

### 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			
Patient/ Family Teaching	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
Care of the Patient in Restraints	1	2	3	4	1	2	3	4
Lift/Transfer Devices	1	2	3	4	1	2	3	4
Use of Specialty Beds	1	2	3	4	1	2	3	4
Computerized Charting	1	2	3	4	1	2	3	4
Automated Med Dispensing Systems	1	2	3	4	1	2	3	4
Pain Assessment and Management Protocols	1	2	3	4	1	2	3	4
End of Life Care	1	2	3	4	1	2	3	4
Interpretation and Communication of Lab Values	1	2	3	4	1	2	3	4
Infectious Diseases (HIV/ AIDS)	1	2	3	4	1	2	3	4
Chemotherapy	1	2	3	4	1	2	3	4
Post-Transplant Care (Specify)	1	2	3	4	1	2	3	4

Cardiovascular	Frequency				Experience			
Assessment of Heart Sounds	1	2	3	4	1	2	3	4
Basic Dysrhythmia interpretation and treatment	1	2	3	4	1	2	3	4
Portable Cardiac Monitors/ Defibrillators	1	2	3	4	1	2	3	4
Use of Rapid Response Teams	1	2	3	4	1	2	3	4
Cardiac Arrest/CPR	1	2	3	4	1	2	3	4
External and Temporary Pacemakers	1	2	3	4	1	2	3	4
Management of Permanent Pacemaker/AICD	1	2	3	4	1	2	3	4
Starting IV/Saline Lock	1	2	3	4	1	2	3	4
Assist with insertion of /and management of CVC (Central Venous Catheter)	1	2	3	4	1	2	3	4
Mangement of other long term Ports and Catheters (PICC/Broviac/Groshong)	1	2	3	4	1	2	3	4
Operation & Trouble shooting of Infusion Pumps/PCA's	1	2	3	4	1	2	3	4
<b>Care of Patient with:</b>								
Angina	1	2	3	4	1	2	3	4
CHF	1	2	3	4	1	2	3	4
Acute MI	1	2	3	4	1	2	3	4



Initials \_\_\_\_\_

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)

Cardiovascular cont'd.	Frequency	Experience
Pre/Post Cardiac Surgery (CABG & Valves)	1 2 3 4	1 2 3 4
Pre/Post Vascular Surgery (Abdominal or Thoracic AA, Fem-pop, Carotid)	1 2 3 4	1 2 3 4
Cardiogenic Shock	1 2 3 4	1 2 3 4
<b>Medication Administration:</b>		
Preparation and Administration of Emergency (ACLS) Meds	1 2 3 4	1 2 3 4
Inotropics (Digoxin)	1 2 3 4	1 2 3 4
Antiarrhythmics (Beta Blockers/ Ca+ Channel Blockers)	1 2 3 4	1 2 3 4
Antianginals (Isordil/ Nitrates)	1 2 3 4	1 2 3 4
Antihypertensives	1 2 3 4	1 2 3 4
Antilipemics ("statins")	1 2 3 4	1 2 3 4
Diuretics	1 2 3 4	1 2 3 4
Anticoagulants: Oral, IV and SQ	1 2 3 4	1 2 3 4

Vascular	Frequency	Experience
Assessment of Peripheral Pulses	1 2 3 4	1 2 3 4
Assessment & Treatment of Fluid Overload	1 2 3 4	1 2 3 4
Use of Ultrasonic Doppler	1 2 3 4	1 2 3 4
Administration of Blood / Blood Products	1 2 3 4	1 2 3 4
Perform Peritoneal Dialysis	1 2 3 4	1 2 3 4
<b>Care of Patient with:</b>		
Hemodialysis	1 2 3 4	1 2 3 4
Sickle Cell Anemia	1 2 3 4	1 2 3 4
TPN/Lipids	1 2 3 4	1 2 3 4
DVT	1 2 3 4	1 2 3 4
Transfusion Reaction	1 2 3 4	1 2 3 4
Pre/Post Vascular Surgery	1 2 3 4	1 2 3 4
Shunts/Fistulas	1 2 3 4	1 2 3 4

Pulmonary	Frequency	Experience
Assessment of Breath Sounds	1 2 3 4	1 2 3 4
Airway Management/Suctioning (ETT, Oral, Trach)	1 2 3 4	1 2 3 4
O2 Therapy & Delivery Systems	1 2 3 4	1 2 3 4
Incentive Spirometer	1 2 3 4	1 2 3 4
Pulse Oximetry	1 2 3 4	1 2 3 4
Recognition and Treatment of abnormal ABGS's	1 2 3 4	1 2 3 4
Management of Chest Tubes	1 2 3 4	1 2 3 4
Heimlich Valve	1 2 3 4	1 2 3 4
<b>Care of Patient with:</b>		
COPD/Emphysema	1 2 3 4	1 2 3 4
Asthma	1 2 3 4	1 2 3 4



