Corporate Office
6305 Elysian Fields Ave, Suite 400
New Orleans, LA 70122
Phone: 504 283-3767 / 800 715-5553
Fax: 504 283-6004 / 866 283-6004

APPLICATION FOR EMPLOYMENT

Please fill out application in its entirety

Date ____________________
Date available _____________
Classification _____________

Name ____

Address ____

City _______________________________ State _________________ Zip ________________

Mailing Address (if different) ____

City _______________________________ State _________________ Zip ________________

Phone # ___________________________________ Pager # _______________________________

Alt Phone # _______________________________ E-Mail _______________________________

Social Security # ___________________________ Date of Birth _________________________

Citizenship _________________________________ Place of Birth ________________________

Education	Name and Address	Yr. Graduated	Type of Degree
Nursing/Tech School			
University/ Other			

Nursing Applicants only:

Specialty: 1) ____ Years Exp. _____________________

2) ____ Years Exp. _____________________

3) ____ Years Exp. _____________________

Critical Care Course ___________________________________ Date __________________________

Related Courses/Certification (i.e. Chemotherapy, EKG, Balloon, Pump, etc) _______________________

____

Physical, Respiratory & Occupational Therapists Applicants only:

Certified ________ Registered _______

Physical Therapist Applicants **ONLY**: Professional Certification/ Registration No. and Expiration Dates (PT)

____

Respiratory Therapist Applicants **ONLY**: What month and year did you pass Certification/ Registration exams?

____

Occupational Therapist Applicants **ONLY**: Professional Certification/ Registration No. and Expiration Dates (OT)

____

All applicants:

1) Professional License No. ________________ State ___________ Exp. _______________
2) Professional License No. ________________ State ___________ Exp. _______________
3) Professional License No. ________________ State ___________ Exp. _______________

Certification	Date Received	Expiration Date
CPR	_______________	________________
ACLS	_______________	________________
PALS/ NALS	_______________	________________
BCLS	_______________	________________

Additional specialty courses taken:

Course	Date
______________________________	__________________
______________________________	__________________
______________________________	__________________

List of additional education, skills, experience, or other relevant qualifications below: ______________________________

____

List any professional organizations of which you are a member: ____

____

Work History: ***most recent job first***

Hospital/ Facility____

Immediate Supervisor ____________________________ Supervisor's Shift __________________________

Address ______________________________________ Dept./Unit/ Floor ____________________________

City/ State/ Province/ Zip __________________________ Phone ( ) ________________________________

Position held ___________________________________ Date Employed: From ___________ To __________

Specialty ______________________________________ Charge Experience ____________________________

Number of Beds ________________________________ Reason for Leaving ___________________________

Type of Nursing (Primary, ect.) ____________________ Was this a travel assignment? Yes _____ No ______

Hospital/ Facility____

Immediate Supervisor ____________________________ Supervisor's Shift __________________________

Address ______________________________________ Dept./Unit/ Floor ____________________________

City/ State/ Province/ Zip __________________________ Phone ( ) ________________________________

Position held ___________________________________ Date Employed: From ___________ To __________

Specialty ______________________________________ Charge Experience ____________________________

Number of Beds ________________________________ Reason for Leaving ___________________________

Type of Nursing (Primary, ect.) ____________________ Was this a travel assignment? Yes _____ No ______

Hospital/ Facility____

Immediate Supervisor ____________________________ Supervisor's Shift __________________________

Address ______________________________________ Dept./Unit/ Floor ____________________________

City/ State/ Province/ Zip __________________________ Phone ( ) ________________________________

Position held ___________________________________ Date Employed: From ___________ To __________

Specialty ______________________________________ Charge Experience ____________________________

Number of Beds ________________________________ Reason for Leaving ___________________________

Type of Nursing (Primary, ect.) ____________________ Was this a travel assignment? Yes _____ No ______

Hospital/ Facility____

Immediate Supervisor ____________________________ Supervisor's Shift __________________________

Address ______________________________________ Dept./Unit/ Floor ____________________________

City/ State/ Province/ Zip __________________________ Phone ( ) ________________________________

Position held ___________________________________ Date Employed: From ___________ To __________

Specialty ______________________________________ Charge Experience ____________________________

Number of Beds ________________________________ Reason for Leaving ___________________________

Type of Nursing (Primary, ect.) ____________________ Was this a travel assignment? Yes _____ No ______

Are you elegible for rehire at all of your previous employment positions: Yes No

If no, please attach sheet with explanation.

Professional References: *Must be knowledgeable of or have supervised your work performance.*

Relation: __________________________ Name: ____________________________________ Phone: _________________

Address: _________________________________ City/ State/ Zip: ____

Relation: __________________________ Name: ____________________________________ Phone: _________________

Address: _________________________________ City/ State/ Zip: ____

Relation: __________________________ Name: ____________________________________ Phone: _________________

Address: _________________________________ City/ State/ Zip: ____

Referred to Medi-Lend by: ____

Have you ever been convicted of a crime? Yes No

If yes, please attach sheet with explanation.

Has your nursing license ever been suspended or under investigation? Yes No

If yes, please attach sheet with explanation.

Have you ever terminated from a travel assignment? Yes No

If yes, please attach sheet with explanation.

Have you ever broken a travel contract? Yes No

If yes, please attach sheet with explanation

In case of an emergency, notify:

Name ____

Address ____

City _________________________ State ____________ Zip ___________ Phone (____) _________________________

I verify that the above information is true and correct. Any falsification will be reported to the appropriate authorities, and will be the basis for termination of employment. I do hereby give on to all whom I have referenced to give a full accounting of my work performance and history. I do authorize the information of my previous, current and, future positions to be included in the agency's Quality Assurance Database and the use in QA activities. I understand that refusal by any party to provide said information may result in denial of offer of employment.

Signature ____ Date __________________

Medi-Lend Nursing Services, Inc.

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Fax: (504) 283-6004

MEDICAL HISTORY

Please fill out in its entirety.

____ Name

__________ Gender __________ Age

____/____/_____ DOB ____/____/_____ Date

1.) Have you had or presently have any of the following: (Please put a check on the line of any applicable item)

________ Epilepsy / Seizures ________ Frequent or Severe Headaches
________ Dizziness or Fainting Spells ________ Frequent Trouble Sleeping
________ Depression or Excessive Worry ________ Recent Gain / Loss in Weight
________ Ulcer of Stomach Trouble ________ Rupture
________ Eye / Vision Problems ________ Ear, Nose or, Throat Problems
________ Asthma or Chronic Sinusitis ________ Hay Fever
________ Shortness of Breath ________ Chronic or Frequent Colds
________ Tuberculosis ________ Chronic Cough
________ Rheumatic Fever ________ Chicken Pox
________ Hepatitis ________ Diphtheria
________ Jaundice ________ Venereal Disease
________ Arthritis or Rheumatism ________ Lameness
________ Cramps in Legs ________ Back Trouble
________ Heart Trouble ________ High or Low Blood Pressure
________ Appendicitis ________ Thyroid or Goiter Trouble
________ Kidney Trouble ________ Severe Tooth or Gum Trouble
________ Gall Bladder Trouble ________ Gall Stones
________ Allergies to Medication ________ Any reaction to Serum Drugs
________ Diabetes ________ Other: __________________

For Females Only:
Have you ever had or presently have any of the following:

__________ High Risk Pregnancy
__________ Menstrual Disturbances
__________ Menstrual Disorders
__________ Severe Menstrual Pain

2.) Have you ever been injured? _________ If so, explain. _______________________________________

____

3.) Have you had any operations in the past three years? _________ If so, explain. ____________________

____

4.) Are you presently taking any medication? _________ If so, explain. _____________________________

____

5.) Are you presently under any form of medical treatment? _________ If so, explain. ________________

____

6.) Approximate the number of days missed from work due to illness within the past three years. __________

_____________ For what type(s) of illness(es)? ____

I certify that the information above is true and complete to the best of my knowledge.

