Tridil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased ICP management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nitropusside (Nipride)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thrombolytic therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulation of ICP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist with insertion and set up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arterial line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Intracranial pressure monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXPERIENCE IN SETTING UP TRAYS			
Care of Patient with :							
Basal skull fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thoracotomy Tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closed head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suture Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swan ganz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DTs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cut down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CVP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Externalized VP shunts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trach tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-Line Set up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuromuscular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RENAL/GENITOURINARY			
Overdose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment - Fluid balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpretation of lab results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal cord injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUN & Creatinine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decadron (Dexamethasone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment & procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dilantin (Phenytoin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insertion & care of straight and			
Mannitol (Osmitrol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foley catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solu-Medrol (Methylprednisolone- sodium succinate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Urine specimen collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORTHOPEDECS				Care of patient with:			
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acute renal failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circulation checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peritoneal lavage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WOUND MANAGEMENT/SURGICAL			
Assist with placement of cast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment & procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application of steristrips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cane/crutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist with staples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist with sutures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Culdocentesis tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up suture tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care of Patients with:				Staple removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ankle brace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suture removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ankle splint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tension pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WOMEN'S HEALTH			
Knee immobilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment - assist with pelvic exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinned fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrist splint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pelvic tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHLEBOTOMY / IV THERAPY				Rape kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INVASIVE PROCEDURES				Reporting acts of violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of the patient with:			
Administration of blood/blood products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abruption placenta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autotransfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cryoprecipitate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packed red blood cells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placenta previa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plasma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preeclampsia/eclampsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Precipitous delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with cutdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spontaneous abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing venous blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRAUMA/SHOCK			
Starting IVs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Champion trauma score	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butterfly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poison index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heparin Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Triage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central line/catheter/dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broviac/Hickman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air transport of trauma patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groshong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application of mast suit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PICC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portacath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Pericardiocentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of the patient with:			
PEDIATRICS				Bites, animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bites, human	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child abuse/recognition/reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bites, venomous snake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining consent to treat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bites, venomous spider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of Patient with:				Rule of nines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epiglottitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near drowning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Second degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overdose/poison ingestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central venous line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status asthmaticus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PA catheter/Swan-Ganz insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status epilepticus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PULMONARY				Cardioversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpretation of waveforms & values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breath sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate and work of breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CVP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation of lab results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arterial blood gasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic 12 lead interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airway management devices/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Third degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endotracheal tube/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dehydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal airway/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrocution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sputum specimen collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gunshot/stab wound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracheostomy/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous material exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion/stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with thoracentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypothermia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with extubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care of patient :				Radiation exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With chest tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anaphylactic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with set up & insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiogenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measuring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypovolemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurogenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measure peak flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining arterial blood gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic amputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arterial line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PAIN MANAGEMENT			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment of pain level/tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Femoral artery				Care of the patient with:			
Radial artery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epidural anesthesia/analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O ₂ therapy & medication delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Bag and mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IV conscious sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ET tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GASTROINTESTINAL			
External CPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/bowel sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluid Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal Cannula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpretation of blood chemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nebulizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable O ₂ tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement of nasogastric tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T - piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salem pump to suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trach collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saline lavage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulse oximetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Patient with:			
Trouble shooting high pressure alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble shooting low pressure alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bowel obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the patient with:				GI bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemopneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laryngospasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Antiemetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Antispasmodic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charcoal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary edema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ipecac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary embolism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENDOCRINE/METABOLIC			
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S/S diabetic coma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aminophylline (Theophylline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S/S insulin reaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bronkosol (Isoetharine hydrochloride)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Blood glucose monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epinephrine (Adrenalin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electronic measuring device Type:			
Isuprel (Isoproterenol hydrochloride)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Performing finger stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Care of Patient with:			
Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetic ketoacidosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terbutaline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIOVASCULAR				Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of Patient with:				Oral hypoglycemics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute MI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EENT			
Aneurysm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up fluorescent /Woods lamp exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myocarditis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application of eye patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auscultation (rate, rhythm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Doppler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Morgan lens irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart sounds/murmurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nasal packing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of contact lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACLS drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INFECTIOUS DISEASES			
Atropine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpretation of lab values- CBC, SMA 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bretylium (Bretylol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epinephrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fever management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lidocaine (Xylocaine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procainamide (Prosnestyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of a patient with AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sodium bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Other: _____

Name _____

Address _____

Date _____

Signature _____