Initials \_\_\_\_\_

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)

<b>Pulmonary cont'd.</b>	<b>Frequency</b>				<b>Experience</b>			
Tuberculosis	1	2	3	4	1	2	3	4
Pulmonary Embolism	1	2	3	4	1	2	3	4
Pulmonary Edema	1	2	3	4	1	2	3	4
Pneumothorax	1	2	3	4	1	2	3	4
Tracheostomy	1	2	3	4	1	2	3	4
Pneumonia	1	2	3	4	1	2	3	4
Thoracentesis/Paracentesis	1	2	3	4	1	2	3	4
<b>Medication Administration:</b>								
Antihistamines	1	2	3	4	1	2	3	4
Bronchodilators	1	2	3	4	1	2	3	4
Expectorants and Antitussives	1	2	3	4	1	2	3	4
Use of Inhalers	1	2	3	4	1	2	3	4
Use of Nebulizer Treatments	1	2	3	4	1	2	3	4

<b>Neurology</b>	<b>Frequency</b>				<b>Experience</b>			
Comprehensive Neuro Assessment	1	2	3	4	1	2	3	4
Glasgow Coma Scale	1	2	3	4	1	2	3	4
Utilize Seizure Precautions	1	2	3	4	1	2	3	4
Assist with Lumbar Puncture	1	2	3	4	1	2	3	4
<b>Care of Patient with:</b>								
TIA/CVA	1	2	3	4	1	2	3	4
Cranial Hemorrhage & Hematoma	1	2	3	4	1	2	3	4
Aspiration Precautions	1	2	3	4	1	2	3	4
Seizures	1	2	3	4	1	2	3	4
Overdose/DT's	1	2	3	4	1	2	3	4
Spinal Cord Injury/Trauma	1	2	3	4	1	2	3	4
TBI (Traumatic Brain Injury)	1	2	3	4	1	2	3	4
Pre/Post Neuro Surgery	1	2	3	4	1	2	3	4
Degenerative Neurological Disorders	1	2	3	4	1	2	3	4
Halo Traction/Vest	1	2	3	4	1	2	3	4
<b>Medication Administration:</b>								
Anticonvulsants (Dilantin/ Neurontin/Phenobarbitol)	1	2	3	4	1	2	3	4
Antidepressants	1	2	3	4	1	2	3	4
Antiparkinsons (Cogentin/ Levodopa/Sinemet)	1	2	3	4	1	2	3	4



Initials \_\_\_\_\_

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)

Gastrointestinal	Frequency	Experience
Insertion and Management of NG Tube	1 2 3 4	1 2 3 4
Insertion and Management of Small bore Feeding Tubes (Dobhoff, Keofeed)	1 2 3 4	1 2 3 4
Management of Gastrostomy Tube	1 2 3 4	1 2 3 4
Management of Jejunostomy Tube	1 2 3 4	1 2 3 4
Enterostomal Care	1 2 3 4	1 2 3 4
Management of Post Surgical Drains	1 2 3 4	1 2 3 4
<b>Care of Patient with:</b>		
GI Bleed (upper/lower)	1 2 3 4	1 2 3 4
Hepatitis	1 2 3 4	1 2 3 4
Pre/Post Open Abdominal Surgery	1 2 3 4	1 2 3 4
Colostomy/Ileostomy	1 2 3 4	1 2 3 4
IBS	1 2 3 4	1 2 3 4
ERCP	1 2 3 4	1 2 3 4
Paralytic Ileus	1 2 3 4	1 2 3 4
Peritonitis	1 2 3 4	1 2 3 4
<b>Medication Administration:</b>		
Antiulcer Drugs	1 2 3 4	1 2 3 4
Antiemetics	1 2 3 4	1 2 3 4
Antacids	1 2 3 4	1 2 3 4
Digestive Enzymes	1 2 3 4	1 2 3 4

