FRONTIER HEALTH CARE SERVICES

Medical/Surgical Skills Checklist

*** Denotes required field**

This profile is used for by Medical/Surgical nurses with more than one year experience in their discipline and specialty. It will not be a determining factor for the Frontier Health Care Services program.

Please enter your full legal name as it appears on your Social Security Card.

First name*

Last name*

Social Security Number

Date

Email

Please indicate your level of experience

1. Theory, no practice
2. Intermittent experience
3. One – two years of experience
4. Two plus years of experience

A. CARDIOVASCULAR

1. Assessment

a. Auscultation (rate, rhythm)	1 ❑ 2 ❑ 3 ❑ 4 ❑
b. Blood pressure/non-invasive	1 ❑ 2 ❑ 3 ❑ 4 ❑
c. Doppler	1 ❑ 2 ❑ 3 ❑ 4 ❑
d. Heart sounds/murmurs	1 ❑ 2 ❑ 3 ❑ 4 ❑
e. Pulses/circulation	1 ❑ 2 ❑ 3 ❑ 4 ❑
2. Equipment & Procedures	1 ❑ 2 ❑ 3 ❑ 4 ❑
a. Telemetry	1 ❑ 2 ❑ 3 ❑ 4 ❑
(1) Basic 12 lead interpretation	1 ❑ 2 ❑ 3 ❑ 4 ❑
(2) Basic arrhythmia interpretation	1 ❑ 2 ❑ 3 ❑ 4 ❑
(3) Lead placement	1 ❑ 2 ❑ 3 ❑ 4 ❑
b. Pacemaker	1 ❑ 2 ❑ 3 ❑ 4 ❑
(1) Permanent	1 ❑ 2 ❑ 3 ❑ 4 ❑
(2) Temporary	1 ❑ 2 ❑ 3 ❑ 4 ❑
3. Care of the patient with:	
a. Abdominal aortic bypass	1 ❑ 2 ❑ 3 ❑ 4 ❑
b. Aneurysm	1 ❑ 2 ❑ 3 ❑ 4 ❑
c. Angina	1 ❑ 2 ❑ 3 ❑ 4 ❑
d. Cardiac arrest	1 ❑ 2 ❑ 3 ❑ 4 ❑
e. Cardiomyopathy	1 ❑ 2 ❑ 3 ❑ 4 ❑
f. Cariotid endarterectomy	1 ❑ 2 ❑ 3 ❑ 4 ❑
g. Congestive Heart failure (CHF)	1 ❑ 2 ❑ 3 ❑ 4 ❑
h. Femoral-popliteal bypass	1 ❑ 2 ❑ 3 ❑ 4 ❑
i. Myocarditis	1 ❑ 2 ❑ 3 ❑ 4 ❑
j. Post acute MI (24-48 hours)	1 ❑ 2 ❑ 3 ❑ 4 ❑

k. Post angioplasty 1 ❑ 2 ❑ 3 ❑ 4 ❑
l. Post cardiac cath 1 ❑ 2 ❑ 3 ❑ 4 ❑
m. Post cardiac surgery 1 ❑ 2 ❑ 3 ❑ 4 ❑
n. Thrombophlebitis 1 ❑ 2 ❑ 3 ❑ 4 ❑

4. Medications
a. Herparin drip 1 ❑ 2 ❑ 3 ❑ 4 ❑
b. Oral anticoagulant 1 ❑ 2 ❑ 3 ❑ 4 ❑
c. Oral & IVP antihypertensives 1 ❑ 2 ❑ 3 ❑ 4 ❑
d. Oral & topical nitrates 1 ❑ 2 ❑ 3 ❑ 4 ❑

