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**PSYCHIATRIC NURSING SKILLS CHECKLIST**

0 = No Experience

1 = Perform infrequently (would require some supervision)

2 = Able to perform without any supervision

|  |  |  |  |  |  |  |  |  |
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| Section A |  **0** |  **1** |  **2** |  | SECTION D |  **0** |  **1** |  **2** |
| **CARE OF PATIENTS WITH:** |  |  |  |  | Conducts or co-conducts group therapy sessions |  |  |  |
| assaultive behavior |  |  |  |  | Continual reassessment of patient; updating care plan  |  |  |  |
| chemical dependency |  |  |  |  | Initial nursing intake interview, assessment and care plan |  |  |  |
| desire to fraternize with staff |  |  |  |  | Therapeutic communication skills |  |  |  |
| ECT |  |  |  |  | **iV THERAPY** |  |  |  |
| eating disorders |  |  |  |  | administration & monitoring of blood & blood products |  |  |  |
| hallucinations |  |  |  |  | heparin locks |  |  |  |
| manic disorder-acute phase |  |  |  |  | hyperalimentaion-maintainance & precautions |  |  |  |
| needs for limit setting |  |  |  |  | use of infusion pumps |  |  |  |
| rapid tranquilization |  |  |  |  | veni-puncture |  |  |  |
| restriction to isolation or seclusion |  |  |  |  | **RESTRAINTS** |  |  |  |
| SECTION B |  |  |  |  |  |  |  |  |
| seizure disorder |  |  |  |  | ambulatory cuffs |  |  |  |
| severe anxiety |  |  |  |  | full restraints |  |  |  |
| Schizophrenia |  |  |  |  | waist restraints |  |  |  |
| suicidal tendencies |  |  |  |  | Administering medications:  |  |  |  |
| **CARE OF PATIENT WITH SECONDARY MEDICAL PROBLEMS** |  |  |  |  |  IM |  |  |  |
| cardiac and/or pulmonary arrest |  |  |  |  |  IM - Z – techniques |  |  |  |
| cardiac complications |  |  |  |  |  IV  |  |  |  |
| CHF |  |  |  |  |  PO |  |  |  |
| foley catheter/catheter care |  |  |  |  |  Rectal |  |  |  |
| Diabetes |  |  |  |  |  sub-Q |  |  |  |
| IV therapy-starts and maintainance |  |  |  |  | Working knowledge of effective behavior modification techniques |  |  |  |
| tube feedings |  |  |  |  | Assessing needs of elderly psychiatric patient |  |  |  |
| pulmonary edema |  |  |  |  | Managing the patient with assaultive behavior |  |  |  |
| Oro-Naso-Pharynx suctioning |  |  |  |  | Use of open and closed seclusion |  |  |  |
| O2 therapy |  |  |  |  | Active participation in family counseling |  |  |  |
| ostomy care |  |  |  |  | Care of child psych patient |  |  |  |
|  |  |  |  |  |  |  |  |  |
| tracheostomy care |  |  |  |  | Care of adolescent psych patient |  |  |  |
| **GENERAL** |  |  |  |  | Care of adult psych patient |  |  |  |
| Admission of psychiatric patient |  |  |  |  | Care of the rape victim |  |  |  |
| Active participation in multi-disciplinary treatment planning |  |  |  |  | Care of the borderline patient |  |  |  |
| Active participation in Milieu Therapy |  |  |  |  | Discharge planning for patients |  |  |  |
| Behavioristic Charting |  |  |  |  | Experience as team leader |  |  |  |

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| SECTION C |  **0** |  **1** |  **2** |
| Participated as leader of assault team |  |  |  |
| Working knowledge of medical model for psych nursing |  |  |  |
| Working knowledge of effective crises intervention techniques.  |  |  |  |
| Administration & monitoring of the following medications: |  |  |  |
|  Psychotropic |  |  |  |
|  anti-depressants |  |  |  |
|  MAO-inhibitors |  |  |  |
|  hypnotic/sedatives |  |  |  |
|  anti-convulsants |  |  |  |
|  cardiac medications |  |  |  |
|  Diuretics |  |  |  |
| Charge nurse experience |  |  |  |
| Team leader experience  |  |  |  |
| Charting within the legal aspects of law |  |  |  |

The information I have given is true and accurate to the best of my knowledge. I hereby authorize PGHH STAFFING AGENCY to release this list to client health care facilities of **PGHH STAFFING AGENCY**

**Name (Please Print) Signature Date**

Please note that this skills check list has been designed to assist you with your screening procedures and should not be used as the sole measure of a nurse’s clinical skills and ability to perform day to day duties of a registered nurse or therapist within your institution.