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**SKILLS CHECKLIST**

**LONG TERM CARE RN/LPN**

|  |  |
| --- | --- |
| Name: |   |

**Please indicate 1, 2, 3, or 4 in boxes below using the following rankings:**

**1** = Clinicals Only  2 = Some Experience **3** = Experienced  **4** = Can Perform Task Independently

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| **UNIT / SKILLSSKILLS** | **Exp** | **UNIT / SKILLS** | **Exp** |
| **NEUROLOGICAL SYSTEM** |  |
| Neuro Assessment/Neuro Vitals |   |  Pre / Post Neurological Surgery |   |
| Halo Traction |   |  CNS Infections |   |
| Seizure Precautions |   |  Parkinsons |   |
| Caring for Patient with: |   |  Alzheimers |   |
|  Spinal Cord Injury |   |  Autonomic Dysreflexia |   |
|  Head Injury |   |  Chronic C.V.A / T.I.A |   |
|  Rehabilitation of the Neuro Patient |   | Using Glascow Coma Scale |   |
| **CARDIOVASCULAR** |
| **Assessment:** |   | Angina (**Acute** and Chronic) |   |
|    Capillary Refill |   | Assessing and Treating Orthostatic BP |   |
|    Edema |   | Assessing Abnormal Heart Tones |   |
|    Heart Tones |   | Antiembolic Devices |   |
| Pulses |   |   |   |
| **PATIENTS WITH RESPIRATORY PROBLEMS** |
| Assessing the Respiratory System including: |   | Care of Ventilator Dependent Patient: |   |
| Breath Sounds |   |  Suctioning: Length of time suctioning  |   |
|  Breathing Pattern / Effort |   |  Hyperventilation |   |
|  Cough Effort |   |  Ventilator Settings |   |
|  Skin and Nail Bed Color |   |  Documentation |   |
|  Sputum (Color/Character) |   | Caring for a Patient with: |   |
|  Care and Maintenance of: |   |  Respiratory Failure |   |
|  Acute Airway |   |  Respiratory Infections |   |
|  Nasopharyngeal Airway |   |  Status Asthmatic |   |
|  Oropharyngeal Airway |   |  Respiratory Distress Syndrome |   |
| **Administering and Monitoring O2 including:** |   |  Pulmonary Edema |   |
| Nasal Cannula |   |  Pulmonary Emboli |   |
|  Mask |   |  Tension Pneumothorax |   |
|  O2 Sats |   |  Tracheostomy |   |
| Demonstrating proper use of Ambu Bag |   |  Use of Incentive Spirometer |   |
| **GASTROINTESTINAL** |
| Assessing Bowel Sounds |   | Abdominal Wounds or Infections |   |
| Identifying Abnormalities |   | Ileostomy/Colostomy |   |
| Caring for Patient on Total Parenteral Nutrition |   | Stool Tests |   |
| Inserting /Maintaining Feeding Tubes (NG) |   | I&O: Shift volumes and totals including marking and/ |   |
| Administering Tube Feedings |   | Or measuring amounts of urine, gastric fluid |   |
|   |   | NG drainage, emesis, diarrhea |   |
| **GENITOURINARY/RENAL** |
| Inserting/Maintaining Urinary Drainage Tubes: |   | Caring for Patients with Chronic Renal Failure |   |
|    Insertion of Foley |   | Caring for Patient receiving Dialysis |   |
|    Managing Urostomy |   | Assessing Fluid and Electrolyte Problems |   |
|    Managing Suprapubic Catheter |   | Knowledge of UA values |   |
|    Placing Condom Catheter |   | Collecting Specimens |   |
| **ENDOCRINE** |
| Caring for the Diabetic Patient: |   | Caring for the Diabetic Patient: (Cont’d) |   |
|  Checking Capillary Blood Glucose |   | Insulin Administration |   |
|  Diabetic Teaching |   | Hormone Therapy |   |
|  Treating Hypo/Hyperglycemia  |   |   |   |