B. PULMONARY

1. Assessment
a. Breath Sounds 1 ❑ 2 ❑ 3 ❑ 4 ❑
b. Rate and work of breathing 1 ❑ 2 ❑ 3 ❑ 4 ❑

2. Interpretation of lab results 1 ❑ 2 ❑ 3 ❑ 4 ❑
a. Blood Chemistry 1 ❑ 2 ❑ 3 ❑ 4 ❑
b. Blood gases 1 ❑ 2 ❑ 3 ❑ 4 ❑

3. Equipment & Procedures 1 ❑ 2 ❑ 3 ❑ 4 ❑
a. Airway management devices/suctioning 1 ❑ 2 ❑ 3 ❑ 4 ❑
(1) Endotracheal tube/suctioning 1 ❑ 2 ❑ 3 ❑ 4 ❑
(2) Nasal airway/suctioning 1 ❑ 2 ❑ 3 ❑ 4 ❑
(3) Oropharyngeal/suctioning 1 ❑ 2 ❑ 3 ❑ 4 ❑
(4) Sputum specimen collection 1 ❑ 2 ❑ 3 ❑ 4 ❑
(5) Tracheostomy/suctioning 1 ❑ 2 ❑ 3 ❑ 4 ❑
b. Assist with intubation 1 ❑ 2 ❑ 3 ❑ 4 ❑
c. Assist with thoracentesis 1 ❑ 2 ❑ 3 ❑ 4 ❑
d. Care of patient on a ventilator 1 ❑ 2 ❑ 3 ❑ 4 ❑
e. Care of patient with a chest tube 1 ❑ 2 ❑ 3 ❑ 4 ❑
(1) Assist with set-up & insertion 1 ❑ 2 ❑ 3 ❑ 4 ❑
(2) Measuring and emptying 1 ❑ 2 ❑ 3 ❑ 4 ❑
(3) Removal 1 ❑ 2 ❑ 3 ❑ 4 ❑
f. Chest physiotherapy 1 ❑ 2 ❑ 3 ❑ 4 ❑
g. Incentive spirometry 1 ❑ 2 ❑ 3 ❑ 4 ❑
h. O_2 therapy & medication delivery systems 1 ❑ 2 ❑ 3 ❑ 4 ❑
(1) Bag and mask 1 ❑ 2 ❑ 3 ❑ 4 ❑
(2) external CPAP 1 ❑ 2 ❑ 3 ❑ 4 ❑
(3) Face masks 1 ❑ 2 ❑ 3 ❑ 4 ❑
(4) Inhalers 1 ❑ 2 ❑ 3 ❑ 4 ❑
(5) Nasal cannula 1 ❑ 2 ❑ 3 ❑ 4 ❑
(6) Portable O_2 tank 1 ❑ 2 ❑ 3 ❑ 4 ❑
(7) Trach collar 1 ❑ 2 ❑ 3 ❑ 4 ❑
i. Oximetry 1 ❑ 2 ❑ 3 ❑ 4 ❑

4. Care of patient with:
a. Bronchoscopy 1 ❑ 2 ❑ 3 ❑ 4 ❑
b. COPD 1 ❑ 2 ❑ 3 ❑ 4 ❑
c. Fresh tracheostomy 1 ❑ 2 ❑ 3 ❑ 4 ❑
d. Lobectomy 1 ❑ 2 ❑ 3 ❑ 4 ❑
e. Pneumonectomy 1 ❑ 2 ❑ 3 ❑ 4 ❑
f. Pneumonia 1 ❑ 2 ❑ 3 ❑ 4 ❑
g. Pulmonary embolism 1 ❑ 2 ❑ 3 ❑ 4 ❑
h. Thoracotomy 1 ❑ 2 ❑ 3 ❑ 4 ❑
i. Tuberculosis 1 ❑ 2 ❑ 3 ❑ 4 ❑

C. NEUROLOGICAL

1. Assessment
   - a. Glasgow coma scale 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - b. Level of consciousness 1 ❑ 2 ❑ 3 ❑ 4 ❑
2. Equipment & Procedures
   - a. Assist with lumbar puncture 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - b. Use of hyper/hypothermia blanket 1 ❑ 2 ❑ 3 ❑ 4 ❑
3. Care of the patient with:
   - a. Aneurysm precautions 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - b. Basal skull fracture 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - c. Closed head injury 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - d. Coma 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - e. CVA 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - f. DTs 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - g. Encephalitis 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - h. Externalized VP shunts 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - i. Meningitis 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - j. Neuromuscular disease 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - k. Spinal cord injury 1 ❑ 2 ❑ 3 ❑ 4 ❑
4. Administration of anticonvulsants 1 ❑ 2 ❑ 3 ❑ 4 ❑