_______________________________________ Employee's Signature

______________________ Date

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PHYSICIAN'S STATEMENT

____ ___________ __________
Name Sex Age

____ ____/____/_____
Date of Examination Address

NORMAL	CLINICAL EVALUATION	ABNORMAL	DESCRIBE ABNORMALITIES
________	Head / Scalp, Face, Neck	__________	_______________________
________	Nose, Sinuses	__________	_______________________
________	Mouth, Throat	__________	_______________________
________	Ear (general), Drums	__________	_______________________
________	Eyes (general)	__________	_______________________
________	Lungs, Chests, Breast	__________	_______________________
________	Heart	__________	_______________________
________	Abdomen and Viscera	__________	_______________________
________	Upper Extremities	__________	_______________________
________	Lower Extremities	__________	_______________________
________	Spine	__________	_______________________
________	Skin Lymphatic	__________	_______________________
________	Neurologic	__________	_______________________

MEASUREMENTS AND OTHER FINDINGS

		Build:
Weight	Temperature	Slender
Height	Pulse	Medium
Eye Color	Blood Pressure	Heavy
Hair Color	Respiration	Obese

Chest X-Ray	date___/___/____	result________________
TB Skin Test	date___/___/____	result________________
*Rubella titer	date___/___/____	result________________
*Measles titer	date___/___/____	result________________
*Varicella titer	date___/___/____	result________________
*HAA	date___/___/____	result________________

*Required for those working in: Neo-natal, Nursery, Pediatric and Labor & Delivery environments.

The above named patient has been examined by me and found to be in good physical and mental health, free from any back problems, free from any communicable disease, and able to function as an RN / LPN at full capacity.

______________________________ ___________________
Physician's Signature Date

______________________________ ____________________
Physician's Name License #

______________________________ ____________________
Address Phone

"ERS" CLIENT ORDER FORM

PHONE: 504-366-5060
FAX: 504-366-0073

Medi-Lend Nursing Services, Inc.

Company Account #: L108 Contact: Erica Legaux
Telephone: 504-283-3767 FAX: 504-283-6004

Applicant

____
Last First Middle

Address

____
Street City State Zip

Social Security # ____________________________ Date of Birth ______/______/______

STANDARD REPORTS
(Use a separate form for each applicant. Refer to ERS Manual for complete report description)

_______ MVR Report State _______ Driver's License # ________________________

_______ Worker's Compensation State _______
_______ Civil History Report – Circle Type Simple (1) Expanded (2) Due Diligence (3)
_______ Education Verification
_______ Previous Employment
_______ Credit Report
_______ Social Security Search
_______ Federal Court Report – Circle Type Bankruptcy (1) Civil (2) Criminal (3)
_______ Criminal History Report – Circle Type Simple (1) Expanded (2) Due Diligence (3)
_______ Personal References
_______ Professional License Verification Profession ______________________________
State __________ License # ____________________

Indicate area(s) to be checked. If unmarked, ERS will use best judgment based on the application information provided.

City State Zip
Code

____
____
____
____
____
____
____
____

Fax Reports ( ) Yes ( ) No Call before faxing ( ) Yes ( ) No
Verbals ( ) Yes ( ) No Mail Hardcopy ( ) Yes ( ) No

PLEASE READ CAREFULLY

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

We truly welcome your application with *Medi-Lend Nursing Services*. We are proud that our success is the result of the quality and caliber of our employees. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence we require, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application or resume.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that *Medi-Lend Nursing Services* may now, or at any time while you are employed, administer a personality profile. This profile includes the following: verification of your education, previous employment history, credit history, criminal history record which may be in the files of any Federal, State, or local criminal justice agency in any state, motor vehicle records, worker's compensation from the Department of Labor and/or the Worker's Compensation Commission. *Medi-Lend Nursing Services* will also contact personal references, require that you provide a urine specimen to be tested for the presence of drugs or alcohol, and receive any and/or other information as deemed necessary to fulfill the job requirements. In conformance with the Americans Disabilities Act, I acknowledge by my signature ________________________ that I have been offered a position, contingent upon a satisfactory background investigation, and therefore, workers compensation information obtained from the Department of Labor and/or the Worker's Compensation Commission is hereby authorized. If blank, the obtaining of worker's compensation information is not authorized. The results of this verification process will be used to determine employment eligibility under *Medi-Lend Nursing Services* employment policies.

I authorize ***Employment Research Services***, and any of its agents designated by *Medi-Lend Nursing Services* Personnel, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representatives of *Medi-Lend Nursing Services*.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide *Employment Research Services* with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge *Medi-Lend Nursing Services*, our agent, *Employment Research Services*, and their associated to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

APPLICANT:

______________________________	______________________________
Name Printed: Last (Maiden), First	Social Security Number
______________________________	______________________________
Signature	Date
______________________________	______________________________
Address	Drivers License Number State
______________________________	______________________________
Date of Birth	Client Number

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JCAHO REQUIREMENTS

Hospital Specific

Infection Control
Hospital Safety
- Hazardous waste
- Internal disaster
- External disaster
- Fire safety

Electrical Safety
Body Mechanics
In-service: " Suspected Adverse Drug Reactions and Interactions"

Nursing Specific

Electrical Safety for Nurses
Use of Defibrillator, Cardiac Monitors
Suction Machines, IVAC Thermometer
The IMED PUMP, the Dinamap
The Pleur-evac
Oxygen Use in Nursing
- wall O_2
- tanks
- masks
- cannula
- tents, oxyhoods

I certify that the above stated JCAHO requirements were met through classroom attendance and pamphlet distribution for the period of _______________________, 20_____ through _________________, 20_____.

____

____

Trilby A. Barnes, RNC
President / CEO
Medi-Lend Nursing Services, Inc.
New Orleans, Louisiana

Employee signature

____
Employee Name (please print)

Medi-Lend Nursing Services, Inc.
6305 Elysian Fields Ave. Ste 400
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RECOMMENDATION SHEET

Name ___________________________________

Please print or type

Position held and unit worked ___________________________________

How long? ____

Would you allow this person to come back? ________________________

Knowledge of grief management _________________________________

Knowledge of Critical Care assessment ____________________________

Knowledge of unit equipment and monitors_________________________

IV Therapy skills ____

Ability to work with staff and physicians ___________________________

Ability to work independently and efficiently _______________________

Helpful to co-workers ____

Leadership ability ____

Neatness ____

Timeliness ____

Attitude ____

Excessive ill calls ____

Professionalism ____

Charge experience ____

Operative experience ____

Supervisory experience ____

Additional Comments: ____

____

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HEPATITIS B FORM

Name ____ Soc. Sec. # __________________________

I hereby certify that Medi-Lend Nursing Services, Inc. has informed me of the following and authorize for Medi-Lend Nursing Services to receive any and all of my medical, physical and lab information.

1. OSHA Guidelines regarding Hepatitis B Vaccinations
2. In-service on Blood-borne Pathogens Exposure control plan, including receipt and review of the following:
   A. All about Universal Precautions
   B. All about Infection Control
   C. All about Hazardous Materials
3. Information on Hepatitis B vaccination and where I can receive the vaccination.

Date _______/_______/_______ Signature ____

I hereby certify that the below checked statement is true of my status regarding Hepatitis B vaccinations:

__________ I understand that I may be at risk of acquiring Hepatitis B Virus (HBV) infections. I have been given the opportunity to receive the Hepatitis B Vaccination but have chosen to decline it at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring HBV infections through occupational exposure to blood or other potentially infectious materials. I also understand that if I may decide to receive the Hepatitis B Vaccination, Medi-Lend Nursing Services, Inc. will refer me to a proper source.

__________ Medi-Lend Nursing Services, Inc. has informed me of the location(s) where I can receive the Hepatitis B Vaccination series. I agree to have the vaccines and will provide Medi-Lend Nursing Services, Inc. with the dates and locations of each vaccination, which will be documented below.

