

Name: _____

NursePro

Licensed Practical Nurse Competency/Skills Assessment Evaluation

SELF-ASSESSMENT				
<p><i>Directions: for each procedure listed, the new employee will answer the two questions indicated. Competence means "the ability to perform the procedures safely, correctly, effectively and legally."</i></p> <p><i>Key: 1 = theory, no practice 2 = < 1 year 3 = 1 to 2 years 4 = 2 or more years</i></p>				
Procedure	Have you ever done this before?		Are you competent performing?	Comments-Include ability to teach skill to others
I. Safety/Infection Control	Yes	No	1 2 3 4	
A. Hand Washing Procedures 1. Aseptic technique	Yes	No	1 2 3 4	
B. Standard Precautions	Yes	No	1 2 3 4	
C. Tb Precautions	Yes	No	1 2 3 4	
D. MRSA Precautions	Yes	No	1 2 3 4	
E. Electrical Safety	Yes	No	1 2 3 4	
F. Preventing falls	Yes	No	1 2 3 4	
G. Fire Safety	Yes	No	1 2 3 4	
H. Medication Safety	Yes	No	1 2 3 4	
I. Sharps Disposal	Yes	No	1 2 3 4	
II. Assessment				
A. ENT	Yes	No	1 2 3 4	
B. Neurological	Yes	No	1 2 3 4	
C. Cardiovascular	Yes	No	1 2 3 4	
Abn. heart sounds/murmurs	Yes	No	1 2 3 4	
Auscultation (rate, rhythm)	Yes	No	1 2 3 4	
Doppler	Yes	No	1 2 3 4	
D. Respiratory	Yes	No	1 2 3 4	
E. GI/Nutrition	Yes	No	1 2 3 4	
F. GU	Yes	No	1 2 3 4	
G. Integumentary	Yes	No	1 2 3 4	
H. Pain	Yes	No	1 2 3 4	
Epidural anesthesia/analgesia	Yes	No	1 2 3 4	
PCA	Yes	No	1 2 3 4	
I. Endocrine	Yes	No	1 2 3 4	
J. Vital Signs	Yes	No	1 2 3 4	
K. Height and Weight	Yes	No	1 2 3 4	
III. Cardiac Monitoring				
A. Lead Placement	Yes	No	1 2 3 4	
B. Telemetry-arrhythmia interpretation	Yes	No	1 2 3 4	
C. Set up and run a 12 lead EKG	Yes	No	1 2 3 4	
D. 12 lead EKG interpretation	Yes	No	1 2 3 4	
E. Holter monitoring	Yes	No	1 2 3 4	
IV. Hemodynamic Monitoring				
A. Pacemakers	Yes	No	1 2 3 4	
External	Yes	No	1 2 3 4	
Permanent	Yes	No	1 2 3 4	
Temporary	Yes	No	1 2 3 4	

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Transthoric (epicardial)	Yes	No	1	2	3	4	
B. Cardiac Index	Yes	No	1	2	3	4	
C. Arterial lines	Yes	No	1	2	3	4	
D. PA/Swan-Ganz	Yes	No	1	2	3	4	
E. Intracranial pressure monitoring	Yes	No	1	2	3	4	
Bolt	Yes	No	1	2	3	4	
Ventriculostomy	Yes	No	1	2	3	4	
V. Venipuncture/labwork							
A. Peripheral venous draw	Yes	No	1	2	3	4	
B. Arterial blood draw	Yes	No	1	2	3	4	
C. Drawing from a central line	Yes	No	1	2	3	4	
D. Interpretation of arterial blood gases	Yes	No	1	2	3	4	
E. Interpretation of lab results	Yes	No	1	2	3	4	
F. Finger stick	Yes	No	1	2	3	4	
G. Blood Glucose Monitoring	Yes	No	1	2	3	4	
VI. IV Accesses							
A. Peripheral Insertion	Yes	No	1	2	3	4	
B. PICC care	Yes	No	1	2	3	4	
C. Midline Care	Yes	No	1	2	3	4	
D. Tunneled Catheters	Yes	No	1	2	3	4	
E. Port-a-Caths	Yes	No	1	2	3	4	
F. Nontunneled Catheters	Yes	No	1	2	3	4	
G. Care & Flushing	Yes	No	1	2	3	4	
H. Peripheral line dressing	Yes	No	1	2	3	4	
I. Central line dressing	Yes	No	1	2	3	4	
J. Other	Yes	No	1	2	3	4	
VII. Wound care/Maintenance							
A. Dry sterile dressing change	Yes	No	1	2	3	4	
B. Wet to Dry sterile dressing change	Yes	No	1	2	3	4	
C. Irrigation	Yes	No	1	2	3	4	
D. Obtain wound culture	Yes	No	1	2	3	4	
E. Wound Care Products	Yes	No	1	2	3	4	
F. Pressure sores	Yes	No	1	2	3	4	
G. Staged decubitus ulcers	Yes	No	1	2	3	4	
H. Surgical wounds with drain(s)	Yes	No	1	2	3	4	
I. Use of low air loss beds	Yes	No	1	2	3	4	
J. Ace Wraps & pressure drsgs	Yes	No	1	2	3	4	
K. Routine Skin Care	Yes	No	1	2	3	4	
VIII. Other Procedures							
A. Male Catheterization	Yes	No	1	2	3	4	
B. Female Catheterization	Yes	No	1	2	3	4	
C. GU irrigation	Yes	No	1	2	3	4	
D. NG tube insertion	Yes	No	1	2	3	4	
E. NG tube irrigation	Yes	No	1	2	3	4	