D. ORTHOPEDICS

1. Assessment
   - a. Circulation checks 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - b. Gait 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - c. Range of Motion 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - d. Skin 1 ❑ 2 ❑ 3 ❑ 4 ❑
2. Equipment & procedures
   - a. Continuous passive motion devices 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - b. Support devices 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (1) Cane 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (2) Cervical collar 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (3) Gait belt 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (4) Prosthetic 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (5) Sling 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (6) Transfer boards 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (7) Walker 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (8) Wheelchair 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - c. Traction 1 ❑ 2 ❑ 3 ❑ 4 ❑
3. Care of the patient with:
   - a. Amputation 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - b. Arthroscopic surgery 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - c. Cast 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - d. Osteoporosis 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - e. Pinned fractures 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - f. Rheumatic/arthritic disease 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - g. Total hip replacement 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - h. Total knee replacement 1 ❑ 2 ❑ 3 ❑ 4 ❑

E. GASTROINTESTINAL

1. Assessment
   - a. Abdominal/bowel sounds 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - b. Fluid balance 1 ❑ 2 ❑ 3 ❑ 4 ❑

c. Nutritional 1 ❑ 2 ❑ 3 ❑ 4 ❑
2. Interpretation of blood chemistry 1 ❑ 2 ❑ 3 ❑ 4 ❑
3. Equipment & Procedures
a. Administration of tube feeding 1 ❑ 2 ❑ 3 ❑ 4 ❑
(1) Feeding pump 1 ❑ 2 ❑ 3 ❑ 4 ❑
(2) Gravity feeding 1 ❑ 2 ❑ 3 ❑ 4 ❑
(3) Saline lavage 1 ❑ 2 ❑ 3 ❑ 4 ❑
b. Flexible feeding tube (i.e., Corpak, Dobhoff) 1 ❑ 2 ❑ 3 ❑ 4 ❑
c. Management of
(1) Gastrostomy tube 1 ❑ 2 ❑ 3 ❑ 4 ❑
(2) Jejuanostomy tube 1 ❑ 2 ❑ 3 ❑ 4 ❑
(3) T-tube 1 ❑ 2 ❑ 3 ❑ 4 ❑
d. Placement of nasogastric tube 1 ❑ 2 ❑ 3 ❑ 4 ❑
e. Salem sump to suction 1 ❑ 2 ❑ 3 ❑ 4 ❑
4. Care of the patient with:
a. Bowel obstruction 1 ❑ 2 ❑ 3 ❑ 4 ❑
b. Colostomy/ileostomy 1 ❑ 2 ❑ 3 ❑ 4 ❑
c. GI bleeding 1 ❑ 2 ❑ 3 ❑ 4 ❑
d. GI surgery 1 ❑ 2 ❑ 3 ❑ 4 ❑
e. Hepatitis 1 ❑ 2 ❑ 3 ❑ 4 ❑
f. Infammatory bowel disease 1 ❑ 2 ❑ 3 ❑ 4 ❑
g. Invasive diagnostic testing 1 ❑ 2 ❑ 3 ❑ 4 ❑
h. Liver failure 1 ❑ 2 ❑ 3 ❑ 4 ❑
i. Paralytic ileus 1 ❑ 2 ❑ 3 ❑ 4 ❑