Date **Location**

1. ______________________________
   ____

2. ______________________________
   ____

3. ______________________________
   ____

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JOB DESCRIPTION

TITLE:
Registered Nurse

DEFINITION:
The Medi-Lend Nursing Services, Inc. Registered Nurse is a highly qualified professional health care provider. The Nurse functions independently in making observations, nursing judgments and provides total patient care according to the nursing process and established standards of nursing practice.

QUALIFICATIONS:
- Current annual CPR.
- Current state R.N. License
- Per diem nurses: **A minimum of three (3) years recent post graduate experience in the area you wish to seek assignment**
- Contracted Nurses: **A minimum of five (5) years recent postgraduate work experience. A minimum of: 1) thirteen (13) weeks duration 2) Thirty-two (32) hours per week**
- Score at least **93%** on pharmacology and unit specific tests
- Annual physical including VDRL, TB exam, Measles, Mumps, Rubella, Rubeola, Vericella Titer, Hep B, HAA
- Certificate of continuing education in specialty areas
- Copies of all continuing classes taken within the past twenty-four (24) months
- ACLS, CCRN, NALS, PALS for related specialties, competency evaluation done annually
- JCAHO requirements, i.e. fire and safety, etc.
- Three (3) high quality references, (2) recommendations
- Graduate of an accredited school of nursing
- Citizen of the United States or show federally approved identification

DUTIES AND RESPONSIBILITIES:

- To provide nursing care which will meet the needs of the patient in compliance with the physician's orders and the established standards of nursing practice?
- Document pertinent observations and information related to the patient's clinical condition. Maintain effective communications regarding patient care.
- Maintain accurate records of nursing observations and care provided. Document patient response to medications and treatments.
- Provide leadership. Acts as a role model.
- Participates in team conferences.
- Assists the physician with procedures and treatments.
- Perform treatments and administers medications according to physicians orders and hospital policy.
- Initiates and/or participates in CPR and Codes when necessary.
- Maintain order, safety and strict control of narcotics
- Assists in planning and initiation of patient education.
- Attends and supports In-service Education Programs. Keeps abreast of current trends in nursing. Maintains skills and licensures.
- Performs related duties as assigned.
- Serves on Nursing Committee when requested.

I HAVE READ THE ABOVE JOB DESCRIPTION AND PLEDGE PERFORMANCE AS INDICATED.

____

MLNS ADMINISTRATION

____

APPLICANT

A Medi-Lend Nurse

The following policies are discussed with each nurse prior to commencement employment.

A Medi-Lend Nurse must meet all standards below

a. Graduate of an accredited school of nursing
b. Current professional license for the state of employment
c. A minimum of 2 years clinical experience in the last 2 years in the area in which one expects to work
d. Current CPR card
e. Excellent health
f. Satisfactory reference from last two employers
g. Citizen of the USA or show federally approved identification

Identification badge must be worn at all times

Nursing care assignments shall commensurate with qualifications

Nursing documentation reflects the policies and procedures of the Nursing Service/Unit/Department

Use the proper chain of command to refer all problems and/or questions while on duty

Nurses are instructed to report to the nursing office to sign in unless otherwise specified

Follow the dress code of client hospital (NO CLOGS!!)

PLEASE READ CAREFULLY

I certify that all of the above information is true to the best of knowledge. I understand that false or misleading information or omissions in this application shall result in ineligibility for employment and/or immediate dismissal. I authorize Medi-Lend Nursing Services, Inc., its agents, and employees to investigate all statements made in this application. Medi-Lend Nursing Services, Inc. also has the authority to contact former employers, educational institutions, licensing agencies, and any other institutions, persons or agencies. I hereby authorize Medi-Lend Nursing Services, Inc., its agents, and employees, and said herein before-identified organizations and persons to release any and all records, documents, and information pertaining to such inquiries. I further hereby release all of said parties from any liability or responsibility in connection therewith. I agree that my references and/or a copy of my application and other personal information may be disclosed to an authorized representative from a client hospital or institution of Medi-Lend Nursing Services, Inc. as required by JCAHO.

Title VII of the Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law prohibits discrimination on the basis of age with respect to certain individuals. Medi-Lend Nursing Services, Inc. is an equal opportunity employer.

I have read, understand, and willingly agree to the above statements and provisions.

APPLICANT:

______________________________	______________________________
Name Printed: Last (Maiden), First	Social Security Number
______________________________	______________________________
Signature	Date
______________________________	______________________________
Address	Drivers License Number State
______________________________	______________________________
Date of Birth	Client Number

Critical Care Skills Check List

A = Able to perform without any supervision
B = Perform infrequently (would require some supervision)
C = No Experience

	A	B	C
Cardiac:			
Perform 12-Lead EKG			
Interpretation of Arrhythmias			
Defibrillation			
Cardioversion			
Interpretation of the 12-Lead EKG			
Cardiac Monitors			
CPR			
Pacemaker Settings			
Pacemaker - Temporary			
Pacemaker - Permanent			
Rotating Tourniquets - Manual			
Rotating Tourniquets - Automatic			
Intra Aortic Balloon Pump			
Care of Patient With:			
Acute MI			
Cardiogenic Shock			
CHF			
Angioplasty			
Aneurysm			
Heart Transplant			
Valve Replacement			
CVP Readings			
A-Line (transducer set-up)			
Swan-Ganz (transducer set-up)			
Inpatient Cardiac Rehab			
Hemodynamic Monitoring			
Administration and Monitoring:			
Nifedepine			
Inderal			
Digoxin			
Vasopressor Infusion/Titration			
Atropine			
Sodium Bicarb			
Antiarythmia drugs			

	A	B	C
Ca Channel Blockers			
Nitroglycerin			
Respiratory:			
Chest Physical Therapy			
Assisting with Chest Tube Insertion			
Maintenance of Chest Tube			
Assessment of Lung Sounds			
Oxygen-Nasal Set-up			
Oxygen-Face Mask Set-up			
Oxygen-Vent Mask Set-up			
Oropharyngeal Suctioning			
Endotracheal Tubes			
Trach Care			
Establishment of Airway			
Use of Ambu Bag			
ET Intubation			
ET Extubation			
Use and Complications Of:			
Ventilator Settings			
PEEP			
CPAP			
IMV			
Weaning			
Drawing Blood:			
Mix Venous			
Arterial			
Venous			
Interpretation of ABG's			
Care of Patient With:			
COPD			
ARDS			
Tracheostomy			
Pulmonary Embolus			
Pulse Oximeter			
Organ Transplant			

CRITICAL CARE SKILLS CHECKLIST

	A	B	C
Drips:			
Lidocaine			
Pronestyl			
Bretylium			
Dopamine			
Neurology:			
Pre-Neuro Surgery			
Post-Neuro Surgery			
Assessment of Neuro Symptoms			
Seizure: Grand Mal			
Seizure: Petit Mal			
Assisting with Lumbar Puncture			
ICP Monitoring			
Crutchfield Tongs			
Halo Traction			
Stryker Frame			
Alternating Air Pressure Bed			
Care of Patient With:			
Spinal Cord Injury			
Neuro Trauma			
Overdose			
Post Craniotomy			
Administration and Monitoring:			
Decadron			
Dilantin			
Magnesium Sulfate			
Phenobarbital			
Valium			
Mannitol			
Vascular:			
Peripheral Pulses			

	A	B	C
Administration and Monitoring:			
Aminophylline			
Atropine			
Bronkosol			
Terbutaline			
CVP Readings			
Dehydration			
Fluid Overload			
Ultrasonic Doppler			
Care of Patient With:			
Femoral Popliteal Bypass			
Abdominal Aortic Aneurysm			
Endarterectomy			
General:			
Drawing Blood			
Venous			
Arterial			
IV Therapy: Establishment			
Maintenance			
Heparin Lock			
Intralipids			
Hyperalimentation			
Working Knowledge of Serum Lab Values			
Administration & Monitoring of Blood & Blood Products			
Infusion Pumps			
Hickman/Broviac Catheters			
Hemodialysis			
Peritoneal Dialysis			
AV Shunt			
Ability to chart within legal aspects of the law			
Charge Nurse Experience			

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Medi-Lend Nursing Services, Inc. to release this list to client health care facilities of Medi-Lend Nursing Services.