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| **UNIT / SKILLS** | **Exp** | **UNIT / SKILLS** | **Exp** |
| **MUSCULOSKELETAL** |
| Traction |   | Crutch Walking/Walkers |   |
| Braces |   | Arthroscopy/Arthrotomy |   |
| Casts |   | Caring for Patients with: |   |
| Collars |   | Joint/Bone Disorders |   |
| Slings/Splints |   | Total Knee Replacement |   |
| Skeletal and Skin Traction |   | Total Hip Replacement |   |
| Beds: |   | Amputation |   |
|    Clinitron |   |   |   |
|    Roto Rest |   |   |   |
|    Circelectric |   |   |   |
| **VITAL SIGNS AND WEIGHTS** |
| Obtaining and Recording: |   | Recognizing Cardiac Arrest |   |
| BP, Including Orthostatic |   | Cardioversion Defibilation |   |
| Pulse, Radial |   | Activating Code Term |   |
| Temperature, Oral |   | Bringing Emergency Equipment to Room |   |
| Temperature, Rectal |   | DNR Status |   |
| Temperature, Axillary |   | Applying Oximeter |   |
| Temperature, Tympanic |   | Scale Use: |   |
| Respiration |   | Standing |   |
| Weight, Pounds and Kilograms |   | Chair |   |
| Use of Electronic VS equipment: |   | Bed |   |
| Automatic BP Machine (Dynamap) |   | Recording and Reporting Information  |   |
| Electronic Thermometer |   |   |   |
| **HYGIENE/SKIN** |
| Risk Factors For Skin Breakdown |   | Bathing/Daily Hygiene: cont’d |   |
| Observing, recording and reporting pressure points for redness of breakdown |   | Peri Care |   |
| Recording and Reporting Hygiene/Skin//Breakdown |   | Foot care for Patients with Impaired Circulation of Sensation |   |
| Bathing/Daily Hygiene: |   | Incontinence care |   |
| Bathing (shower/tub/arjo) |   | Shaving and Precautions |   |
| Use of Shower Chair |   | Use of Pressure and Friction Reduction Devices: |   |
| Use of Bath/Shower Boat |   | Special Beds/Mattresses |   |
| Oral care including patients who are NPO, Comatose, with dentures |   | Heels and Elbow Protection |   |
|   |   | Foot Cradles |   |
| **NUTRITION** |
| Estimating Intake |   | Counting Calories |   |
| Setting up for Meals |   | Fluid Restriction |   |
| Aspiration Precautions |   | NPO |   |
| Nourishment |   | Recording and Reporting Nutritional Information |   |
| Feeding Patients |   |   |   |
| **CARE ROUTINE** |
| New Admissions and Transfers: |   | Preparing for and Explaining Routines to Patient |   |
| Room Preparation |   | Post Mortem Care |   |
| VS. Height and Weight |   |   |   |
| Inventory and Disposition of Belongings |   |   |   |
| Room Orientation, Call Bell |   |   |   |
| Basic Comfort Measures |   |   |   |