F. RENAL/GENITOURINARY

1. Assessment
a. S/S diabetic coma 1 ❑ 2 ❑ 3 ❑ 4 ❑
b. S/S insulin 1 ❑ 2 ❑ 3 ❑ 4 ❑
2. Interpretation of lab results
a. BUN & creatinine 1 ❑ 2 ❑ 3 ❑ 4 ❑
b. Electrolytes 1 ❑ 2 ❑ 3 ❑ 4 ❑
3. Equipment & procedures
a. Insertion & care of straight and Foley catheter 1 ❑ 2 ❑ 3 ❑ 4 ❑
(1) Female 1 ❑ 2 ❑ 3 ❑ 4 ❑
(2) Male 1 ❑ 2 ❑ 3 ❑ 4 ❑
b. Catheter
(1) Three way foley 1 ❑ 2 ❑ 3 ❑ 4 ❑
(2) Supra-pubic 1 ❑ 2 ❑ 3 ❑ 4 ❑
c. Bladder irrigations 1 ❑ 2 ❑ 3 ❑ 4 ❑
(1) Continuous 1 ❑ 2 ❑ 3 ❑ 4 ❑
(2) Intermittent 1 ❑ 2 ❑ 3 ❑ 4 ❑
d. Specimen collection 1 ❑ 2 ❑ 3 ❑ 4 ❑
(1) Routine 1 ❑ 2 ❑ 3 ❑ 4 ❑
(2) 24 hour 1 ❑ 2 ❑ 3 ❑ 4 ❑
4. Care of the patient with:
a. Hemodialysis 1 ❑ 2 ❑ 3 ❑ 4 ❑
b. Nephrectomy 1 ❑ 2 ❑ 3 ❑ 4 ❑
c. Peritoneal dialysis 1 ❑ 2 ❑ 3 ❑ 4 ❑
d. Renal Failure 1 ❑ 2 ❑ 3 ❑ 4 ❑
e. Renal transplant 1 ❑ 2 ❑ 3 ❑ 4 ❑
f. TURP 1 ❑ 2 ❑ 3 ❑ 4 ❑

g. Urinary diversion/ileal conduit nephrostomy 1 ❑ 2 ❑ 3 ❑ 4 ❑
h. Urinary Tract Infection (UTI) 1 ❑ 2 ❑ 3 ❑ 4 ❑

G. ENDOCRINE/METABOLIC

1. Assessment
   a. S/S diabetic coma 1 ❑ 2 ❑ 3 ❑ 4 ❑
   b. S/S insulin reaction 1 ❑ 2 ❑ 3 ❑ 4 ❑
2. Equipment & Procedure
   a. Blood glucose monitoring 1 ❑ 2 ❑ 3 ❑ 4 ❑
      (1) Electronic measuring device: Type 1 ❑ 2 ❑ 3 ❑ 4 ❑
      (2) Performing finger stick 1 ❑ 2 ❑ 3 ❑ 4 ❑
      (3) Visual blood glucose strips 1 ❑ 2 ❑ 3 ❑ 4 ❑
   b. Indwelling insulin pump 1 ❑ 2 ❑ 3 ❑ 4 ❑
3. Care of the patient with:
   a. Diabetic mellitus 1 ❑ 2 ❑ 3 ❑ 4 ❑
   b. Disorders of adrenal gland (Addison's disease) 1 ❑ 2 ❑ 3 ❑ 4 ❑
   c. Disorders of pituitary gland (Diabetic insipidus) 1 ❑ 2 ❑ 3 ❑ 4 ❑
   d. Hyperthyroidism (Grave's Disease) 1 ❑ 2 ❑ 3 ❑ 4 ❑
   e. Hypothyroidism 1 ❑ 2 ❑ 3 ❑ 4 ❑
   f. Thyroidectomy 1 ❑ 2 ❑ 3 ❑ 4 ❑
4. Medications (Administrating & Teaching) 1 ❑ 2 ❑ 3 ❑ 4 ❑
   a. Insulin 1 ❑ 2 ❑ 3 ❑ 4 ❑
   b. Oral hypoglycemics 1 ❑ 2 ❑ 3 ❑ 4 ❑
   c. Steroids 1 ❑ 2 ❑ 3 ❑ 4 ❑
   d. Thyroid 1 ❑ 2 ❑ 3 ❑ 4 ❑

I. ONCOLOGY

1. Assessment
   a. Nutritional status 1 ❑ 2 ❑ 3 ❑ 4 ❑
   b. Pain Control 1 ❑ 2 ❑ 3 ❑ 4 ❑
2. Interpretation of lab results 1 ❑ 2 ❑ 3 ❑ 4 ❑
   a. Blood chemistry 1 ❑ 2 ❑ 3 ❑ 4 ❑
   b. Blood counts 1 ❑ 2 ❑ 3 ❑ 4 ❑
3. Equipment & Procedures
   a. Reverse isolation 1 ❑ 2 ❑ 3 ❑ 4 ❑
4. Care of the patient with:
   a. Bone marrow transplant 1 ❑ 2 ❑ 3 ❑ 4 ❑
   b. Fresh oncologic surgery 1 ❑ 2 ❑ 3 ❑ 4 ❑
   c. Inpatient chemotherapy 1 ❑ 2 ❑ 3 ❑ 4 ❑
   d. Inpatient hospice 1 ❑ 2 ❑ 3 ❑ 4 ❑
   e. Leukemia 1 ❑ 2 ❑ 3 ❑ 4 ❑
   f. Radiation implant 1 ❑ 2 ❑ 3 ❑ 4 ❑
5. Medication : Chemotherapy certification? ❑ YES ❑ NO

