



POST ANESTHESIA CARE UNIT/RECOVERY ROOM SKILLS CHECKLIST

Date: _____

Applicant's Name: _____ FIRST MIDDLE INITIAL LAST

To Assignment America's Healthcare Professionals:

The purpose of the following checklist is to assist in matching your skills and interests with available assignments, thus meeting your needs and the needs of our clients as much as possible. Your employment is not dependent upon responses given in this checklist.

**Please make sure this Skills Checklist is signed and dated.

The information I have given is true and accurate to the best of my knowledge. In addition, I hereby authorize Assignment America, to release this Skills Checklist to client institutions of Assignment America, in relation to my employment with that institution.

Signature _____ Date _____

To Assignment America's Client Institution:

Assignment America has developed unique skills checklists for each nursing specialty. This checklist is not necessarily a valid indicator of clinical skills and should not be utilized as the sole measure of the ability of an individual to perform the duties of a registered nurse or therapist in your facility. It is intended to be used only as a guide in your screening procedures and in orientation to procedures within your institution.

PLEASE MARK YOUR LEVEL OF EXPERIENCE [X]

- 1 No Experience: Observed Only
2 Limited Experience: Performs < 6 Times Per Year; Needs Review
3 Moderate Experience: Performs 1-2 Times/Month; May Need Minimal Resource
4 Highly Experienced: Performs on Daily or Weekly Basis; Proficient

A. Equipment Used
I. O2 Setups:
a. Cannulas
b. Face Tents
c. Mask:
i. Venti
ii. Non-Rebreather
iii. Aerosol
2. Suction Setups:
a. Continuous
b. Intermittent

B. Airway Maintenance
1. Chin Lift
2. Jaw Thrust
3. Insertion of Oral Airway
4. Insertion of Nasal Airway
5. Removal of Nasal or Oral Airway
6. Use of Pulse Oximeter

7. Assist with Intubation
8. Assist with Extubation

C. Pulmonary System
1. Osculate Lung Sounds
2. Care of Patients with:
a. ETT
b. NTT
c. Tracheostomy
3. Suctioning:
a. Oral
b. Nasal
c. Tracheal
4. Care of Patient with:
a. Chest Tubes
b. Ventilator
c. Ambu Bag
5. Assist with Arterial Line Insertion

PLEASE MARK YOUR LEVEL OF EXPERIENCE ☒

- | | |
|---|--|
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Applicant's Name _____

Mark One

- 1 2 3 4

6. Arterial Line D/C
7. Draw Blood from Arterial Line
8. Interpret ABG Results

D. Cardiac System

Mark One

- 1 2 3 4

1. Cardiac Monitors
2. Arrhythmia Analysis
3. Defibrillation/Cardioversion
4. Cardiac Arrest/CPR
5. Swan Ganz/Pulmonary Artery Catheter
6. Care of Patient with Pacemaker
7. Automatic Blood Pressure Cuff

E. Vascular System

Mark One

- 1 2 3 4

1. Start IV's
2. Assist with Central Line Insertion
3. Maintenance of Central Line
4. Draw Blood from Central Line
5. Auto Infusion Pumps
6. Administration of Blood/Blood Products
7. Interpret Serum Lab Values
8. Use of Doppler:
- a. Assess Extremities for Color, Temp, Sensory
- b. Location of Peripheral Pulses
9. Care of Post-Op Vascular Patient
10. Care of the Hypovolemic Patient
11. Care of Post-Op Abdominal Aortic Aneurysm Patient

F. Neurological System

Mark One

- 1 2 3 4

1. Assess Level of Consciousness
2. Seizure Precautions
3. Intracranial Pressure Monitoring
4. Administration of Anticonvulsant Meds
5. Administration of Steroids
6. Care of Post-Op Craniotomy

G. Gastrointestinal System

Mark One

- 1 2 3 4

1. N/G Tube Insertion
2. Gastrostomy/Jejunostomy
3. Enterostomy Care
4. Liver Transplant

H. Genitourinary System

Mark One

- 1 2 3 4

1. Foley Catheter Insertion
2. GU Irrigation
3. TURP
4. Nephrostomy/Suprapubic Tubes
5. Electrolyte Imbalance/Replacement
6. Renal Transplant

I. Orthopedic System

Mark One

- 1 2 3 4

1. Cast Care
2. Skeletal Traction
3. Continuous Passive Motion (CPM)
4. Circulation Assessment
5. Care of Post-Op Total Joint Replacement

J. Pain Management

Mark One

- 1 2 3 4

1. Administration of IV Sedation:
- a. Morphine
- b. Meperidine
- c. Fentanyl
2. Assist with Epidural Catheter Insertion
3. Assess Epidural Anesthesia Level
4. Assess Spinal Anesthesia Level
5. Use of PCA Pump
6. Use of Pyxis

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Mark One

K. Miscellaneous

1 2 3 4

1. Care of the Patient with Malignant Hyperthermia

2. Care of the Patient with Latex Allergy

3. Care of the Patient with HIV/AIDS

4. Use of Anti-Emetic Drugs

5. Use of Reversal Drugs

6. Care of Hypothermic Patient

7. Use of Warming Blankets

8. Post-Op Multiple Trauma

Mark One

L. Age of Patients Cared For:

1 2 3 4

1. Infants and Toddlers (ages 0-3 years)

2. Young Children (ages 4-6 years)

3. Older Children (ages 7-12 years)

4. Adolescents (ages 13-20 years)

5. Young Adults (ages 21-39 years)

6. Middle Adults (ages 40-64)

7. Older Adults (ages 65-79)

8. Adults (ages >80)