

Medical / Surgical 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 PROBLEMS	1	2	3	ORTHOPEDECS (cont.)	1	2	3
Neurological assessment/Glasgow Coma scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skeletal traction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Balanced traction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total joint replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of hyperthermia blanket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable of aneurysm Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with lumbar puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amputations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of patients with:				Cast Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebrovascular accident (CVA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Able to perform range of motion exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal cord injury (Stable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use (CPM) machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closed head injury (Stable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment of AV fistula or graft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer•fs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Insertion of straight and foley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D.T. •fs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management of suprapubic catheters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management of three way foley with bladder irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of patients with:			
Tuberculosis with isolation precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acute renal failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre/Post thoracotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peritoneal dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post – Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI bleed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post – Renal transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myocardial infarction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ONCOLOGY			
Oncology patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Hickman Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administration of:			
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IV drip chemo therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IV push chemo therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intra peritoneal chemo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intra Arterial chemo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypothyroidism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GI/GU			
Hyperthyroidism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Naso-Gastric Tube:			
Decubitus ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug OD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stab wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foley insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gun shot wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suprapubic catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impending DT •fs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ileal conduit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peritoneal dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of patient with:			

Burns; 1 st , 2 nd and 3 rd degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple abdominal wounds & drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic/Arthritic disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care with feeding tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess for GI distress or bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sterile dressing changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile dressing charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bowel sounds assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatric illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TPN/PPN and Lipids administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurosurgical patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bowel Preps (for upper and lower dressings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.V Therapy							
Unit Dose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G-Tube /J-Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pass meds 5-10 patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site care and feedings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Push drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colostomy care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Additives and Piggybacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of patient with:			
Initiating I.V Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver cirrhosis/failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV dressing changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pancreatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infusions pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WOUNDS AND SURGICAL DRESSINGS			
Veni-puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment of wound healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation of medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wet to dry dressing changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push IV medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of air fluidized/low airloss beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidural Catheters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of pressure relief mattress/seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hanging blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Heparin locks

CVP lines and dressing changes

Administration of total Parenteral nutrition

ORTHOPEDECS

Assistance with devices (splints, braces, cast)

Cushion

Air occlusive dressings

Care patient with:

Decubitus ulcers

Venous stasis ulcers

Portable wound drainage system

Use of air fluidized/low airloss beds

Use of pressure relief mattress/seat

Cushion

Name _____

Address _____

Date _____

Signature _____