J. INFECTIOUS DISEASES

1. Interpretation of lab results
   a. Blood count 1 ❑ 2 ❑ 3 ❑ 4 ❑
2. Equipment & Procedures
   a. Fever management 1 ❑ 2 ❑ 3 ❑ 4 ❑
   b. Isolation 1 ❑ 2 ❑ 3 ❑ 4 ❑
3. Care of the patient with:
   a. AIDS 1 ❑ 2 ❑ 3 ❑ 4 ❑
   b. Hepatitis 1 ❑ 2 ❑ 3 ❑ 4 ❑
   c. Lyme disease 1 ❑ 2 ❑ 3 ❑ 4 ❑

K. PHLEBOTOMY / IV THERAPY

1. Equipment & Procedures
   - a. Administration of blood/blood products 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (1) Albumin 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (2) Cryoprecipate 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (3) Packed red blood cells 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (4) Plasma 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (5) Whole blood 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - c. Drawing blood from central line 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - d. Drawing venous blood 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - e. Starting Ivs 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (1) Angiocath 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (2) Butterfly 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (3) Herparin lock 1 ❑ 2 ❑ 3 ❑ 4 ❑
2. Care of the patient with:
   - a. Central line/cathter/dressing 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (1) Broviac 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (2) Groshong 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (3) Hickman 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (4) Portacath 1 ❑ 2 ❑ 3 ❑ 4 ❑
     - (5) Quinton 1 ❑ 2 ❑ 3 ❑ 4 ❑
   - b. Peripheral line dressing 1 ❑ 2 ❑ 3 ❑ 4 ❑

L. PAIN MANAGEMENT

1. Assessment of pain level/tolerance
2. Care of the patient with:
   - a. IV conscious sedation
   - b. Narcotic analgesia
   - c. Patient controlled analgesia (PCA pump)

AGE SPECIFIC PRACTICE CRITERIA

Please check the boxes below for e ach age group for which you have expertise in providing age-appropriate nursing care.

A. Newborn/Neonate (birth – 30 days)
B. Infant (30 days – 1 year)
C. Toddler 1 – 3 years)
D. Preschooler (3 – 5 years)
E. School age children (5 – 12 years)
F. Adolescents (12 – 18 years)
G. Young Adults (18 – 39 years)
H. Middle adults (39 – 64 years)
I. Older adults (64+)

EXPERIENCE WITH AGE GROUPS:

Able to adapt care to incorporate normal growth and development. 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level. 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑

Can ensure a safe environment reflecting needs of various age groups. 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑

My experience is primarily in: (Please indicate number of years)

❑ Medical _____year(s) ❑ Neurology _____year(s)

❑ Surgical _____year(s) ❑ Pediatrics _____year(s)

❑ Telemetry _____year(s) ❑ OB/GYN _____year(s)

❑ Orthopedics ____year(s) ❑ Psychiatry _____year(s)

❑ Oncology _____year(s) ❑ Rehabilitation _____year(s)

❑ Other (type) _____ _____ year(s)

Certification:

Please check the boxes and indicate the expiration date for each certificate that you have. If you know the exact date, please use the last date of the specific month(e.g., 08/31/2003)

❑ BCLS: Exp Date: _____(mm/dd/yyyy)

❑ Other (Type) Exp Date: _____(mm/dd/yyyy)

❑ Computerized charting system: Exp Date: _____(mm/dd/yyyy)

❑ Medication Administration system: Exp Date: _____(mm/dd/yyyy)

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

❑ * **I attest that the information I have given is true and accurate to the best of my knowledge and I am the individual completing this form. I hereby authorize the Company to release this Medical/Surgical Checklist to the Client Facilities in relation to consideration of employment as a Traveler with those facilities.**

Submit