

Registered Nurse Competency/ Skills Checklist

Please check the column that applies to you skill level:

- 0= No experience,
- 1= Need Direction (<6months experience) 2= Minimal assistance needed (<1 year experience)
- 3= Very Competent (>1 year experience)

| SKILLS | 3 | 2 | 1 | 0 | SKILLS | 3 | 2 | 1 | 0 |
|---------------------------------|---|---|---|---|------------------------------------------|---|---|---|---|
| NURSING ROLES | | | | | MEDICATION ADMINISTRATION | | | | |
| Charge Nurse | | | | | Narcotic control | | | | |
| Team Leader | | | | | Inulin Administration | | | | |
| PATIENT CARE DELIVERY | | | | | Skin Testing (intradermal injection) | | | | |
| Team Nursing | | | | | Procedure | | | | |
| Primary Nursing | | | | | Documentation | | | | |
| NURSING PROCESS SKILLS | | | | | Reading Results | | | | |
| Nursing History | | | | | Heparin Administration/ Lock | | | | |
| Physical Assessments | | | | | Patient Controlled Analgesia | | | | |
| Skin | | | | | Administration of Medications | | | | |
| Cardiovascular | | | | | Oral | | | | |
| Heart | | | | | IM | | | | |
| Peripheral Vascular System | | | | | Subcutaneous | | | | |
| Respiratory | | | | | Topical/ Medication Patches | | | | |
| Neurological | | | | | Еуе | | | | |
| Abdomen | | | | | Ear | | | | |
| Bowel | | | | | Nose | | | | |
| Bladder | | | | | Unit Dose Medication Administration | | | | |
| Musculoskeletal | | | | | Nebulizer/ Aerosol Medication Therapy | | | | |
| Psychosocial Status | | | | | INTRAVENOUS THERAPY | | | | |
| Fall Assessment | | | | | Venipuncture Site Care | | | | |
| Pain Assessment | | | | | Calculating and Monitoring Infusion Rate | | | | |
| Elder/ Domestic | | | | | Infusion Pumps | | | | |
| Patient Care Planning | | | | | PCA pumps | | | | |
| Nursing Intervention | | | | | Insulin pump | | | | |
| Patient Teaching | | | | | IV insertion | | | | |
| Evaluation of Patient Care | | | | | Heparin Locks/ Saline Locks | | | | |
| Discharge Instruction/ Planning | | | | | Angio Caths | | | | |
| Documentation of Care Plan | | | | | Scalp Vein | | | | |

Date: ____/___/____

Name: _____

| Registered Nurse Skills Checklist p. 2 | 3 | 2 | 1 | 0 | | 3 | 2 | 1 | 0 |
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| IV Push Medications | | | | | Application of Crutches | | | | |
| IV Piggyback Medications | | | | | Application of Knee Immobilizers | | | | |
| IV Add-Mixture/ Additives | | | | | Monitoring CVP | | | | |
| Blood/ Blood Products Administration | | | | | Care of Wound Drainage | | | | |
| Monitoring Blood/ Blood Products | | | | | Hemovac Suction Device | | | | |
| Lipids | | | | | Jackson Pratt Suction Device | | | | |
| TPN/PPN | | | | | Care of G-tube | | | | |
| Central Lines/ Intravascular Access Ports | | | | | Care of Penrose Drains | | | | |
| PICC lines | | | | | Care of NG tubes/ Feeding tubes | | | | |
| CHEMOTHERAPY | | | | | Care of Chest tubes/ Drainage system | | | | |
| Administration of Chemo meds | | | | | Care of Salem tubes | | | | |
| Precautions/ Teaching | | | | | Catheterization – male incontinence device | | | | |
| Mixing/ Preparation | | | | | Catheterization- foley insertion | | | | |
| Disposal | | | | | Catheterization- foley catheter care | | | | |
| Chemotherapy Certified | | | | | Catheterization- foley removal | | | | |
| NURSING PROCEDURES | | | | | Catheterization-straight catheter | | | | |
| Irrigations | | | | | Gastric suction | | | | |
| Eye | | | | | Electronic Thermometer | | | | |
| Ear | | | | | Range of Motion: Active and Passive | | | | |
| Foley | | | | | Seizure Precautions | | | | |
| Suprapubic | | | | | Peri-Care | | | | |
| Incision | | | | | Cast Care | | | | |
| NG tube | | | | | Skin Care in Traction | | | | |
| Ostomy | | | | | Incision Care | | | | |
| Insertion of NG feeding tube | | | | | AV Shunt Care | | | | |
| Hot Soaks | | | | | Bladder Irrigations | | | | |
| Ice Packs | | | | | Infection Control Precautions | | | | |
| Rectal Temperature | | | | | Standard Universal Precautions | | | | |
| Removal of fecal impaction | | | | | Reverse Isolation | | | | |
| Weighing patients | | | | | TB/ Airborne Precautions | | | | |
| Vital Signs | | | | | MRSA/ VRE Precautions | | | | |
| Application of Restraints | | | | | Urine, Sugar & Acetone | | | | |
| Application of Support Binders | | | | | Blood Glucose Monitoring | | | | |
| Application of Ace Wraps | | | | | Stool Hemocult | | | | |
| Application of Antimobolic Stocking | | | | | Gastric Hemocult | | | | |
| Application of Slings | | | | | Urine Specific Gravity | | | _ | |
| Application of Soft Cervical Collar | | | | | Oxygen Therapy Administration | | | | |
| Application of Rib Belts | | | | | Ambu bag | | | | |
| Application of Clavicle Brace | | | | | Bag & Mask | | | | |
| Application of Back Supports (Chairback, Jewett, Corsets) | | | | | BiPAP | | | | |