Name (Please Print) **Signature** **Date**

ICU/ Stepdown/ Telemetry Skills Checklist

A = Able to perform without any supervision
B = Perform infrequently (would require some supervision)
C = No Experience

	A	B	C
Precautions:			
Isolations:			
Regular			
Reverse			
Enteric			
Respiratory			
Skin and Wound			
Dressing Changes			
Universal			
Patients in Shock:			
Septic Shock			
Hypvolemic			
Cardiogenic			
Experience with having fresh M I			
Titrating Cariouvascular/ Vasoaction Drugs:			
Dopamine			
Dobutrex			
Isuprel			
Epinephrine			
Levophed			
Nipride			
Tridil			
Lidocaine			
Digitalis			
Transplants:			
Organ			
Bone Marrow			
Renal Problems:			
Care of atient in acute renal failure			
Care of patient on Hemodialysis			
Perform Peritoneal Dialysis			
Care of patient w/ Suprapbuic Catheter			

	A	B	C
Neurological Problems:			
Monitoring Neuro Vital Signs			
Monitoring Intracranial Pressures			
Seizure Precautions			
Aneurysm Precautions			
Patient w/ a Fresh Head Injury			
Patient w/ a Fresh CVA			
Patient w/ a Fresh Spinal Cord Injury			
Cardiovascular Problems:			
Obtaining 12 Lead EKG			
Arrhythmia Interpretation			
Analysis of Rhythm Strip			
Arrests- Initial Resuscitation			
CPR & Emergency Drug Therapy			
Defibrillation			
Preparation of Emergency Drugs			
Drug Calculations in:			
MCG KG MIN			
MG MIN			
MCG MIN			
Assisted w/ Insertion of Arterial Line			
Assisted w/ Insertion of Central Venous Line			
Obtaining Central Venous Pressure			
Assisted w/ Insertion of Swan Ganz Cath.			
Set up & changing of Swan Ganz Tubing			
Obtaining Cardiac Outputs			
Computation of Cardiac Outputs			
Obtaining Swan Ganz Readings			
Interpretation of Swan Ganz Readings			
P. A. Pressure			
Experience w/ use of Swan Ganz Cath.			

	A	B	C

ICU/ Stepdown/ Telemetry Skills Checklist

	A	B	C
Respiratory Problems:			
Assist w/ Intubation/ Extubation			
Obtaining Arterial Blood Gasses			
Interpreting Arterial Blood Gasses			
Performing Arterial Puncture for ABG's			
Patient on a Ventilator			
Patient on a CPAP-15			
Initiating CPT			
Patient in ARDS			
Patient w/ Pulmonary Edema			
Pulmonary Assessment of Patient:			
Intubated			
Extubated			
Patient after Thoracic Surgery			
Assisting w/ Chest Tube Insertion			
Use of Pleu-Evac Drainage System			
Set up Emerson Suction for Chest Tube Drainage			
Nasotracheal Suctioning			
Admin of Respiratory Nebulizing Tx.			
Miscellaneous:			
Operation of Vents – List Types			
1)			
2)			
3)			
Operation of Monitors – List Types			
1)			
2)			
3)			

	A	B	C
Operation of Roto-Rest Bed			
Patient in Orthopedic Traction			
Patient in Mast Trousers			
Patient on Isolation Precautions			
Regular			
Reverse			
Burn Patient Care			
Hypothermia Management			
Patients with Pacemaker:			
Assist with Insertion			
Permanent and/or Temporary			
Supervision:			
Charge Duties			
Preceptor			
Use of Computers			
Initiating IV's			
Transfusion of Blood & Blood Products			
Gastrointestinal Problems:			
Sengstaken- Blakemore Tubes			
Miller- Abbott Tubes			
Care of patient w/ multiple abdominal wounds & Drains			
Colostomy Care			
Care of Active GI Bleeder			

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Name (Please Print) **Signature** **Date**

Medical Surgical Skills Check List

A = Able to perform without any supervision
B = Perform infrequently (would require some supervision)
C = No Experience

	A	B	C
Care of Patient With:			
cancer (all phases)			
diabetes (all stages)			
periotoneal dialysis			
liver disease			
endocrine disease			
cardiovascular disease			
renal disease			
gastrointestinal disease			
respiratory disease			
vascular disease			
Hemodialysis			
thyroid crisis			
GI bleeds			
ENT disease/surgery			
D.T.'s			
overdose			
suicidal tendancies			
burns - major			
burns - minor			
skin breakdown			
skin disorders			
paraplegia			
quadraplegia			
throracis surgery			
pre/post cardiac angiogram			
craniotomy			
carotid endarterectomy			
GI surgery			
abdominal surgery			
vascular surgery			
renal surgery			

	A	B	C
plastic surgery			
GYN surgery			
mastectomy			
redium implants			
spinal surgeries			
pulmonary surgery			
tracheotomy			
bronchoscopy			
colonoscopy			
assist with liver biopsy			
assist with bone biopsy			
assist with spinal tap			
amputation			
ileostomy-ileal loop			
fistula			
Dehisence			
Assessment of abdomen			
Assessment of bowel sounds			
Assessment of lung sounds			
Chest Tubes:			
Maintenance			
assist with insertion			
assist with removal			
Assisting with intubation/extubation of E.T. tubes			
Chest physical therapy			
Changing and care of trach tube			
O2 Therapy;			
Face mask			
Nasal cannula			

MEDICAL SURGICAL SKILLS CHECKLIST

	A	B	C		A	B	C
Suctioning (oro-naso-pharynx				foley cathetar			
Tracheostomy:				3-way catheter			
cuffed				suprapubic catheter			
uncuffed				nephrostomy			
Drawing blood:				colostomy irrigation			
venous				ultrasonic doppler			
arterial				CPR			
Insertion of IV into lower extremeties				K-wires			
Assist with IV cut-down				cast care			
IV medications				spika casts			
mixing				body casts			
Intralipids/hyperalimentaion				halo traction			
Administration & monitoring of blood & blood products				Bucks traction			
Infusion pumps:				skeletal traction			
IVAC				crutch walking-teaching			
IMED				Hoyer lift			
IVAC syringe				**Administration of medication:**			
IV Therapy:				IV push			
Insertion				IV drip			
Maintenance				IM			
Hickman catheters				PO			
Heparin lock				rectal			
caring for IV infiltration				sub-Q			
discontinuing IV therapy				sublingual			
CVP line maintenance				topical			
CVP line dressing change				Z-track			
Assisting with insertion of CVP line				**Isolation techniques:**			
assisting with removal of CVP line				enteric			
Angiocaths				needle stick precautions			
Interactions				reverse			
Equipment and techniques:				respiratory			
diabetic insulin pump				strict			
diabetic glucose monitoring device				universal blood and secretions precautions			
ostomy care				Wound and skin			
pleurovacs				**Charge nurse experience**			
hemovac				**Charting with the legal aspects of law**			
wound irrigations				**Team leader experience**			
NG tube							

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Name (Please Print) **Signature** **Date**

Neurosurgery/Neurology Skills Checklist

A = Able to perform without any supervision
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	A	B	C
Charge Duties:			
Primary Care			
Team Nursing			
Research Nursing			
Teaching			
Medications:			
IV Additives & IVPB's			
Unit Dose			
Med Passes:			
1 - 10			
11 - 20			
Medication, Principles of Safe Admin.			
Wound Care:			
Decubitus			
Sterile Dressing Changes			
Isolation, regular			
Isolation, reverse			
Enteric Isolation			
Wound & Skin Isolation			
Universal Precautions			
IV Therapy:			
Initiating Line			
IV Infusion Pumps			
Other Nursing Skills:			
Cast Care			
Use of Computers			
Neuro Care:			
Intracranial Pressure Monitoring			
Seizure Precautions			
Mechanical Ventilation			
Neuro Assessment			

