CLINICAL SKILLS & OBSERVATION CHECKLIST

Employee: Please check Yes or No at time of hire and annually for **Adult** and/or **Pediatric** experience

RN Supervisor: Please date and initial after observation & demonstration

Please check the areas in which you have experience: _____ **RN** _____ **LPN**

Name: _________________________________ **Job Title:** _________ **Date:** ___________

Initial ____ **Annual**____

SKILL OR PROCEDURE	ADULTS		PEDIATRICS		RN INITIALS	
	YES	NO	YES	NO	INITIALS	DATE
ASSESSMENT:						
Breath sounds-Auscultation						
Before Suction						
After Suction						
Need for Aerosol						
Signs and Symptoms						
Respiratory Distress						
Side Effects of Medication						
Fluid Retention						
PROCEDURES:						
Oral Suction						
Nasopharyngeal Suction						
Deep Suction						
Tracheal Suction						
Closed Suction						
Care of suction equipment						
Performing mouth care						

SKILL OR PROCEDURE	ADULTS		PEDIATRICS		RN INITIALS	
	YES	NO	YES	NO	INITIALS	DATE
TRACH CARE:						
Clean Trach Site						
Change Trach Ties						
Change Neonatal/Pediatric Trach Tube						
Cleaning of inner Cannula						
Place of Trach Collar						
Manuel Resuscitation Device Application:						
Via ETT Trach						
Via Mouth						
SKIN CARE:						
Sterile Dressing Change						
Non-sterile Dressing Change						
Application of Skin Barriers						
Measurement and staging of wounds						
Wound Care Procedures and treatment options						
Sterile Dressing Change						
Emergency Protocol or Procedure:						
Knowledge of Individualized Plan						
MONITORING AND EQUIPMENT:						
Vital Signs						
Apical Pulse						
Brachial Pulse						
Use of Apnea/Bradycardia Monitor						
Oximetry						
Placement on Oxy Delivery Device/Trach Collar						

SKILL OR PROCEDURE	ADULTS		PEDIATRICS		RN INITIALS	
	YES	NO	YES	NO	INITIALS	DATE
Placement on Ventilator						
Calibrate Oxygen Level/Liter Flow						
Check Oxygen Tank Level						
Check Ventilator Setting						
IMV, CMV, CPAP						
PEEP, Pressure Support						
Pressure Units – High Pressure, Low Pres.						
Tidal Volume						
Systematic Troubleshooting of Ventilator						
Use of Incentive Spirometer						
RESPIRATORY						
Status infant/child						
Nebulizer Treatment						
Chest Physiotherapy						
Breath Sounds						
Rales						
Rhonchi						
Crackles						
Wheezing						
Assessing Resp. Diff						
Dyspnea						
Orthopnea						
Chenynne Stokes						
Writing Nursing/Progress Notes						
Utilizing the nursing process						
Prioritizing responsibilities						

SKILL OR PROCEDURE	ADULTS		PEDIATRICS		RN INITIALS	
	YES	NO	YES	NO	INITIALS	DATE
Humidity System:						
Check Water Level						
Check Temperature						
Filling Procedure						
Draining Water from Tubing						
Change Filter						
Cleaning of Humidity Bottles/Cascade						
Check Compressor Operation						
Check Compressor Unit Screen						
Assess Suction Machine Pressure						
Clean Suction Machine						
Clean Suction Catheters						
Clean corrugated Tubing						
Clean Manuel Resuscitation Device (Reservoir Bag & Associated Equipment)						
Clean Trach Collar						
Clean Trach Tubes						
Disposable						
Metal						
NEBULIZER MACHINE:						
Set Up						
Change Filter						
Clean						
MEDICATION ADMINISTRATION:						
Oral						
Sublingual/ Buccal						

SKILL OR PROCEDURE	ADULTS		PEDIATRICS		RN INITIALS	
	YES	NO	YES	NO	INITIALS	DATE
Intramuscular						
Subcutaneous						
Intradermal						
Intravenous						
Transdermal						
Ear/ Eye/ Nasal						
Nebulizer						
MAR Documentation						
Verbal Orders						
Transcribing/Verifying						
Medication Errors						
Documentation						
CENTRAL LINE:						
Vascular Access Ports (Porta Catheter)						
Hickman						
Picc Lines						
Quinton Catheter						
INTRAVENOUS THERAPY:						
Peripheral Line						
Dressing and Tubing Change						
Insertion of Catheter						
Flushing						
Site Check						
PULSE OXIMETER OPERATION						
BLOOD GLUSCOSE MONITOR						
Machine Calibrator						
High Control , Low Control						

SKILL OR PROCEDURE	ADULTS		PEDIATRICS		RN INITIALS	
	YES	NO	YES	NO	INITIALS	DATE
GASTROINTESTINAL:						
Assessing nutritional status						
Assessing Bowel Sounds						
Assessing elimination						
Feeding						
NG Tube Insertion						
NG/GT Tube insertion						
NG/GT/JT tube placement						
GT tube change/replacement						
Maintaining patency						
Feeding NG/GT/JT tube						
Feeding Pump (Set Up and Trouble Shoot)						
Bolus/ Gravity fluids						
H2O Flushes						
Meds NG/GT/JT tube						
Fecal disimpaction						
Enema SS/Fleets						
Suppositories						
Relieving gaseous distension						
Vent/NG/NGT/JT						
PATIENT EDUCATION						
Diet						
Bowel Habits						
GENITOURINARY						
Monitor intake and output						
Urinary Specimen						

SKILL OR PROCEDURE	ADULTS		PEDIATRICS		RN INITIALS	
	YES	NO	YES	NO	INITIALS DATE	
Straight Cath						
Foley Cath						
Condom Cath						
Urostomy						
Nephrostomy						
Foley Cath						
REHAB:						
ROM						
Bed to Chair Transfer						
ISOLATION:						
Universal Precaution						
Reverse/ Universal Precaution						
OTHER PROCEDURES/SKILLS						
Peritoneal Dialysis						
Shunt Care						
Medication Set-ups						
Dietary Teaching						
Range of Motion Exercises						
Transfers						
Hoyer Lifts						
ADL's						
Bathing the infant						
Bathing the child						
Positioning the infant						
Positioning the child						
Brushing the teeth						
Flossing the teeth						

SKILL OR PROCEDURE	**ADULTS**		**PEDIATRICS**		**RN INITIALS**	
	YES	**NO**	**YES**	**NO**	**INITIALS**	**DATE**
Teaching mouth care						
Performing mouth care						
Dressing the infant						
Dressing the child						
Changing the diaper						
Washing the hair						
EMERGENCY & BACK UP EQUIP.CHECKS						
Disaster Plan						
Fire Safety						
Emergency Procedure						

Comments:____

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Please read and agree to the statement below by marking the checkbox.

☐ * I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I authorized the agency to contact all sources to verify the information on this checklist. I understand that any falsification, misrepresentation or fraudulent information provided by me in connection with my application for employment is sufficient grounds for withdrawal of an employment offer or immediate discharge.

Name & Signature of RN Supervisor: _______________________________ Title: ______________________

Signature of Applicant:_________________________Date:____