

Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professionals.

Frequency	Experience
1 Observed Only or Never Done	1 No Experience
2 Rarely Done (<6 times/year)	2 Some Experience (Requires Assistance)
3 Occasionally Done (1-2 times/month)	3 Experienced (Performs without Assistance)
4 Frequently Done (daily or weekly)	4 Very Experienced (Performs Well)

Print Name

SS#

Date

General Skills	Frequency				Experience			
Use of Transfer/Lift Devices	1	2	3	4	1	2	3	4
Use of Restraints	1	2	3	4	1	2	3	4
Universal Precautions	1	2	3	4	1	2	3	4
Care of the patient in Isolation	1	2	3	4	1	2	3	4
Discharge Planning	1	2	3	4	1	2	3	4
Advanced Directives	1	2	3	4	1	2	3	4
Electronic Documentation	1	2	3	4	1	2	3	4
Electronic Medication Dispensing	1	2	3	4	1	2	3	4
Care of the patient receiving Chemotherapy	1	2	3	4	1	2	3	4
Interpretation and Communication of Lab Values	1	2	3	4	1	2	3	4
UR/Medicare Review	1	2	3	4	1	2	3	4
Patient/Family Teaching								
General Teaching Skills	1	2	3	4	1	2	3	4
Intermittent Catheterization	1	2	3	4	1	2	3	4
Bowel Programs	1	2	3	4	1	2	3	4
Skin Assessment	1	2	3	4	1	2	3	4
Diabetic Teaching	1	2	3	4	1	2	3	4



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Cardiac	Frequency	Experience
Assessment of Heart Sounds	1 2 3 4	1 2 3 4
Identification of Arrhythmias (rate/rhythm)	1 2 3 4	1 2 3 4
Holter Monitor	1 2 3 4	1 2 3 4
Pacemakers/ AID's	1 2 3 4	1 2 3 4
Cardiac Arrest/ CPR	1 2 3 4	1 2 3 4
Use of Rapid Response Teams	1 2 3 4	1 2 3 4
Care of Patient with:		
Hypertension	1 2 3 4	1 2 3 4
Pre/Post MI	1 2 3 4	1 2 3 4
CHF	1 2 3 4	1 2 3 4
Post Cardiac Surgery	1 2 3 4	1 2 3 4
Fluid & Electrolyte Imbalances	1 2 3 4	1 2 3 4
Medication Administration:		
Anticoagulants	1 2 3 4	1 2 3 4
Anti-arrhythmics	1 2 3 4	1 2 3 4
Beta blockers	1 2 3 4	1 2 3 4
Nitroglycerin	1 2 3 4	1 2 3 4
Diuretics	1 2 3 4	1 2 3 4

Respiratory	Frequency	Experience
Assessment/Auscultation of Lung Sounds	1 2 3 4	1 2 3 4
Establishing an Airway	1 2 3 4	1 2 3 4
Chest PT	1 2 3 4	1 2 3 4
Incentive Spirometry	1 2 3 4	1 2 3 4
Supplemental Oxygen (Cannula, Facemask)	1 2 3 4	1 2 3 4
Tracheostomy Care	1 2 3 4	1 2 3 4
Nasotracheal Suctioning	1 2 3 4	1 2 3 4
Mechanical Ventilation	1 2 3 4	1 2 3 4
Nebulizer Use	1 2 3 4	1 2 3 4
Care of Patient with:		
Chest Tubes	1 2 3 4	1 2 3 4
Pneumonia	1 2 3 4	1 2 3 4
Tuberculosis	1 2 3 4	1 2 3 4
Asthma	1 2 3 4	1 2 3 4
COPD	1 2 3 4	1 2 3 4
Emphysema	1 2 3 4	1 2 3 4
Use and Administration of:		
Bronchodilators	1 2 3 4	1 2 3 4
Expectorants	1 2 3 4	1 2 3 4
Corticosteroids	1 2 3 4	1 2 3 4



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Neurology	Frequency	Experience
Assessment of Neuro Signs	1 2 3 4	1 2 3 4
Glasgow Coma Scale	1 2 3 4	1 2 3 4
Seizure Precautions	1 2 3 4	1 2 3 4
Halo Traction	1 2 3 4	1 2 3 4
Care of Patient with:		
TBI (Traumatic Brain Injury)	1 2 3 4	1 2 3 4
Seizure Activity	1 2 3 4	1 2 3 4
Spinal Cord Injury	1 2 3 4	1 2 3 4
Stroke (CVA)	1 2 3 4	1 2 3 4
Multiple Sclerosis	1 2 3 4	1 2 3 4
Alzheimer's Disease	1 2 3 4	1 2 3 4
Parkinson's Disease	1 2 3 4	1 2 3 4
ALS (Amyotrophic Lateral Sclerosis)	1 2 3 4	1 2 3 4
Use and Administration of:		
Anti-seizure medications	1 2 3 4	1 2 3 4