	A	B	C
Neuro Drains & Tubes			
Ventriculostomies			
Epidural			
Subdural			
Intrathecal			
Drainage Assessment			
Assist with Lumbar Puncture			
IV Administration:			
Digoxin			
Dilantin			
Decadron			
Valium			
Librium			
Lasix			
Nipride			
Dopamine			
Phenobarbitol			
Types of Traction:			
Halo			
Cervical			
Pelvic			
Balanced			
Drains:			
Jackson-Pratt			
Penrose			
Hemovac			
Blood Products & Services:			
Transfusion of Blood/ Blood Pruducts			
Heparin Locks			
Blood Drawing, arterial			
Blood Drawing, venous			

	A	B	C
Intralipid Administration:			
Chest Suction			
Gastric Suction			
Gastric Lavage			
Wound Irrigations			
CVP Lines			
Tracheostomy Care			
Patients with Impending DT's			
Nasogastric Tubes			
Catheters:			
Foley Insertion- Male			
Foley Insertion- Female			
3- Way Foley			
Suprapubic			

	A	B	C
Code Skills:			
CPR - Initial Resuscitation			
Cardiac Arrests- Admin			
Cardiac Meds/ Intubation			
Antiembolism Stockings			
Technique for Sterile Monitoring			
Cardiac Monitoring			
Equipment Used:			
Roto- Rest Bed			
Circo- Electric Bed			
Stryker Frame			
Hoyer Lift			

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Name (Please Print) **Signature** **Date**

Operating Room Skills Checklist

A = Able to perform without any supervision
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	A	B	C
Pre-Op Checklist			
Specific Teaching Related to Patient's Surgery			
Post-Op Care			
Consideration of Special Problems in:			
1) Transferring the Patient to the OR			
2) Transferring the Patient to & From the Operating Table			
3) Adequate Instrumentation			
4) Use of Special Supplies/ Equip.			
5) Dressing of all Wounds			
6) Skin Preparation			
7) Transferring the Patient to the RR			
Use of Operating Room Patient Care Plans			
Communication and Coord. of the Patient's unique needs to Others on the OR Team			
Experience with Formulating & Maintaining Doctor's Preference Cards			
Familiarity & Proficient in Following AORN Standards & Guidelines			
Sterilization and Asepsis			
Positioning and Draping			
Microbiology and Environment			
Sanitation			
Preparation of Supplies & Instruments			
Skin Cleansing & Antisepsis			
Pre-Op Shave			
Checking Chart for:			
1) Lab Work			
2) EKG/ Chest x-ray			
3) Consents			
4) Allergies			
Assisting Anesthetist			
Working Knowledge of:			

	A	B	C
Disposable Packs			
Disposable Gowns			
Proper Handling of Paper Wrappers			
Experience in Pre-Op Holding Area			
Scrubbing / Circulating (Please indicate your level of proficiency in scrubbing (S) & circulating (C) for each case in the appropriate space.)			
General Surgery			
Abdominal Perineal Resection			
Adrenalectomy			
Anal Fissurectomy			
Appendectomy			
Cholecystectomy			
Chollangiogram			
Circumcision			
Colectomy			
Colostomy			
Ileostomy			
Gastrectomy			
Hemorrhoidectomy			
Hepatic Resection			
Herniorhaphy - Femoral, Inguinal			
Hiatal Herniorrhaphy, Trans Abdominal			
Hydrocelectomy			
Imperforate Anus Reconstruction			
Lumber Sympathectomy			
Pancreatectomy/Pancreatogram			
Pilonidal Cystectomy			
Portal Caval Shunt			
Radical Mastectomy			
Saphenous Vein Ligation and Stripping			

OPERATING ROOM SKILLS CHECKLIST

	A	B	C
Splenectomy			
Thyroglossal Duct Cyst Excision			
Thyroidectomy			
Tracheotomy			
Vagotomy			
GYN			
Caesarian Section			
Colposcopy			
Colpotomy			
D & C			
Hysterectomy, Abdominal			
Hysterectomy, Vaginal			
Marsupialization Bartholin Cyst			
Marshall-Marchetti			
Radium Insertion			
Salpinoplasty			
Shirodkar Operation			
Suction Curettage			
Tubal Ligation			
Vaginectomy			
Vaginal Reconstruction			
Laparoscopy			
Hysteroscopy			
Perineal/ Vaginal/ Urethra/ Cervical			
Condyloma with Laser Treatment			
Laser Surgery			
1) CO2			
2) K.T.P.			
3) YAG			
Urological			
Cystectomy			
Hypospadius Repair			
Kidney Transplant			
Nephrectomy			
Orchiopexy			
Prostatectomy			

	A	B	C
Pyeloplasty			
T.U.R.P.			
Ureterolithotomy			
Vasovasostomy			
Orthopedic			
Minor Bone Procedures			
Amputations			
Application of Halo Traction			
Various Fracture Table Set-Ups			
Cast Application			
1) Body Cast - Child/ Adult			
2) Hip Spika - Child/ Adult			
Arthrotomy/ Arthoscopies			
Major Hip Nailing Procedures			
Lumbar Instrumentation			
Shoulder Reconstruction			
Spinal Fusion			
Tendon Transplants			
Total Knee Replacement			
Total Hip Replacement			
Hemiarthroplasty			
Ophthalmology			
Detached Retina			
Corneal Transplant			
Dacryocystectomy			
Dacryocystorhinostomy			
Enucleation			
Recession Resection			
Repair Orbital Blowout Fracture			
Phacoemulsifier Machine			
Video Camera			
Microscope			
Plastic			
Septoplasty			
Augmentation Mammoplasty			
Blepheroplasty			

OPERATING ROOM SKILLS CHECKLIST

	A	B	C
Cleft Lip/ Palate Repair			
Dermabrasion			
Mentoplasty			
Otoplasty			
Skin/ Flap Grafts			
Reduction Mammoplasty			
Rhinoplasty			
Scar Revisions			
Breast Reconstruction			
Oral			
Closed Reduction Facial Fractures/Wiring			
Teeth Extraction			
ENT			
Sinus Endoscopy			
Microlarygnscopy with CO2 Laser			
Microlaryngoscopy without CO2 Laser			
Caldwell-Luc			
Commando Procedure			
Ethymoidectomy			
Excision Salivary Gland Tumor			
Fenestration Procedure			
Glossectomy			
Laryngectomy			
Mastoidectomy			
Maxillary Advancement with Hip Graft			
Thoracic			
Chest Tube Set-Up-Type			

	A	B	C
Hiatal Hernia			
Pneumonectomy/ Lobectomy			
Sternal Splitting			
Thoracotomy			
Bronchoscopy			
Lung/ Wedge Resection			
Cardiovascular			
A-V shunts			
Aortic Aneurysm, Abdominal			
Aorta-Femoral Bypass, Graft Insertion			
Cardiac Valve Replacement			
Coronary Artery Bypass Graft			
Endarterectomy-Carotid/ Femoral			
Femoral-Popliteal Bypass			
External Temporary Pacemaker			
Internal Pacemaker Insertion			
Intra-Aortic Balloon Pump Catheter			
Patent Ductus Repair			
Pericardial Windows			
Porta-Systemic Shunt			
Repair of Septal Defects			
Thrombectomy			
Transplant Surgery			
Vena Cava Ligation			
Recovery Room/PACU			

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Name (Please Print) **Signature** **Date**

Pediatric Skills Checklist

A = Able to perform without any supervision
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	A	B	C
Chest physiotherapy			
Assessment of breath sounds			
Pediatric head to toe assessment			
Working knowledge of pediatric normal lab values			
Working knowledge of pediatric ABG's			
Suctioning (oro-naso-pharynx)			
Pulse Oximeter			
Insertion and maintainance of IV's			
IV meds mixing and administration			
Adminstration & monitoring of blood & blood products			
Infusion pumps			
Triple lumen catheter			
TPN and intralipids			
Administration of medication:			
IM			
IV drip			
IV push			
PO			
rectal			
subq			
topical			
Calculating pediatric dosage			
O2 Therapy:			
nasal cannula			
croup tent			
O2 analyzer			
vaporizer			
ventilation with ambu bag			
Chest tubes:			

