

UNITED MEDICAL STAFFING NETWORK

NURSE PROFICIENCY CHECKLIST

Name: _____ Date: _____

Please check all areas in which you are proficient:

- | | |
|---|---|
| <input type="checkbox"/> Allergy shots | <input type="checkbox"/> Suctioning: Nasotracheal |
| <input type="checkbox"/> Allergy Testing | <input type="checkbox"/> Suctioning: Endotracheal |
| <input type="checkbox"/> Arterial Blood Gas Interpretation | <input type="checkbox"/> Swan Ganz Line |
| <input type="checkbox"/> Auscultation-Breath Sounds | <input type="checkbox"/> Throat Culture |
| <input type="checkbox"/> Auscultation-Heart Sounds | <input type="checkbox"/> Trache Care |
| <input type="checkbox"/> Blood Glucose Monitoring | <input type="checkbox"/> Triage |
| <input type="checkbox"/> Blood Transfusion | <input type="checkbox"/> Urinalysis |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Ventilator |
| <input type="checkbox"/> Chest Tube Maintenance | |
| <input type="checkbox"/> Cholesterol Screening | <u>Specific Clerical Experience:</u> |
| <input type="checkbox"/> C.V.P Line Maintenance | <input type="checkbox"/> Typing WPM |
| <input type="checkbox"/> Dialysis: | <input type="checkbox"/> Computers |
| Peritoneal__Hemodialysis__ | <input type="checkbox"/> Transcription |
| <input type="checkbox"/> Doppler | <input type="checkbox"/> Insurance Billing/Coding |
| <input type="checkbox"/> EKG Lead Application | |
| <input type="checkbox"/> EKG Strip Interpretation | <u>Competencies:</u> |
| <input type="checkbox"/> Fetal Monitoring | <input type="checkbox"/> Derm |
| <input type="checkbox"/> Flu Shots | <input type="checkbox"/> Neuro |
| <input type="checkbox"/> G-Tube Care | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Hct-Hgb Fingersticks and Centrifuge | <input type="checkbox"/> OR/RR |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> OB/GYN |
| <input type="checkbox"/> Injections | <input type="checkbox"/> UR/QA |
| <input type="checkbox"/> Insertion of : I.V. Catheter,
Peds/Adult | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Insertion of: N.G. Tube | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Insertion of: Urinary Catheter,
Male/Female | <input type="checkbox"/> Ortho |
| <input type="checkbox"/> Isolation Techniques | <input type="checkbox"/> ICU/CCU |
| <input type="checkbox"/> Neuro Checks | <input type="checkbox"/> Med/Surg |
| <input type="checkbox"/> PCA Instruction | <input type="checkbox"/> IM/FP |
| <input type="checkbox"/> PKU Heel Sticks | <input type="checkbox"/> ER |
| <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Peds |
| <input type="checkbox"/> Port-A-Cath Dressing Change | <input type="checkbox"/> NH |
| <input type="checkbox"/> Quick Strep Test | <input type="checkbox"/> Telemetry |
| | <input type="checkbox"/> Other_____ |