# Supplemental //o Health Care ${ }^{*}$ 

## STAFFING SPECIALISTS <br> EMERGENCY DEPARTMENT SKI LLS CHECKLI ST

This self evaluation is for assessing your experience in specific clinical areas. This self evaluation will not be a determining factor in accepting your application to become an employee of Supplemental Health Care.
1 = No Experience $\quad 2$ = Limited Experience $\quad 3=$ Experienced $\quad 4=$ Highly Skilled

Indicate Pediatric and / or Adult Experience $\quad \mathbf{P}=$ Pediatric Experience $\quad \mathbf{A}=$ Adult Experience

| RESPI RATORY | 1 | 2 | 3 | 4 | P |  | A | NEUROLOGY | 1 | 2 | 3 | 4 | P | A |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Assessment of Breath Sounds |  |  |  |  |  |  |  | Neuro Assessment / Vital Signs |  |  |  |  |  |  |
| Administer O 2 ( $\mathrm{NC}, \mathrm{Mask}$ ) |  |  |  |  |  |  |  | Glasgow Coma Scale |  |  |  |  |  |  |
| Pulse Oximetry |  |  |  |  |  |  |  | Assist with Lumbar Puncture |  |  |  |  |  |  |
| Nebulizer Set-up |  |  |  |  |  |  |  | Identify Neuro Complications |  |  |  |  |  |  |
| Re-breather Mask |  |  |  |  |  |  |  | Seizure Precautions |  |  |  |  |  |  |
| Venturi Mask |  |  |  |  |  |  |  | Aneurysm Precautions |  |  |  |  |  |  |
| Ventilate with Ambu-bag |  |  |  |  |  |  |  | Care of Patient With: |  |  |  |  |  |  |
| Assist with Intubation |  |  |  |  |  |  |  | Open / Closed Head Injury |  |  |  |  |  |  |
| Rapid Sequence Induction |  |  |  |  |  |  |  | Acute CVA |  |  |  |  |  |  |
| Care of Intubated Patient |  |  |  |  |  |  |  | Acute Spinal Cord Injury |  |  |  |  |  |  |
| Suctioning |  |  |  |  |  |  |  | Increased ICP |  |  |  |  |  |  |
| Assist Needle Thoracostomy |  |  |  |  |  |  |  | Halo Traction / Cervical Tongs |  |  |  |  |  |  |
| Troubleshoot Ventilator Problems |  |  |  |  |  |  |  | CNS Infections |  |  |  |  |  |  |
| Draw Blood from Arterial Line |  |  |  |  |  |  |  | MUSCULOSKELETAL | 1 | 2 | 3 | 4 | P | A |
| Interpret Arterial Blood Gases |  |  |  |  |  |  |  | Immobilization \& Splinting |  |  |  |  |  |  |
| Assist with Emergency Trach |  |  |  |  |  |  |  | Ice Bag Application |  |  |  |  |  |  |
| Assist with Emergency Cric |  |  |  |  |  |  |  | Fit / Instruct Crutch Walking |  |  |  |  |  |  |
| Assist with Thoracentesis |  |  |  |  |  |  |  | Assist w/ Cast Application |  |  |  |  |  |  |
| Assist with Bronchoscopy |  |  |  |  |  |  |  | Cast Removal |  |  |  |  |  |  |
| Care of Patient With: |  |  |  |  |  |  |  | Assist w/ External Fixation Pins |  |  |  |  |  |  |
| Asthma |  |  |  |  |  |  |  | Assist w/ Nerve Blocks |  |  |  |  |  |  |
| Pulmonary Edema |  |  |  |  |  |  |  | Application \& Assistance: |  |  |  |  |  |  |
| Chest Injury |  |  |  |  |  |  |  | Ace Wraps |  |  |  |  |  |  |
| Chest Tubes / Pleurevac |  |  |  |  |  |  |  | Posterior Splint |  |  |  |  |  |  |
| Assess Resp Complications |  |  |  |  |  |  |  | Clavicle Strap |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Shoulder Immobilizer |  |  |  |  |  |  |
| GASTROI NTESTI NAL | 1 | 2 | 3 | 4 | P |  | A | Knee Immobilizer |  |  |  |  |  |  |
| Assess Abd \& Bowel Sounds |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Identification of Abnormalities |  |  |  |  |  |  |  | GENI TO-URI NARY | 1 | 2 | 3 | 4 | P | A |
| Insert / Maintain NG tubes |  |  |  |  |  |  |  | Insertion of Male Catheter |  |  |  |  |  |  |
| Insert / Maintain EWAL tube |  |  |  |  |  |  |  | Insertion of Female Catheter |  |  |  |  |  |  |
| Gastric Lavage |  |  |  |  |  |  |  | Setup / Assist with Vaginal Exams |  |  |  |  |  |  |
| NG Meds (ie:Activated Charcoal) |  |  |  |  |  |  |  | Assist with Sexual Assault Exams |  |  |  |  |  |  |
| Care of Patient With: |  |  |  |  |  |  |  | Evidence Collection / Documention |  |  |  |  |  |  |
| Drug Overdose / DTs |  |  |  |  |  |  |  | Knowledge of Procedure: |  |  |  |  |  |  |
| Gastrostomy / Jejunostomy Tube |  |  |  |  |  |  |  | Eval of Abd Pain |  |  |  |  |  |  |
| Gl Bleed |  |  |  |  |  |  |  | GYN History / Prenatal Assess |  |  |  |  |  |  |
| Acute Pancreatitis |  |  |  |  |  |  |  | Precipitous Delivery |  |  |  |  |  |  |
| Open Abd Wound / Incision |  |  |  |  |  |  |  | Spontaneous AB |  |  |  |  |  |  |
| Abdominal Aortic Aneurysm |  |  |  |  |  |  |  | Care of Newborn |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Assist with Suction Curettage |  |  |  |  |  |  |