| Registered Nurse Skills Checklist pg. 3 | 3 | 2 | 1 | 0 | | 3 | 2 | 1 | 0 |
|------------------------------------------------------|---|----------|------------------|---|-----------------------------------|---|---|---|----------|
| Face Mask | | | | | Neuro Assessment | | | | |
| Nasal Cannula | | | | | Glascow Coma Scale | | | | |
| Tracheostomy Care | | | | | Seizure Precautions | | | | |
| IPPB Rx | | | | | Seizure Activity | | | | |
| Chest PT/ Breath Sounds | | | | | Mental Status/ LOC | | | | |
| Postural Drainage | | | | | Halo Traction | | | | |
| Specimen Collection | | | | | ASSISTING WITH BASIC PROCEDURES | | | | |
| Blood | | | | | Pelvic Exam | | | | |
| Central Line | | | | | Physical Exam | | | | |
| Venous Stick | | | | | Lumbar Puncture | | | | |
| Cultures | | | | | Thoracenthesis/ Paracenthesis | | | | |
| Sputum | | | | | Dressing Change | | | | |
| Urine | | | | | Staple/ Suture Removal | | | | |
| Clean Voided | | | | | Insertion of Central/ PA Catheter | | | | |
| 24-hour | | | | | Insertion of Arterial Line | | | | |
| Sterile (Straight Cath) | | | | | Discontinue Arterial Line | | | | |
| Swab Culture | | | | | Discontinue Central Lines | | | | |
| Gastric Analysis | | | | | Insertion of Chest Tubes | | | | |
| Abdominal Fluid | | | | | EQUIPMENT | | | | |
| Anaerobic Cultures | | | | | Hypothermia Blanket | | | | |
| Aerobic Cultures | | | | | Pressure Mattress | | | | |
| Wound Cultures | | | | | Restraints | | | | |
| Stool Cultures | | | | | Halo Apparatus | | | | |
| Suctioning | | | | | Traction | | | | |
| Oral/ Yankauer | | | | | Balance Traction | | | | |
| Oral- pharyngeal | | | | | Footboard | | | | |
| Nasal-pharyngeal | | | | | Foster/ Stryker Frame | | | | |
| Tracheostomy | | | | | Cir-O-Electric Bed | | | | |
| Wound/ Ostomy Care | | | | | Cradles | | | | |
| Colostomy care/ bag change | | | | | Intermittent Suction | | | | |
| lleostomy care/ bag change | | | | | Wall-Straight Suction | | | | |
| Irrigations | | | | | Portable O ₂ Suction | | | | |
| Pressure Ulcers | | | | | Straight Drainage | | | | |
| Staging | | 1 | | 1 | Oxygen Wall Panel/ Flowmeter | | | | |
| Care | | 1 | | 1 | Chest Tube Suction | | | | |
| Statis Ulcers | | 1 | | | Hoyer Lift | | | | |
| Sterile Dressing Change | | 1 | | | K-Pads | | | | \vdash |
| | | + | $\left \right $ | | | | | | \vdash |
| Steristrip Application | | <u> </u> | | | Nelson Bed | | | | - |
| Surgical Wounds with or without Drains Neuro Skills: | | | + | + | Pressure Relieving Beds | | | | <u> </u> |

