

INTERNATIONAL HEALTHCARE RECRUITERS

MEDICAL/SURGICAL NURSING 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
NURSING PROCESS				ISOLATION TECHNIQUES			
Nursing History				Respiratory			
Physical Assessment				Wound and Skin Care			
Nursing Care Plans				Strict			
Systems Charting				DIABETIC PATIENTS			
Discharge Planning / Referrals				Urine Testing Glucosan Monitoring			
Patient / Family Education				Insulin Therapy			
Functioned as Primary/Associate Nurse				SURGICAL PATIENTS			
MEDICATION ADMINISTRATION				Pre-operative Care			
P.O.				Post-operative Care			
I.M.				Dressings			
Subcutaneous				CARDIAC PATIENTS			
Second.Admin.IV Meds (Metrisef)				CPR			
Heparin Lock				Recording 12 Lead EKG			
IV Bolus				Apical Pulse			
PARENTAL THERAPY				CVP Measurement			
Intravenous Solutions				Rotating Tourniquets			
Infusion Pumps: Types				Defibrillator Testing			
				RESPIRATORY PATIENTS			
				Oxygen Therapy			
Blood / Blood Products				Suctioning Techniques:			
Blood Warmer				Naso – pharyngeal			
Hyperalimentation				Oto – pharyngeal			
Chemotherapy				Endotracheal			
Multi-Lumen Central Venous Catheter				Tracheostomy Care			
Right Atrial Catheter (Hickman/Broviac)				Mechanical Ventilation			
Infus-A-Port				Incentive Spirometry			
MED/ SURG PAGE 2	0	1	2		0	1	2

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SPECIAL NURSING PROCEDURES			RESPIRATORY PATIENTS (CONT'D.)			
"T" Tube			Pleurevac			
Nasogastric Tube			Insertion of Oral Airway			
Foley Catheter			Bag Valve Mask Device (Ambu Bag)			
Ostomy Care			INSERTION TECHNIQUES			
Decubitus Care			Nasogastric Tube			
Enteral Feedings			Foley Catheter:			
Seizure Precautions			Male			
Cast Care			Female			
Restraints			UTILIZATION OF SPECIAL DEVICES			
Traction			Clinitron Bed			
Cervical			Enteral Feeding Pump			
Pelvic			Gomco Suction			
Extremity			Hypothermia Blanket			
Pin Care			portable Oxygen Tank			
C.B.I. (Continuous Bladder Irrigation)			C.P.M. (Continuous Passive Motion)			
"J" Tube			Jackson – Pratt			
Cantor Tube			Hemovac			
ADDITIONAL SKILLS:						

I HEREBY CERTIFY THE ABOVE TO BE TRUE AND ACCURATE

SIGNATURE: _____ DATE: _____