	A	B	C
assist with insertion			
assist with removal			
maintenance of			
Child/ Infant CPR			
Tonsillectomy			
Cleft lip/ palate			
Pre/post op teaching			
Diabetic teaching			
Care of dying infant/ child			
Hemovac			
Pleuravac			
NG Tube			
Feeding Tube			
Specimen collection:			
application of collection bag			
diaper aspiration			
Intake & Output			
stool			
urine			
Care of Patient with:			
Aids			
abuse			
anemia			
broncho-pulmonary dysplasia			
croup			
cystic fibrosis			
dehydration			
emphysema/asthma			
epiglottitis			

PEDIATRIC SKILLS CHECKLIST

	A	B	C
fractures of extremities			
failure to thrive			
near drowning			
PDA ligation			
RDS			
pneumonia			
prematurity			
seizures			
spina bifida			
Weighing:			
infant			
toddler			
diapers			
Diabetic insulin pump			
Assessment of needs of parents			
Team leader experience			
Charting within the legal aspects of law			
Charge nurse experience			
Knowledge of Infectious Disease Precautions			

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Name (Please Print) **Signature** **Date**

Psychiatric Nursing Skills Checklist

A = Able to perform without any supervision
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C = No Experience

	0	1	2
CARE OF PATIENTS WITH:			
assaultive behavior			
chemical dependency			
desire to fraternize with staff			
ECT			
eating disorders			
hallucinations			
manic disorder-acute phase			
needs for limit setting			
rapid tranquilization			
restriction to isolation or seclusion			
seizure disorder			
severe anxiety			
Schizophrenia			
suicidal tendencies			
Care of patient with secondary medical problems			
cardiac and/or pulmonary arrest			
cardiac complications			
CHF			
foley catheter/catheter care			
Diabetes			
IV therapy-starts and maintainance			
tube feedings			
pulmonary edema			
Oro-Naso-Pharynx suctioning			
O2 therapy			
ostomy care			
tracheostomy care			
GENERAL			
Admission of psychiatric patient			
Active participation in multi-disciplinary treatment planning			
Active participation in Milieu Therapy			
Behavioristic Charting			

	0	1	2
Conducts or co-conducts group therapy sessions			
Continual reassessment of patient; updating care plan			
Initial nursing intake intervie, assessment and care plan			
Therapeutic communication skills			
iV THERAPY			
administration & monitoring of blood & blood products			
heparin locks			
hyperalimentaion-maintainance & precautions			
use of infusion pumps			
veni-puncture			
Restraints			
ambulatory cuffs			
full restraints			
waist restraints			
Administering medications:			
IM			
IM - Z - techniques			
IV			
PO			
rectal			
sub-Q			
Working knowledge of effective behavior modification techniques			
Assessing needs of elderly psychiatric patient			
Managing the patient with assaultive behavior			
Use of open and closed seclusion			
Active participation in family counselling			
Care of child psych patient			
Care of adolescent psych patient			
Care of adult psych patient			
Care of the rape victim			
Care of the borderline patient			
Discharge planning for patients			
Experience as team leader			

PSYCHIATRIC NURSING SKILLS CHECKLIST

	A	B	C
Participated as leader of assault team			
Working knowledge of medical model for psych nursing			
Working knowledge of effective crises intervention techniques.			
Administration & monitoring of the following medications:			
psychotropics			
anti-depressants			
MAO-inhibitors			
hypnotic/sedatives			
anti-convulsants			
cardiac medications			
diuretics			
Charge nurse experience			
Team leader experience			
Charting within the legal aspects of law			

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Name (Please Print) **Signature** **Date**

Emergency Room Skills Check List

A = Able to perform without any supervision
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	A	B	C
Care of Patient With:			
Cardiac Arrest			
Near Drowning			
CHF			
DKA			
Head Trauma			
Chest Trauma			
Abdominal Trauma			
Spinal Cord Injury			
CVA			
Chest Pain			
Gunshot Wounds			
Stab Wounds			
Internal Bleeding			
Minor Burns			
Major Burns			
Poisoning			
Seizures			
DT's			
Hematuria			
Overdose			
Hypoxia			
Bruises Indicating Abuse (Child or Adult)			
Hypothyroidism			
Hyperthyroidism			
Psychiatric Disorders			
GI Bleed			
Severe Pulmonary Edema			
Traumatic Amputations			
T.P.A.			
Fractures of Extremities			
Severe Vaginal Bleeding			
Premature Labor			
Asthma			
Hypovolemic Shock			
Hypothermia			
Wound Dehiscence			

	A	B	C
Rape			
Assessments/Intervention			
Neurological Assessment			
Cardiovascular Assessment			
CPR (Child/Adult)			
IV Therapy			
Starts & Maint. of Peripheral Lines			
Assist with Insertion of CVP Lines			
Admin. & Monitor Effects of IV Meds			
Admin. & Monitor Effects of Blood & Blood Products			
Admin. & Monitor Emergency Drugs			
Pulmonary Assessment			
Assist with Opening of Airway (i.e., tracheotomy)			
Assist with Insertion of Swan-Ganz Line			
Assist with Insertion of Chest Tubes			
Assist with Insertion of Temporary Pacemaker			
Chest Lead Placement to Connect Patient to Cardiac Monitor			
Interpretation of Arrhythmia's			
Working Knowledge of Antiarrythmic Drugs			
Performing 12-Lead EKG			
Interpretation of 12-Lead EKG			
Working Knowledge of Lab Values			
Including Cardiac Enzyme Levels			
02 Therapy			
Stabilization of Pulmonary Patient on Ventilator			
Ability to Set-Up and Assist in Minor Surgeries			
Ability to Draw ABG's & Other Blood Samples			
Venous/Arterial			
Working Knowledge of Interpretation of ABG's			
Aseptic Technique in Dressing any Type of Wound			
Assessing Emotional Needs of Patient & Family			
Knowledge of Infection Disease			
Precautions			
Oro-Nasal-Pharyngeal Suctioning			
Assisting with Cast Application			
Patient Teaching & Discharge Instructions			
Insertion of NG Tube			

EMERGENCY ROOM SKILLS CHECKLIST

	A	B	C		A	B	C
Insertion of Foley Catheter				Phenobarbital			
Insertion and Irrigation of 3-Way Foley				Decadron			
Removal of Sutures				Streptokinase			
Irrigation of Tubes				Epinephrine			
Application of Rotating Tourniquets				Atropine			
Use of Defibrillator				Aminophylline			
Pre/Post Assistance with Cardioversion				Xylocaine 1%			
Use of Mast Suit				Xylocaine-Epinephrine			
Administration & Monitoring of Following Meds:				Digoxin			
Lidocaine				Morphine Drip			
Dopamine				Ability to Triage			
Dextrose				Working Knowledge of Pediatric Conversions for Meds			
Bretylium				Charge Nurse Experience			
Nipride				Team Leader Experience			
Dobutamine (Dobutrex)				Charting Within the Legal Aspects of Law			
Pronestyl							
Nitroglycerine Drip							
Dilantin							
Mannitol							

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Name (Please Print) **Signature** **Date**