| Registered Nurse Skills Checklist pg. 4 | 3 | 2 | 1 | 0 | | 3 | 2 | 1 | 0 |
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| Trans Nerve Stimulator | | | | | Neuro Surgery | | | | |
| Pyxis | | | | | Cranial Hemorrhage | | | | |
| Portable Vital Signs Monitor | | | | | AV Shunt Placement | | | | |
| Cardiac/ Tele Monitors | | | | | Multiple Sclerosis | | | | |
| Lead Placement | | | | | Encephalitis (Viral/ Infectious) | | | | |
| Arrhythmia Interpretation | | | | | CARDIAC | | | | |
| Blood Glucose Meters | | | | | Angina | | | | |
| Pulse Oxymetry | | | | | Aneurysm | | | | |
| Incentive Spirometer | | | | | Post MI | | | | |
| Emergency/ Crash Cart | | | | | Hypertensive Crisis | | | | |
| Ambu Bag (PPV) Mask/ Valve | | | | | Open Heart Surgery (Pre & Post Op Care) | | | | |
| HEPA Filters | | | | | CHF | | | | |
| PAIN MANAGEMENT | | | | | Cardiac Cath | | | | |
| Pain assessment using pain scales | | | | | Fem/ Pop Bypass | | | | |
| Epidural Analgesia | | | | | RENAL/ GI | | | | |
| IV Conscious Sedation | | | | | Chronic/ Acute Renal Failure | | | | |
| Patient controlled Analgesia (PCA) | | | | | Renal Calculi | | | | |
| Narcotic Agents | | | | | Renal Trauma | | | | |
| Non-narcotic agents | | | | | Nephrectomy | | | | |
| Non-pharmacological Measures | | | | | TURP | | | | |
| CARE OF PATIENTS | | | | | Radical Prostectomy | | | | |
| RESPIRATORY | | | | | Hemodialysis | | | | |
| COPD | | | | | Peritoneal Dialysis | | | | |
| ARDS | | | | | GI/ ABDOMINAL | | | | |
| Thoracic Surgery | | | | | Appendicitis | | | | |
| Asthma | | | | | GI Bleed | | | | |
| Inhalation Injuries | | | | | Pancreatitis | | | | |
| Pneumonia | | | | | Bowel Obstruction | | | | |
| Pneumothorax | | | | | Paralytic lleus | | | | |
| Tuberculosis | | | | | Liver Failure | | | | |
| Pulmonary Edema | | | | | Hepatitis | | | | |
| Pulmonary Embolism | | | | | Laparoscopic Abdominal Procedures | | | | |
| NEUROLOGY | | | | | Open Abdominal Procedures | | | | |
| CVA/ TIA | | | | | Post endoscopic procedures | | | | |
| Overdose | | | | | Pre & Post op patients | | | | |
| Head Injury/ Trauma | | | | 1 | ORTHOPEDIC | | | | |
| Neuro Injury/ Trauma | | İ | | 1 | Amputation | | | | |
| Spinal Cord Injury | | İ | | 1 | Arthroscopic Surgery | | | | |
| Paraplegia | | 1 | | 1 | Total Joint Replacement (Hips & Knees) | | | | |
| Quadriplegia | | | | | Cast Care | | | | |

| Registered Nurse Skills Checklist p. 5 | 3 | 2 | 1 | 0 | 3 | 2 | 1 | 0 |
|----------------------------------------|---|---|---|---|-------|---|---|---|
| Orthopedic Trauma | | | | | | | | |
| Skeletal Traction | | | | | | | | |
| Bucks Extension | | | | | | | | |
| Pin site Care | | | | | | | | |
| Laminectomy | | | | | | | | |
| Passive ROM Exercises | | | | | | | | |
| GYNECOLOGY | | | | | | | | |
| Mastectomy | | | | | | | | |
| Hysterectomy | | | | | | | | |
| Tubal Ligation | | | | | | | | |
| Ectopic pregnancy | | | | | | | | |
| Abdominoplasty | | | | | | | | |
| Reconstructive Breast Surgery | | | | | | | | |
| Thyroidectomy | | | | | | | | |
| Assist/ Preform GYN Exam/ PAP | | | | | | | | |
| Removal of Cysts | | | | | | | | |
| OTHER | | | | | | | | |
| Sickle Cell Anemia | | | | | | | | |
| Transfusion Reaction | | | | | | | | |
| Anaphylaxis | | | | | | | | |
| Septic Shock | | | | | | | | |
| Cancer patients | | | | | | | | |
| Infectious Diseases and Complications | | | | | | | | |
| HIV/AIDS | | | | | | | | |
| Shingles (Herpes) | | | | | | | | |
| Chicken pox | | | | | | | | |
| West Nile Virus | | | | | | | | |
| Lyme Disease | | | | | | | | |
| Terminally ill patients | | | | | | | | |
| Death & Dying | | | | | | | | |
| Suicide/ Homicide precautions | | | | | | | | |
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