

PLEASE MARK YOUR LEVEL OF EXPERIENCE

- 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

Applicant's Name _____

Mark One

- 1 2 3 4

- i. Femoral Popliteal Bypass
- j. Permanent Pacemaker
- k. Temporary Pacemaker
- l. External Pacemaker
- m. Pre/Post Cardiac Cath
- n. Pre/Post PTCA
- 11. Cardiac Lab Interpretation (CPK, Iso Enzymes)
- 12. Cardiac Rehab/Patient Teaching
- 13. Use and Administration of:
 - a. Digoxin
 - b. Dopamine
 - c. Dobutamine
 - d. Heparin
 - e. Verapamil
 - f. Lopressor
 - g. Lidocaine
 - h. Nitroglycerine
 - i. Code Cart/Emergency Drugs

C. Respiratory

Mark One

- 1 2 3 4

- 1. O₂ Masks/Cannulas
- 2. Ambu Bag
- 3. Chest PT
- 4. Incentive Spirometry
- 5. Instruction of Coughing/Deep Breathing
- 6. Nebulizer Set-Up
- 7. Suctioning:
 - a. Oral
 - b. Tracheostomy Tube
 - c. Endotracheal Tube
- 8. Use of Pleurevac
- 9. Sputum Specimen Collection
- 10. Pulse Oximetry
- 11. Care of the Patient with:
 - a. COPD
 - b. Tracheostomy
 - c. Pre/Post Thoracic Surgery

Mark One

- 1 2 3 4

- d. Pneumonia
- e. Chest Tubes
- f. Asthma
- g. Emphysema
- 12. Use and Administration of:
 - a. Aminophylline
 - b. Corticosteroids
 - c. Inhalers

Mark One

- 1 2 3 4

D. Neurological

- 1. Neuro Assessment
- 2. Glasgow Coma Scale
- 3. Seizure Precautions
- 4. Assist with Lumbar Puncture
- 5. Care of the Patient with:
 - a. Acute Head Injury
 - b. CVA/TIA
 - c. DT's
 - d. Spinal Cord Injury
 - e. Pre/Post Neuro Surgery
 - f. Halo Traction
 - g. Multiple Sclerosis
 - h. Overdose
- 6. Use and Administration of:
 - a. Decadron
 - b. Dilantin
 - c. Phenobarbitol
 - d. Magnesium Sulfate
 - e. Valium
 - f. Ativan

Mark One

- 1 2 3 4

E. Gastrointestinal

- 1. NG Tube Care and Maintenance
- 2. NG Tube Insertion

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Applicant's Name	Mark One
	1 2 3 4
3. Bowel Preparation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Enterostomal Care	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Care of the Patient with:	
a. Tube Feedings	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Ileostomy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Colostomy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. Pancreatitis	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. Bowel Obstruction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f. Abdominal Wounds/Surgeries	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g. Hemovac	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
h. Gastrostomy Tube/Jejunostomy Tube	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

F. Genitourinary/Renal	Mark One
	1 2 3 4
1. Urinary Catheter Insertion	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Bladder Irrigations:	
a. Continuous	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Intermittent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Electrolyte Imbalance/Replacement	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Care of the Patient with:	
a. Hemodialysis	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. T.U.R.P.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Shunts & Fistulas	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. Nephrectomy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. Supra-Pubic Catheter	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f. Nephrostomy Tube	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

G. Orthopedics	Mark One
	1 2 3 4
1. Cast Care	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Traction:	
a. Skin	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Skeletal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. ROM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Use of Assistive Devices (Canes, Walkers)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Care of the Patient with:	
a. Total Joint Replacement	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Amputation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

H. Miscellaneous	Mark One
	1 2 3 4
1. Dressing Changes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Use of Air Fluidized Beds	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Normal Serum Lab Values	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Universal Precautions - Isolation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Care of the Patient with:	
a. Pressure Sores	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Sickle Cell Anemia	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Cancer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. Alzheimer's Disease	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. HIV/AIDS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f. Diabetes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Discharge Planning	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Blood Glucose Monitor Types:	
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. OSHA TB Fit Test Mask Type:	

9. Computer Charting Type:	
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

I. Age of Patients Cared For	Mark One
	1 2 3 4
1. Infants and Toddlers (ages 0-3 years)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Young Children (ages 4-6 years)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Older Children (ages 7-12 years)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Adolescents (ages 13-20 years)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Young Adults (ages 21-39 years)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Middle Adults (ages 40-64)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Older Adults (ages 65-79)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Adults (ages >80)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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*** The following section is to be completed by those with PCU/Stepdown experience ONLY!**

J. Stepdown Skills	Mark One			
	1	2	3	4
1. Maintain Arterial Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Draw Blood From Arterial Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Administer IV Push Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Titrate IV Drip Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Care of the Patient with:				
a. Acute MI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pulmonary Edema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ARDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. GI Bleed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Liver Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Peritoneal Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Use and Administration of:				
a. Atropine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nipride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Thrombolytic Agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Interpret ABG's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ventilator Management:				
a. Assist with Intubation/Extubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wean Patient Off Ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>