

24/7 Staffing Solutions

LVN Skills Checklist

Licensed Vocational Nurse

Name: _____

Date: _____

Instructions:

For each of the following items, place an "X" in the appropriate box that best describes your level of experience.

- 1 = No Experience (never performed the task or skill)
- 2 = Limited Experience (performed the task or skill infrequently; needs practice)
- 3 = May Need Resource (performed the task or skill several times)
- 4 = Competent (performed the task or skill frequently; able to function well independently)

This form is to be completed at the time of hire and annually thereafter.

Patient Transfer and Procedures

1 2 3 4

Proper techniques in patient transfers i.e.

Bed to Bed, Bed to Chair Bed to Gurney

Nutritional Needs

Data collection on nutritional status

Calorie Count

Monitoring of Patient's NPO status

Monitoring of Patient's Receiving TPN

Care of Burn Patients

ON

Second Degree

Electrocution

Dressing Procedures

Debridement

Isolation Patients

Wound and Skin

Universal Precautions

Respiratory Diseases or Injuries

Care of Patients

a) Emphysema

b) Spontaneous Pneumothorax

c) Pneumothorax

d) Thoracentesis

e) Chest Tubes

f) Acute Respiratory Failure

g) Pulmonary Embolus

h) Pulmonary Edema

i) C.O.P.D. (acute and chronic)

Procedures /Equipments for Respiratory

Diseases

Assisting with Intubation

Assisting with Extubation

Tracheostomy Care

Care of Patients on Oxygen

Masks / Cannula's

Ambu Bag

Tracheostomy

Care of Patients on Ventilators

Cuff Care

Mouth Care

Suctioning

Pulse Oximetry

CO2 Monitoring Equipment

Care & Maintenance of Airway (Suctioning)

Oralpharyngeal

Nasaltracheal

Endotracheal

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Skin Problems

	1	2	3	4
Staging of Decubitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing Changes on Decubitus Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decubitus Prevention Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures

Use of chest Drainage Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisting with/setting up Bronch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPPB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nebulizer Set Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set up for CVP Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set up for PICC Line Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucose Monitoring (finger stick glucose testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care of Patients with Neurological Diseases /

Injuries

Glascaow Coma Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring Neuro Vital Signes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Head Injury Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CVS/TIA (acute and chronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unconscious Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiinal Cord Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurosurgical Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNS Infections: Encephalitis, Meningitis, Abscess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degenerative Diseases of Nervous system: Multiple sclerosis, Guillai-Barre Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of Patients with Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gastrointestinal Problems

GI Bleed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Woulds and Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

continued:

	1	2	3	4
Pre/Post OP GI Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep for Upper GI Series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients with Tube Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastric Lavage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flushing PEG Tubes with H2O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tubes / Drains

Jackson Pratt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T-tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemovac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cardiovascular Problems

Acute MI, CHF, Angina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Surgical Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telemetry Lead Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining I 2-lead EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiopulmonary Arrests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Venous Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subclavian Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care of Renal Patients

Acute and Chronic Renal Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre/Post OP Nephrectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peritoneal Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephrostomy Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of fluid & electrolyte problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Psychosocial

Utilizing language interpreters via telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting Procedures for abuse Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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continued:

1 2 3 4

- Assessing Need for Social Service
 Intervention in Home Care Post D/C
- Knowledge of Advance Directive i.e. What
 it is and how to make one

Oncology Diseases

- Administering Chemotherapy
- Colostomy

Miscellaneous

- Insertion of Urinary Catheters, Male
- Insertion of Urinary Catheters, Female
- Care Patient with Supra Pubic Catheter
- Use of continuous Infusion Pump
- Inserting IV's
- Set up for Cut Down's
- Venous Blood Draws

continued:

1 2 3 4

- Administration of Blood Products
- Bedside Set-up for Casting
- Bucks Traction
- Skeletal Traction
- Use of Doppler
- Vascular Surgical Patients
- Pre/Post OP Aneurysms (Ventricular/Aortic)
- Pre/post OP Femoral Popliteal Bypass
- Care of patient with Cardiac Infections
- Care of patients with Cardiac Valve Dz
- Use of Cardiac Monitor
- Recognizing Arrhythmias
- Overdose Patient

Indicate any specialty are in which you have training / experience

- POST PARTUM
- NURSERY
- MED/SURG
- TELEMETRY/DOU
- OTHER _____

Please check the types of unit(s) in which you hav eworked

- MED/SURG
- RESPIRATORY
- NEURO
- PSYCHIATRIC
- STEPDOWN

(continue next page)

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Indicate the following types of Cardiac Monitors you are familiar with and can operate without resource assistance i.e., you can operate independently.

- HEWLETT PACKARD
- LIFECARE
- MARQUETTE
- MENNEN
- NILON KODER
- SIEMENS
- SPACELAB
- OTHER _____

The information I have provided above is true and accurate to the best of my knowledge. In addition, I authorize 24/7 Staffing Solutions to release this checklist to client facilities where I may be employed.

Signature

Date

Reviewed by:

Signature

Title

Date