Labor & Delivery Skills Checklist

A = Able to perform without any supervision
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	A	B	C
Medication Administration:			
Interactions, Incompatibilities, Side effects			
Admin IN. SC Meds (narcotics, analgesics, anticonvulsants, insulin)			
Monitor IV Drips			
Oxytocin Induction, Augmentation			
Magnesium Sulfate Therapy & (other anticonvs. for pre-eclampsia/ eclampsia)			
Labor Supressants (e.g., Ritrodrine)			
Antibiotics			
Heparin			
Intervention During Delivery:			
Spontaneous Vaginal Delivery			
Forceps Vaginal Delivery			
Provide Care & Monitor after rupture of membranes (spontaneous/ artificial)			
Caesarean Section			
Labor Room Delivery			
Obstetric Anesthesia- monitor those requiring special surveillance			
General Anesthesia			
Regional Anesthesia			
Epidural			
Spinal			
Local Infiltration			
Intervention During Labor:			
Provide physical comfort measures			
Provide emotional support			
Support, Guide Labor Coach, P.R.N.			
Change Woman's Position, as needed			
Do a Perineal Prep			
Coach in Psychoprophylactic Breathing and Relaxing Technique			
Obstetric Techniques & Procedures:			
Stress Test (oxytocin challenge test)			
Conduct Fetal Activity Determinants			

	A	B	C
Adult (umbilical artery catheter)			
Infant (assist intubation & umbilical artery cath. Ins., mix resuscitation drugs, admin IM narcan)			
Assess & Document Progress of Labor			
Contraction Characteristics			
Changes in Woman's Behavior, Appearance			
Status of Membranes			
Assess & Document Fetal Status			
Determine Fetal Position			
Ausculate FHR (fetal heart rate) Using:			
Fetoscope			
Doptone (Doppler Ultrasound)			
Monitor Uterine Activity & FHR Patterns using a Fetal Monitor			
External Monitor (tocotransducer, ultrasound, phono or abdominal ECG transducer)			
Internal Monitor (including connecting the leads and calibrating machine)			
OB Techniques & Procedures Cont'd			
Identify FHR Patterns			
Variability Reactivity			
Decelerations – early, late, variable			
Tachycardia - Bradycardia			
Assess & Document Maternal Status:			
Vital Signs (BP, P) According to stage of labor & patient stability			
Deviations from the norm (edema, deep refleces, clonus)			
Intake & Output including testing urine for Glucose, Protein, Specific Gravity, Ketones			
Escort Patient to assist with:			
Pelvimetry			
Ultrasound Scan			
Postpartum Assessment:			
Fundus Consistency			
Lochia			
Bladder Distension			
Episiotomy			
Incision (for caesarean delivery)			

Perform Cardiopulmonary Resuscitation					Vital Signs			

Labor & Delivery Skills Checklist

	A	B	C			A	B	C
Provide Intrapartum Care to Women With:					**IV Therapy:**			
Pregnancy – Induced Hypertension					Start IV Lines			
Preeclampsia					Regulate IV''s			
Eclampsia (seizures)					Mix IV infusion using additives			
Placenta Previa					Discontinue Peripheral IV''s			
Abruption Placenta					Use IV infusion pumps			
Multiple Gestation					Use Heparin Locks			
Malpresentations					Institute/ Monitor Blood & Blood Products			
Premature Labor					Draw Blood for Lab Studies			
Diabetes Mellitus								
Cardiac Disease					**Postpartum Intervention:**			
Asthma					Initiate Fundal Massage, if needed			
Infectious Diseases					Provide Perineal Care			
Hemorrhage					Apply Ice to Perineum			
Pyelonephritis					Foster Parent-Infant Bonding			
Cystitis					Initiate Post-Anesthesia Recovery Precautions			
Sickle Cell Disease					Epidural			
Rh Incompatibilities					General			
					Spinal			
Immediate Care of Infant Post Birth:								
Assign Apgar Scores					**Aseptic Technique Relative to L & D:**			
Physically Examine Newborn (anomilies, respiratory status)					Set up a Delivery Table			
Suction Infant					Set up a Caesarean Section Table			
Weigh Infant					Circulate for Caesarean Section			
Identify Infant using Bracelet, Footprints & Mother's Bands					Scrub for a Caesarean Section			
Eye Prophylaxis					Circulate, Scrub for Postpartum Tubal Lig.			
Collect Cord Blood Samples					Assit w/ an AROM (artificial rupture of membranes) Procedure			
Transfer to Newborn Nursery					Assist w/ Placement of Fetal Scalp Electrodes for Internal Monitoring			
					Assist w/ Placement of an Intrauterine Pressure Catheter for Internal Monitoring			
					Assist w/ Fetal Scalp Blood Sample Procedure			
					Insert a Straight or Foley Catheter			
					Perform a Vaginal Exam and Assess Effacement, Dilation, Station & Presentation			

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Name (Please Print) **Signature** **Date**

Neonatal Intensive Care Skills Checklist

A = Able to perform without any supervision
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	A	B	C
General			
Gestational Assessment			
Physical Assessment			
Assessment of Heart Sounds			
Assessment of Lung Sounds			
TPR (Temp/Pulse/Resp)			
Blood Pressure			
Intra-Arterial Monitor			
Cardiac Monitor			
Transcutaneous Monitor			
Use of Various Ventilators			
Oxyhood			
Bag/Mask			
Infant CPR			
Ambubagging by Hand During Infant CPR			
Suctioning - Oral			
Suctioning - Nasal			
CPAP Application			
Humidification			
Chest PT/Neonatal Procedure			
Utilization of Bilimeter			
Phototherapy			
Infant Stimulation			
Infant Destimulation			

	A	B	C
Oral/Nipple Feeding			
OGT/Insertion and Feeding			
Continuous OGT Feed			
Intermittent OGT			
Breast Milk Collection/Storage			
Baby at Breast			
Drawing Blood Samples for ABG's			
Working Knowledge of Neonate Lab Values			
Documentation of all Infant Reactions			
Responses to any Therapy/Medication			
Administration and Monitoring of Blood &			
Blood Products			
Care of Infant With:			
Respiratory Distress Syndrome			
Chest Tubes			
Hypothermia			
Colostomy			
Ileostomy			
Prematurity			
Perforation Sepsis			
Vessel Occlussion			
Hemorrhage			
Patent Ductus Arteriosus			
Tetrology of Fallot			

NEONATAL INTENSIVE CARE SKILLS CHECKLIST

	A	B	C
Utilization of Radiant Warmers			
Utilization of Air-Shields			
Maintenance of Neutral-Thermal Environment			
Administration & Monitoring of Medications Given:			
Oral			
IM			
IV			
SP			
Initiating and Maintaining IV Therapy			
Use of Infusion Pumps			
Use of IVAC Control Pumps			
Use of IVAC Syringe			

	A	B	C
Tracheal-Esophageal Fistula			
AIDS			
Hyperthermia			
Knowledge of Infectious Disease			
Precautions			
Providing Family Teaching Regarding Infant's Treatment & Progress			
Assessment of Family Emotional Needs & Appropriate Intervention Needed			
Infant Death			
Assisting Family with Grieving Process			
Charting Within the Legal Aspects of Law			
Charge Nurse Experience			
Team Leader Experience			

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Name (Please Print) **Signature** **Date**

Newborn Nursery Skills Checklist

A = Able to perform without any supervision
B = Perform infrequently (would require some supervision)
C = No Experience

	A	B	C
Maintenance of Normal Temperature			
Obtaining Axillary Temperature			
Assessing Apical Pulse			
Use of Emergency Equipment for Infants			
Infant CPR			
Administration & Monitoring of Emergency Drugs			
Oxygen Hood			
Assessing Respiratory Rate			
O2 Administration/Management			
Suctioning			
Apnea Monitor			
Cardiac Monitor			
Oral Feeding			
Apgar Scoring			
Admission of newborn into Nursery:			
Intake & Output			
Color			
Activity			
Heart/Lung Assessment			
Gestational Age Assessment			
PKU			
Weighing and Measuring			
Circumcision Set-up/Observation/Documentation			
Preparation for Physical Exam by Physician			
Pulse Oximeters			
Isolation/Observation Nurseries			

