

PROFILE

Name: _____

Date: _____ RN LVN

Total Years of Experience: _____

SELF ASSESSMENT

NA = Not Applicable.

1 = Unable.

2 = Needs supervision.

3 = Competent.

INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY FOR ALL PROCEDURES/EQUIPMENT IN THE LAST 12 MONTHS

	SELF ASSESS			
	NA	1	2	3
A. NEUROLOGICAL SYSTEM				
1. Perform advanced neuro assessment				
a. Cranial nerves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reflexes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Visual or communication deficits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Intracranial pressure monitoring care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Temperature regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ventriculostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Complication, recognition/treatment				
a. CSF leak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Herniation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. CARDIO VASCULAR SYSTEM				
1. Obtain 12 lead EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Arrhythmia recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Emergency drug therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Defibrillation/Cardioversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Titration of Vasoactive drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Assist with the insertion and care of:				
a. Arterial line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Swan-Ganz catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Balloon Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Central lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. CARE OF CARDIAC PATIENT				
1. Acute MI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Con. renal replacement therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PTCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Telemetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. TPA administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	SELF ASSESS			
	NA	1	2	3
8. Ventricular Assist Device (RVAD or LVAD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Heart patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Open chest procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. MAST suit/rotating tourniquets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Abdominal aortic aneurysm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Interpretation of Swan-Ganz reading:				
a. Cardiac output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. P.A. pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. PCWP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. RESPIRATORY SYSTEM				
1. Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pulmonary edema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Laryngospasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Obtain arterial blood gases from:				
a. Arterial line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Arterial puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Thoracic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Chest tube and drainage system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Thoracentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bronchoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ECMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ARDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Lung Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. VENTILATOR SETTINGS				
1. Intubation/extubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. IMV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PEEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assist-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Blowby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELF ASSESS

NA 1 2 3

- 7. Pressure support
- 8. High frequency jet ventilation
- 9. Pressure control
- 10. BI PAP
- 11. Troubleshooting
- 12. Suction.....

F. ETT CARE

- 1. Cuff pressures
- 2. Weaning

G. GASTRO INTESTINAL SYSTEM

- 1. Diagnostic/screening colonoscopy
- 2. Endoscopic retrograde cholangio pancreatography (ERCP).....
- 3. Flexible sigmoidoscopy
- 4. Liver biopsy.....
- 5. Percutaneous endoscopic gastronomy placement ...
- 6. Small bowel enteroscopy.....
- 7. Upper endoscopy

H. RENAL SYSTEM

- 1. Acute renal failure
- 2. Hemodialysis
- 3. Heal/conduit
- 4. Peritoneal dialysis.....

I. MISCELLANEOUS

- 1. Reverse isolation
- 2. Blood replacement therapy.....

SELF ASSESS

NA 1 2 3

- 3. Fluid replacement therapy

J. EMERGENCY DRUG THERAPY

- 1. Amiodarone
- 2. Adenocard.....
- 3. Dopamine
- 4. Doputamine
- 5. Nitroglycerin.....
- 6. Nipride.....
- 7. Pronestyl.....
- 8. Cardizem.....
- 9. Isuprel.....
- 10. Epinephrine.....
- 11. Levophed
- 12. Lidocaine
- 13. Thrombolytics.....
- 14. Dilantin
- 15. Phenobarbital.....
- 16. Mannitol
- 17. Bicarb
- 18. Neuromuscular blocking agents:
 - a. Anectine
 - b. Norcuron.....
 - c. Pavulon.....
 - d. Tracium.....
- 19. Pitressin

Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.

AGE SPECIFIC EXPERIENCE:

A. Newborn/Neonate (birth - 30 days)	D. Preschooler (3-5 years)	G. Young adults (18-39 years)
B. Infant (30 days - 1 year)	E. School age children (5-12 yrs)	H. Middle adults (39-64 years)
C. Toddler (1-3 years)	F. Adolescents (12-18 years)	I. Older adults (64+)

EXPERIENCE WITH AGE GROUPS:

Able to adapt care to incorporate normal growth and development.

	A	B	C	D	E	F	G	H	I
Able to adapt care to incorporate normal growth and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Can ensure a safe environment reflecting specific needs of various age groups.

Can ensure a safe environment reflecting specific needs of various age groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The information I have given is true and accurate to the best of my knowledge. I hereby authorize ProCare One Nurses to release this GI Lab RN Skills Validation to their Client facilities in relation to consideration of employment as a nurse with those facilities.

Signature: _____

Date: _____