

PACU / Recovery 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.

CARDIOVASCULAR	1	2	3	VASCULAR SYSTEM	1	2	3
Placement of Patient on Cardiac Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start IV's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmia Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist with Central Line Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinus Rhythm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance of Central Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SVT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Draw Blood from Central Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st degree heart block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auto Infusion pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd degree heart block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Post-Op Abdominal Aortic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd degree heart block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aneurysm patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of the Hypovolemic Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Post-Op Vascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atrial Fibrillation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpret Serum Lab Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of Swan Ganz Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administration of Blood/Blood Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of CVP Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Doppler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care on an A Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location of Peripheral Pulses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiopulmonary Resuscitation/CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess Extremities for Color, Temp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.V MEDICATION ADMINISTRATION				Sensory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dopamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GASTROINTESTINAL SYSTEM			
Dobutamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/G Tube Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nipride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gastrostomy/Jejunostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lidocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aminophylline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enterostomy Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narcotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GENITOURINARY SYSTEM			
Administration of IV Sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrolyte Imbalance/Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meperidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nephrostomy/Suprapubic Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TURP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start IV's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GU Irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with Epidural Catheter Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foley catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess Epidural Anesthesia Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORTHOPEDIC SYSTEM			
Assess Spinal Anesthesia Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cast Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of PCA Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skeletal Traction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Pyxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continuous Passive Motion (CPM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC SYSTEM				Circulation Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Cardiac Monitors
- Automatic Blood Pressure Cuff
- Care of Patient with Pacemaker
- Swanz Ganz/pulmonay Artery Catheter
- Cardiac Arrest/CPR
- Defibrillation/Cardioversion
- Arrhythmia Analysis

AIRWAY MAINTENANCE

- Chin Lift
- Jaw thrust
- Insertion of Oral Airway
- Insertion of Nasal Airway
- Removal of Nasal or Oral Airway
- Use of Pulse Oximeter
- Assist with Intubation
- Assist with Extubation

PULMONARY SYSTEM

- Suctioning:
 - Oral
 - Nasal
 - Tracheal

- Care of Post-Op Total joint
- Replacement

Neurological System

- Care of Post-Op Craniotomy
- Administration of Steroids
- Administration of Anticonvulsant Meds
- Intracranial Pressure Monitoring
- Seizure Precaution
- Assess Level of Consciousness

EQUIPMENT USED

- O₂ Setup:
 - Cannulas
 - Face Tents
 - Mask:
 - Venti
 - Non-Rebreather
 - Aerosol

MISCELLANEOUS

- Post-Op Multiple Trauma
- Use of Warming Blankets
- Care of Hypothermic Patient

Osculate Lung Sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Reversal Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of Patients with:				Use of Anti-Emetic Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ETT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Patient with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NTT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Patient with Latex Allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Patient with Malignant Hyperthermia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Ambu Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Assist with Arterial Line Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Arterial Line D/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Draw Blood from Arterial Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Interpret ABG Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Name _____

Address _____

Date _____

Signature _____