

INTERNATIONAL HEALTHCARE RECRUITERS
LONG TERM CARE
CLINICAL NURSING SKILLS SELF ASSESSMENT FORM

Name: _____ Date: _____

Please indicate level of skill and experience in all listed areas.

LEVELS OF PROFICIENCY: 0 = Never Done, 1 = Perform with Supervision, 2 = Perform Independently

	0	1	2		0	1	2
Medication Administration				Patients with Dermatological Problems			
IV Antibiotics				Wound Care:			
IV Additives				Dressing Changes			
Controlled Substance Count & Security				Irrigations			
Syringe Count				Use of Specialized Pressure Relief Devices			
Controlled Substance Administration				Pressure Relief Mattress/ Cushions			
Unit Dose				Low Airless beds			
Pouring From Stock Medications				Air Fluidized			
Ophthalmic				Prevention & Treatment of Dermal Ulcers			
Otic				Internal Causes (i.e. Poor Nutrition)			
Topical				External Causes (i.e. Pressure, Friction)			
Rectal				Patients with Respiratory Problems			
Vaginal				Inserting an Oral Airway			
IV Therapy				Care of Patient with Tracheotomy			
Inserting IV's				Chest Physiotherapy			
Mixing IV's				Incentive Spirometry			
Regulating IV's				Suctioning			
IV Infusion Pumps				Oral pharyngeal			
Discontinuing IV's				Tracheal			
Heparin Locks				Nasotracheal			
Infection Control				Oxygen Delivery Devices			
Universal Precautions				Collection of Sputum Specimens			
Enteric Precautions				Patients with Gastrointestinal Problems			
Hazardous Waste / Sharps Disposal				Syringe Feeding			
Aseptic Technique				Bowel Restraining			
Respiratory Precautions				Bowel Cleansing Procedures			
Genitourinary Precautions				Care of Patients with Ostomies			
Patients with Dermatological Problems				Collection of Stool Specimens			
Assessing Normal Skin Changes				Sitz Bath Treatments			
Identifying Common Skin Problems							

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Patients with Gastrointestinal Problems				Patients with Cardiovascular Problems			
Inserting NG Tubes				Care of Patient with Internal Pacemaker			
Inserting Gastrostomy Tubes				Pacemaker Check - Telecommunication			
Administration of Tube Feedings				Administering Oral Antiarrhythmics			
Gravity Infusion				Administering IM Antiarrhythmics			
Feeding Pump				Administering Oral Antiarrhythmics			
Other GI Tubes				Administering Oral Nitrates			
Jejunostomy				Administering Topical Nitrates			
Cecostomy				CPR			
Patients with Genitourinary Problems				Identify Life-Threatening Dysrhythmias			
Insertion of Catheter – Female				Identify Normal Dysrhythmias			
Insertion of Catheter – Male				Assess Peripheral Pulses			
Catheter – Suprapubic				Patients with Musculoskeletal Problems			
Bladder Retraining				Cast Care			
Incontinence Management				Circulation Checks			
Continuous Bladder Irrigation				Range-of-Motion Exercises			
Intermittent Bladder Irrigation				Use of Hoyer Lift			
Collect Urine Specimen				Application of Prosthetic Devices			
Collect Vaginal cultures				Application of Orthotic Devices			
Removal of Pessary				Neuromuscular Disease			
Care of Patient on Dialysis				Care of Patients with:			
Care of Patient with A-V Shunt				Total Joint Replacement			
Fistula Care				Amputation			
Ileal Conduit				Arthritic / Rheumatic Disease			
Nephrostomy Tube				Transfer Techniques			
Patients with Cardiovascular Problems				Gait Retraining			
Administering Oral Antihypertensives				Use of Assistive Devices			
Administering IV Antihypertensives							

LONG TERM CARE

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CLINICAL NURSING SKILLS SELF ASSESSMENT FORM, Pg.3

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Patients with Neurological Problems				Patients with Sensory Problems			
Care of Patients with:				Cataracts			
Hallucinations				Macular Degeneration			
Agitation				Blindness			
Combativeness				Hearing Loss			
Anxiousness				Hearing Aid Devices			
Suicidal Ideations				Care of Contact Lenses			
Wandering				Prosthetic Eye Care			
Assessing Levels of Consciousness				Denture Care			
Reality Orientation				Patients with Endocrine Problems			
Care of Patient with Stroke				Blood Glucose Monitoring:			
Seizure Precautions				Performing Fingersticks			
Suicide Precautions				Use of Blood Glucose Strips			
Administration of Anticonvulsants				Use of Blood Glucose Meter device			
OBRA Guidelines				Insulin Administration			
Resident Rights				Mixed Insulin			
Use of Restraints				Single Type			
Interdisciplinary Care Planning							
Use of Antipsychotic Medications							

I certify the above to be true and accurate.

Signed: _____ Date: _____