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**SKILLS CHECKLIST**

**LONG TERM CARE RN/LPN**

|  |  |
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| 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:** |  |