	A	B	C
Bathing			
Cord Care			
Care of Infant With:			
Bililight			
Drug Withdrawal			
Prematurity			
Tetralogy of Fallot			
Down Syndrome			
Hydrocephalus			
Cleft Lip/Palate			
Phototherapy			
IV Starts and Maintenance			
Assisting with Umbilical Catheter Insertions			
Mother/Baby Care			
Patient Teaching (mother, father, etc.):			
Skin/Cord Care			
Warning Signs (ie-change in elimination or feeding pattern, fever)			
Bathing			
Phototherapy			
Apnea Monitoring			
Infant CPR			
Charting Within the Legal Aspects of the Law			
Charge Nurse Experience			
Team Leader Experience			

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Name (Please Print) **Signature** **Date**

Pediatric Intensive Care Skills Checklist

A = Able to perform without any supervision
B = Perform infrequently (would require some supervision)
C = No Experience

	A	B	C
General			
Apnea Monitor			
Cardiac Monitor			
Assessment of Breath Sounds			
Drawing Blood Samples:			
Capillary			
Arterial			
Venous			
Interpretation of ABG's			
Working Knowledge of General Ped Lab Values			
Chest Physiotherapy			
Chest Tubes:			
Assist with Insertion			
Maintenance of			
Assist with Removal			
Suctioning			
Oral			
Nasotracheal			
O2 Therapy			
Nasal Cannula			
O2 Analyzer			
Croup Tent			
Ventilation with Ambu Bag			
Vaporizer			
Ventilators			
Assist with Intubation			
Assist with Extubation			
Pulse Oximeter			
Insertion and Maintenance of IV's:			
Scalp Vein			
Intracath			
Hickman			
Heparin Lock			
Peripheral			
CVP Line			
Triple Lumen Catheter			

	A	B	C
Admin. & Monitoring of Blood & Blood Products			
IV Meds - Mixing & Administration			
TPN and Intralipids			
Infusion Pumps			
IVAC			
IMED			
IVAC Syringe			
Administration of Medication			
PO			
IM			
Sub-Q			
Rectal			
Topical			
Drops			
IV Push			
IV Drip			
Calculating Pediatric Dosage			
Equipment and Techniques			
Infant CPR			
Child CPR			
Hemovac			
Pleuravac			
Specimen Collection			
1) Intake & Output			
2) Urine			
3) Stool			
4) Diaper Aspiration			
5) Application of Collecting Bag			
Weighing			
1) Infant			
2) Toddler			
3) Diapers			
Ostomy Care			
Feeding Tubes			
Diabetic Glucose Monitoring Device			
Diabetic Insulin Pump			

PEDIATRIC INTENSIVE CARE SKILLS CHECKLIST

	A	B	C
Air-Fluidized Bed			
Cardiac Monitoring			
Preparation of Emergency Drugs			
Care of Patient With:			
PDA Ligation			
CHF			
DIC			
AIDS			
Pre/ Post Cardiac Surgery			
Respiratory Distress Syndrome			
Broncho-Pulmonary Dysplasia			
Croup			
Epiglottitis			
Emphysema/ Asthma			
Cystic Fibrosis			
Pneumonia			
Near Drowning			
Near SIDS			
Care of Orthopedic Devices			
Seizures			
Reye's Syndrome			
Meningitis			
V-P Shunt			
Hydrocephalus			
Spina Bifida			
Post-Harrington Rod Insertion			
Osteomyolitis			
Rheumatoid Arthritis			
Fractures of Extremeties			
Muscular Dystrophy			
Leukemia			
Post Bone Marrow Transplant			
Assist with Bone Marrow Aspiration			
Anemia			
Sickle Cell			
Hemophiliac			
Administration and Monitoring of:			

	A	B	C
Chemotherapeutic Agents			
Oncology - All Phases			
Tracheoesophageal Fistula			
Inguinal Hernia			
Necrotizing Entercolitis			
Crohn’s Disease			
Peritoneal Dialysis			
Ileal Conduit			
Wilm's Tumor			
Renal Failure			
Kidney Transplants			
Neurovascular Assessment			
Circulation Check			
LOC			
Fontanels			
Pupil Size and Response			
Head to Toe Assessment of Child/ Infant			
Use of Doppler for Blood Pressure			
Determining Blood Pressure by Palpation			
Interpretation of Normal Infant/Child Lab Values			
Pre/Post Cardiac Surgery Care			
Foley Catheter Insertion and Care			
Suprapubic Catheter Care			
Urine Testing			
1) S & A			
2) Specific Gravity			
3) Ph			
4) Glucose			
Assessment of Bowel Sounds & Abdominal Girth			
Use and Care of Tubes			
1) Nasogastric			
2) Gastrostomy			
3) Miller-Abbott			
4) Kantor			
5) Gavage Feeding			
Calculating Caloric Intake			
Calculating Dehydration			

PEDIATRIC INTENSIVE CARE SKILLS CHECKLIST

	A	B	C		A	B	C
Child Abuse				Use of Skeletal Traction			
Failure to Thrive				Use of Halo Traction			
Tonsillectomy				Diabetic Teaching			
Cleft Lip/ Palate				Administration & Monitoring of Aminophylline			
Liver Transplant				Dying Infant/ Child			
Heart Transplants				Charge Nurse Experience			
Pre/ Post Operative Assessment				Team Leader Experience			
Assessment of Head/ Neck Injury				Charting Within the Legal Aspects of Law			
				Knowledge of Infectious Disease			

NUMBER OF YEARS EXPERIENCE:

PICU _____________ PEDS _____________ NURSERY _____________

CERTIFICATIONS:

CPR ____________________ EXP DATE: _____________________

PALS ____________________ EXP DATE: _____________________

NALS ____________________ EXP DATE _____________________

OTHER __________________ EXP DATE ______________________

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Name (Please Print) **Signature** **Date**

Postpartum Skills Checklist

A = Able to perform without any supervision
B = Perform infrequently (would require some supervision)
C = No Experience

	A	B	C		A	B	C
Post Partum Assessment				Cord Care			
Vital Signs				Changing Diapers			
Breasts				Dressing and Wrapping Infant			
Fundus				Post Circumcision Care			
Abdominal Incision				Teaching Patient About Her Own Skin Care			
Perineum				Working Knowledge of Breast Engorgement			
Vaginal Bleeding				Prevention Methods			
Homan's Sign				Caring for Patient Giving Infant up for Adoption			
Bladder Distention				Caring for Patient with Critically Ill Infant			
Maternal Adjustment				Caring for the Grieving Post-Partum Patient			
Assessing I & O				Mother/ Baby Care			
Providing Ice/ Heat Lamp Treatment				Charge Nurse Experience			
IV Therapy - Starts and Maintenance				Team Leader Experience			
Assisting Patient with (including teaching)				Charting Within the Legal Aspects of Law			
Breast Feeding Infant				Knowledge of Infectious Disease			
Bottle Feeding Infant				Precautions			
Bathing Infant							

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Name (Please Print) **Signature** **Date**

Telemetry Skills Checklist

A = Able to perform without any supervision
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C = No Experience

	A	B	C
Receive patient **from** critical care			
Transfer of patient **to** critical care			
Assessment of heart sounds			
Assessment of lung sounds			
Assist with insertion of central line			
Maintenance of central line			
Post Cardiac Cath monitoring for bleeding/ circulation			
Care of Post-OP heart patients			
Chest incision care			
Set up and maintenance of chest tubes			
Pulmonary toiletry			
Administration of nebulizers			
Care of patient with tracheostomy			
Placement and maintenance of electrodes for cardiac telemetry			
Trouble shooting cardiac telemetry			
Interpretation of cardiac rhythm strip			
Care of patients with permanent pacemaker			
Care of patients with internal defib devis			
Use of Defibrillator			

	A	B	C
Administrative by IV Injection and/or Infusion of:			
Lidocaine			
Pronestyl			
NTG			
Isuprel			
Atropine			
Verapamil			
Renal dose Dopaimine			
Sodium Bicarb			
Interpretation of arrythmias			
Assist with cardioversion			
Assessment of arterial blood gas			
Assessment of electrolytes			
12 lead EKG			
Charge Nurse experience			
Charting within legal aspects of law			
Team leader experience			
Universal precautions			

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Name (Please Print) Signature Date