Gastrointestinal	Frequency	Experience
NG Tube (insertion/removal)	1 2 3 4	1 2 3 4
Long term feeding tubes (Dobhoff/ Keofeed)	1 2 3 4	1 2 3 4
Gastrostomy Tube	1 2 3 4	1 2 3 4
Tube Feedings	1 2 3 4	1 2 3 4
Monitoring Input/Output	1 2 3 4	1 2 3 4
Care of Patient with:		
Colostomy/ Ileostomy	1 2 3 4	1 2 3 4
GI Bleed	1 2 3 4	1 2 3 4
Pre/Post Abdominal surgery	1 2 3 4	1 2 3 4
Feeding devices/ Adaptive Equipment	1 2 3 4	1 2 3 4
Dietary Restrictions	1 2 3 4	1 2 3 4
GT/PEG feedings	1 2 3 4	1 2 3 4
Use and Administration of:		
Anti-emetics	1 2 3 4	1 2 3 4
Laxatives	1 2 3 4	1 2 3 4
Enemas	1 2 3 4	1 2 3 4
Bowel Prep	1 2 3 4	1 2 3 4



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Genitourinary	Frequency	Experience
Foley Catheter insertion/ removal	1 2 3 4	1 2 3 4
GU Irrigations	1 2 3 4	1 2 3 4
Nephrostomy Tube	1 2 3 4	1 2 3 4
Suprapubic Catheter	1 2 3 4	1 2 3 4
Ileo Conduit	1 2 3 4	1 2 3 4
Use of Bladder Scan Equipment	1 2 3 4	1 2 3 4
Care of Patient with:		
Shunts and Fistulas	1 2 3 4	1 2 3 4
Dialysis	1 2 3 4	1 2 3 4
Straight Catheterizations	1 2 3 4	1 2 3 4
Incontinence	1 2 3 4	1 2 3 4
Chronic Renal Failure	1 2 3 4	1 2 3 4

Orthopedic	Frequency	Experience
Total Joint Replacement	1 2 3 4	1 2 3 4
Arthroscopic Surgery	1 2 3 4	1 2 3 4
Cast Care	1 2 3 4	1 2 3 4
Pulse Checks	1 2 3 4	1 2 3 4
Suture/Staple Removal	1 2 3 4	1 2 3 4
Prosthesis Application	1 2 3 4	1 2 3 4
Standard Extremity Braces	1 2 3 4	1 2 3 4
Care of Patient with:		
Amputation	1 2 3 4	1 2 3 4
Stump Wrapping	1 2 3 4	1 2 3 4
Skeletal Traction	1 2 3 4	1 2 3 4
Ortho Trauma	1 2 3 4	1 2 3 4
Laminectomy	1 2 3 4	1 2 3 4
Cast Removal	1 2 3 4	1 2 3 4
Assistive Devices	1 2 3 4	1 2 3 4
CPM Machines	1 2 3 4	1 2 3 4

Vascular	Frequency	Experience
Saline Lock maintenance/ discontinuance	1 2 3 4	1 2 3 4
Start IV's	1 2 3 4	1 2 3 4
Infusion Pumps	1 2 3 4	1 2 3 4
Administration of Blood/ Blood Products	1 2 3 4	1 2 3 4
Thrombophlebitis	1 2 3 4	1 2 3 4
Ultrasonic Doppler	1 2 3 4	1 2 3 4
CVC (Central Venous Catheters)	1 2 3 4	1 2 3 4
PICC/Hickman/Broviac/Groshong Catheters	1 2 3 4	1 2 3 4
TPN/Hyperalimentation	1 2 3 4	1 2 3 4
Occlusive Dressings	1 2 3 4	1 2 3 4
Knowledge of Normal Serum Lab Values	1 2 3 4	1 2 3 4



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Skin	Frequency	Experience
Wound Care/Surgical	1 2 3 4	1 2 3 4
Wound Care/Medical	1 2 3 4	1 2 3 4
Dressing Changes	1 2 3 4	1 2 3 4
Skin Assessment	1 2 3 4	1 2 3 4
Decubitus Prevention	1 2 3 4	1 2 3 4
Specialized Beds/Mattresses	1 2 3 4	1 2 3 4
Wound-Vac	1 2 3 4	1 2 3 4

Age Specific Practice	Frequency	Experience
Adolescents (12-18 years)	1 2 3 4	1 2 3 4
Young Adults (18-39 years)	1 2 3 4	1 2 3 4
Middle Adults (40-64 years)	1 2 3 4	1 2 3 4
Older Adults (65-80 years)	1 2 3 4	1 2 3 4
Elderly (80 + years)	1 2 3 4	1 2 3 4

Please list any additional skills:

1. _____ 2. _____

3. _____ 4. _____

Additional Training:

1. _____ 2. _____

3. _____ 4. _____

Additional Equipment:

1. _____ 2. _____

3. _____ 4. _____

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.

Signature Date