

24/7 Staffing Solutions

RN Skills Checklist

PACU

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.

Admission

1 2 3 4

- a) Initial Assessment
- b) Airway Management
- c) Proper Positioning
- d) Vital Signs
- e) Skin Color, Temp, Turgor
- f) Neurological Status

Assist with Insertion of:

1 2 3 4

- a) Pacemaker
- b) Pulmonary Artery Catheters
- c) Arterial Catheters
- d) Swan-Ganz Catheters
- e) Central Lines
- f) Epidural Catheters

Monitoring Recover at Patient From:

- a) General Anesthesia
- b) Regional Anesthesia
- c) Local Anesthesia

Drug Therapy

- a) Antiarrhythmics
- b) Vasoactive Drugs
- c) Reversal Agents
- d) Muscle Relaxants
- e) Inhalation Agent

Recognize Abnormal Breathing

- a) Assess Respiratory Rate, Rhythm, Depth Symmetry
- b) Labored, Dyspneic
- c) Obstructed
- d) Laryngospasm
- e) Insufficient Reversal

Monitor Lab Values

- a) CBC
- b) Electrolytes
- c) ABG

Care of Patient with Test Tube

- a) Setup Closed Drainage System
- b) Assess for proper function
- c) Measure Drainage
- d) Troubleshoot

Equipment

- a) Suction
- b) Cardiac Monitor
- c) BP Monitor
- d) Warmer
- e) Sequential Compression Device
- f) Pulse Oximeter
- g) Hyper/Hypothermia Blanket
- h) Blood Warmer

Cardiovascular

- a) Cardiac Monitoring
- b) Arrhythmia Interpretation
- c) Cardioversion and Defibrillation
- d) Hemodynamic Monitoring

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Discharge Physical Assessment

	1	2	3	4
a) Level of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Pupillary Reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Motor And Sensory Function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Muscle Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Hand Grasps, Head Lift, Leg Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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