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| **UNIT / SKILS** | **Exp** | **UNIT /SKILLS** | **Exp** |
| **SAFETY AND ACTIVITY** |
| Determining Patient ID |   | Ambulating with or without Device |   |  |
| Identifying/Responding to Safety Hazards |   | Patient Safety Module |   |  |
| Determining Need for Additional Help |   | Reporting Broken Equipment |   |  |
| **Recognizing Abuse:** |   | Use of Hoyer Lift (Dextra/Maxi) |   |  |
|  Substance |   | Bed Operation |   |  |
|  Physical |   | Use of Wheel Locks |   |  |
|  Emotional |   | Use of Alarms (Bed, Patient, Unit) |   |  |
| Maintaining Clean , Orderly work area |   | Use of Call Light |   |  |
| Handling Hazardous Materials |   | **Application and Documentation of Restraints:** |   |  |
| Proper Body Mechanics |   |  Belt, Including Seat Belt |   |  |
| ROM Exercises |   |  Wrist/Ankle |   |  |
| Transfer to Bed, WC, Commode with or without device |   |  Vest |   |  |
| Turning and Positioning |   | Use of Seizure Pads |   |  |
| **INFECTION CONTROL** |  |
| **Proper Use of Specific Barrier Methods:** |   | MRSA Precautions |   |  |
|  Gloves |   | Hand Washing |   |  |
|  Gown |   | Infectious/Hazardous Waste Disposal |   |  |
|  Mask/Goggles |   | Supply/Equipment Disposal |   |  |
| Protective/Reverse Isolation |   | Use of Disposable Thermometer |   |  |
| Body Substance Isolation |   | Use of CPR Mask/Bag |   |  |
| TB Precautions |   | Disposal of Sharpe |   |  |
| **LINES SKILLS** |  |
| Venipuncture for Specimen  |   | Administering Blood and Blood Products |   |  |
| **IV Therapy Including:** |   | Obtaining Central Venous/Peripheral Venous Blood |   |
|    Starting IV |   | Using PICC, Hickman, Triple Lumen Caths |   |
|    Changing IV Sites |   | Set up and Monitoring for TPN |   |
|    Changing IV Dressings |   |   |   |
|    Changing IV Tubing |   |   |   |
|    Administering Fluids on Continuous IV Pumps |   |   |   |
|    Setting Up and Monitoring PCA |   |   |   |
| **MEDICATION AND ADMINISTRATION** |
|    Cimetidine (Tagamet) |   |    Lorazepam (Ativan) |   |
|    Diazepam (Valium) |   |    Morphine |   |
|    Digoxin (Lanoxin) |   |    Naloxone (Narcan) |   |
|    Duramorph |   |    Nitroglycerine |   |
|    Furosemide (Lasix) |   |    Pentobarbital |   |
|    Heparin |   |    Phenytoin (Dilantin) |   |
|    Insulin |   |    Potassium Chloride |   |

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| **UNIT / SKILLS** | **Exp** | **UNIT / SKILLS** | **Exp** |
| **MEDICATION AND ADMINISTRATION (CONT’D)** |
|    Terbutaline |   |    Topical Medications |   |
|    Theophylline |   | **Suppositories:** |   |
|    Verapamil (Calan) |   |    Vaginal |   |
| Oral Medications |   |    Rectal |   |
|   |   | Ordering Meds |   |
| **OTHER SKILLS** |
| Obtaining Cultures for Septic Work-up (Blood, Sputum, Urine, Catheter Tips) |   | Communicating Discharge Needs and Arrangements for Support through Appropriate Documentation |   |
| Caring for Patient Using Jehovah Witness Protocol |   | Coordinating Multidisciplinary Plan of care and Initiating Interdisciplinary Referral for Patient Needs |   |
| Overbed Frame Safety |   | Preparing Patient for Surgery |   |
| Specialty Beds (i.e. Kinair) |   | Clearly Communicating the Plan of care, Patient Responses and Outcomes in the Patient Record According to Standards |   |
| Hospital Transport |   | Assigning or Delegating Tasks to Another for which that Person is Prepared and Qualified to Perform, i.e. LPN’s or CNA’s  |   |
| Providing Education to Patient Family Related to Medical Condition, Self Care and Health Care Habits |   | Using Computerized Tools Effectively |   |
| **COMMUNICATION** |
| Using Appropriate Abbreviations |   | Reinforcing RN Teaching with Patient |   |
| Identifying Need for Alternate Communicating Mechanisms |   | Selecting and Using Forms Appropriately |   |
| **Communicating to Charge RN:** |   | Using Alternate Communication Tools/Devices |   |
|    Changes in Patient Condition |   |   |   |
|    Patient Needs, Complaints and Concerns |   |   |   |
|    Unusual Incidents |   |   |   |
| **UNIT ACTIVITY** |
| Identifying Unusual Incidents on the Unit that Require reporting |   |   Completing Risk Management Reports as Needed |   |
| Locating and Using Appropriate Reference Materials |   | Obtaining Needed Supplies and Equipment |   |
| Charging for Patient Care items |   | Using Telephone System |   |
| **MISCELLANEOUS** |
| Knowledge of Serum Lab Values Including: |   | Caring for Drains/Tubes (i.e. Hemovac, Penrose) |   |
|    Chem 7, Chem 10 |   | Monitoring and Assessing I & O |   |
|    CBC    |   | Performing Complex Dressing Changes |   |
|    Serum drug levels |   | Alert Charting |   |
| Pain Management |   |   |   |
|  **Signature:** |   |  **Date:** |   |