| OTHER | 1 | 2 | $\mathbf{3}$ | 4 | P | A |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Isolation Techniques |  |  |  |  |  |  |
| Advance Directives |  |  |  |  |  |  |
| Postmortem Care |  |  |  |  |  |  |
| Emergency Pre-operative Prep |  |  |  |  |  |  |
| Triage Procedure |  |  |  |  |  |  |
| Aware of COBRA Legislation |  |  |  |  |  |  |
| Aware of Consent Procedures |  |  |  |  |  |  |
| Crisis Intervention |  |  |  |  |  |  |

OTHER
1234 PA
Care of Patient With:
Psychiatric Issues
Oncology
Chemotherapy
AIDS
Ketoacidosis
Bone Marrow Transplant
Liver Transplant

Age-Appropriate Nursing Care: Ability to adapt care to incorporate normal growth and development, adapt method and terminology of client instructions as it relates to the age and comprehension level of the client, and to ensure a safe environment - reflecting specific needs of the client and various age groups.

| AGE | 1 | 2 | 3 | 4 | AGE | 1 | 2 | 3 | 4 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Newborn (birth-30 days) |  |  |  |  | Adolescents (12-18 years) |  |  |  |  |
| Infant (30 days - 1 year) |  |  |  |  | Young Adults (18-39 years) |  |  |  |  |
| Toddler (1-3 years) |  |  |  |  | Middle Adults ( $39-64$ years) |  |  |  |  |
| Preschooler (3-5 years) |  |  |  |  | Older Adults (64+ years) |  |  |  |  |
| School Age (5-12 years) |  |  |  |  |  |  |  |  |  |

The information I have given is true and accurate to the best of my knowledge, and I hereby authorize Supplemental Health Care to release this Skills Checklist to staffing clients of Supplemental Health Care. Submit this skills self evaluation with your initial application. To be updated annually.

Applicant Signature
Date

Applicant Name \& Title (please print)

## Print