Genitourinary/Renal	Frequency	Experience
Insertion & Maintenance of Foley Catheter	1 2 3 4	1 2 3 4
GU Irrigation	1 2 3 4	1 2 3 4
Care of Nephrostomy Tube	1 2 3 4	1 2 3 4
Care of Suprapubic Tube	1 2 3 4	1 2 3 4
Fluid & Electrolyte Disturbance	1 2 3 4	1 2 3 4
<b>Care of Patient with:</b>		
UTI	1 2 3 4	1 2 3 4
BPH	1 2 3 4	1 2 3 4
TURP	1 2 3 4	1 2 3 4
Prostate Cancer	1 2 3 4	1 2 3 4
Nephrectomy	1 2 3 4	1 2 3 4
Ilioconduit	1 2 3 4	1 2 3 4
Renal Surgery	1 2 3 4	1 2 3 4
Chronic/ Acute Renal Failure	1 2 3 4	1 2 3 4



Initials \_\_\_\_\_

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)

Gynecology	Frequency	Experience
Assist with GYN exam/PAP	1 2 3 4	1 2 3 4
GYN Surgeries	1 2 3 4	1 2 3 4
GYN Malignancies	1 2 3 4	1 2 3 4
Post Mastectomy Care	1 2 3 4	1 2 3 4
Post Hysterectomy Care	1 2 3 4	1 2 3 4

Endocrine	Frequency	Experience
Diabetes Mellitus	1 2 3 4	1 2 3 4
Blood Glucose Monitoring	1 2 3 4	1 2 3 4
<b>Medication Administration:</b>		
Insulin Administration	1 2 3 4	1 2 3 4
Corticosteroids	1 2 3 4	1 2 3 4
Thyroid/ Pituitary Hormones	1 2 3 4	1 2 3 4
Diuretics	1 2 3 4	1 2 3 4
Electrolytes and replacement solutions	1 2 3 4	1 2 3 4

Skin and Skeletal	Frequency	Experience
Skin assessment and interventions	1 2 3 4	1 2 3 4
Wound Care (dry and wet to dry)	1 2 3 4	1 2 3 4
Wound VAC	1 2 3 4	1 2 3 4
Maintain Traction (Skin & Skeletal)	1 2 3 4	1 2 3 4
Cast Care	1 2 3 4	1 2 3 4
<b>Care of Patient with:</b>		
Pre/Post Orthopedic Surgery	1 2 3 4	1 2 3 4
Fractures	1 2 3 4	1 2 3 4
Osteomyelitis	1 2 3 4	1 2 3 4
Amputation	1 2 3 4	1 2 3 4
Burns	1 2 3 4	1 2 3 4

Progressive Care Nursing Requirements	Frequency	Experience
Basic and Advanced Life Support protocols	1 2 3 4	1 2 3 4
Adenosine Administration	1 2 3 4	1 2 3 4
<b>Drug dose calculation for:</b>		
Non-titrated IV vasoactive agents (Dobutrex/ Dopamine)	1 2 3 4	1 2 3 4
Nitrates (IV Nitroglycerine)	1 2 3 4	1 2 3 4
Platelet Inhibitors (ReoPro)	1 2 3 4	1 2 3 4
Fibrinolytics / IIb IIIa Inhibitors	1 2 3 4	1 2 3 4
Anti-arrhythmic agents (Amiodarone/ Cardizem/ Lidocaine)	1 2 3 4	1 2 3 4
Insulin	1 2 3 4	1 2 3 4



Initials \_\_\_\_\_

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)

Progressive Care Nursing Requirements cont'd	Frequency	Experience
<b>Patient Monitoring (Pre/ Post Procedure):</b>		
Cardioversion	1 2 3 4	1 2 3 4
TEE	1 2 3 4	1 2 3 4
Cardiac catheterization	1 2 3 4	1 2 3 4
Bronchoscopy	1 2 3 4	1 2 3 4
EGD	1 2 3 4	1 2 3 4
PEG placement	1 2 3 4	1 2 3 4
Chest tube insertion	1 2 3 4	1 2 3 4
<b>Patient Monitoring (During/ Intra Procedure):</b>		
Cardioversion	1 2 3 4	1 2 3 4
TEE	1 2 3 4	1 2 3 4
Bronchoscopy	1 2 3 4	1 2 3 4
EGD	1 2 3 4	1 2 3 4
PEG placement	1 2 3 4	1 2 3 4
Chest tube insertion	1 2 3 4	1 2 3 4
Management of Arterial line	1 2 3 4	1 2 3 4
Management and D/C of Femoral Sheaths	1 2 3 4	1 2 3 4
Femoral Hemostasis Devices (FemStop- Vasoseal)	1 2 3 4	1 2 3 4
Ventilator Management	1 2 3 4	1 2 3 4
Interpretation of Weaning Parameters	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