

## Psychiatric 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.

Assessment	1	2	3	Equipment & Procedures (cont.)	1	2	3
Admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insertion and care of straight and Foley catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial nursing assessment and care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management of drug/alcohol detox symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management of assaultive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reassessment and care planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multi-disciplinary treatment team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Update	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O <sub>2</sub> therapy & medication delivery Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CARE OF THE PATIENT WITH:</b>				Bag and mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol dependency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	External CPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug dependency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electroconvulsive therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inhalers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nasal cannula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manic behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Portable O <sub>2</sub> tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med-Psych patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trach collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organic disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oro-naso-pharynx suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial hospital/intensive outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participation in milieu therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patient teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seclusion and restraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric emergency response team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric home health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rapid tranquilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restraints, application and Assessment of:			
<b>MEDICATIONS</b>				Ambulatory cuffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration of oral psychotropic Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full restraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heparin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrist restraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intramuscular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Telephonic crisis intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of extrapyramidal Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Therapeutic communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tube feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rectal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PHLEBOTOMY/IV THERAPY</b>			
Sub-q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administration of blood products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit dose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Packed red blood cells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Whole blood cells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Z-technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drawing blood from central line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Equipment &amp; Procedures</b>				Drawing venous blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active Participation in multi-disciplinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management of patient with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staffing				Hyperalimentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist physician in administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management of patient with IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
of electroconvulsive therapy				Staring IVs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with lumbar puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Angiocath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiopulmonary resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Butterfly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charge nurse experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heparin lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Behavioristic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Treatment/goal oriented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Electroconvulsive therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Group therapy leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_