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F. Hemovac Drain	Yes	No	1	2	3	4	
G. Jackson Pratt drain	Yes	No	1	2	3	4	
H. Miller Abbott	Yes	No	1	2	3	4	
J. Levine	Yes	No	1	2	3	4	
K. Tubes to suction	Yes	No	1	2	3	4	
L. Tube feedings-gravity	Yes	No	1	2	3	4	
M. Management of Gastrostomy tube	Yes	No	1	2	3	4	
N. Management of Jejunostomy tube	Yes	No	1	2	3	4	
O. Hemodialysis	Yes	No	1	2	3	4	
P. Peritoneal dialysis	Yes	No	1	2	3	4	
IX. Medication Administration							
A. Oral	Yes	No	1	2	3	4	
B. Subcutaneous	Yes	No	1	2	3	4	
C. IM	Yes	No	1	2	3	4	
D. Ocular	Yes	No	1	2	3	4	
E. Aerosolized	Yes	No	1	2	3	4	
F. IV	Yes	No	1	2	3	4	
1. Gravity	Yes	No	1	2	3	4	
2. Add-vantage	Yes	No	1	2	3	4	
3. Rate controlled tubing	Yes	No	1	2	3	4	
4. TPN and lipids administration	Yes	No	1	2	3	4	
5. PPN administration	Yes	No	1	2	3	4	
6. Blood product administration	Yes	No	1	2	3	4	
X. Oxygen/Airway management							
A. Nasal cannula set-up	Yes	No	1	2	3	4	
B. Nebulizer treatments	Yes	No	1	2	3	4	
C. Venti masks	Yes	No	1	2	3	4	
D. Trach collars	Yes	No	1	2	3	4	
E. Endotracheal tube/suctioning	Yes	No	1	2	3	4	
F. Extubation	Yes	No	1	2	3	4	
G. Nasal Airway suctioning	Yes	No	1	2	3	4	
H. Oximetry	Yes	No	1	2	3	4	
I. Tracheostomy Care	Yes	No	1	2	3	4	
J. Use of ambu bag	Yes	No	1	2	3	4	
K. Sputum collection	Yes	No	1	2	3	4	
L. Assist with airway establishment	Yes	No	1	2	3	4	
M. Ventilator Management	Yes	No	1	2	3	4	
N. Ventilators models used	Yes	No	1	2	3	4	
a. _____	Yes	No	1	2	3	4	
b. _____	Yes	No	1	2	3	4	
XI. Care of the Patient:							
A. Care of Cardiac Patient	Yes	No	1	2	3	4	
Acute MI	Yes	No	1	2	3	4	
Congestive Heart Failure	Yes	No	1	2	3	4	

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Cardiac Arrest	Yes	No	1	2	3	4	
AAA Repair	Yes	No	1	2	3	4	
B. Care of the Respiratory Patient	Yes	No	1	2	3	4	
C. Care of Oncology Patient	Yes	No	1	2	3	4	
D. Care of the Post-Op Patient	Yes	No	1	2	3	4	
E. Care of the Open Heart Surgery Patient	Yes	No	1	2	3	4	
F. Care of the Organ Transplant Patient	Yes	No	1	2	3	4	
G. Care of the Neurological Patient	Yes	No	1	2	3	4	
H. Care of the GI Patient	Yes	No	1	2	3	4	
I. Care of the GU Patient	Yes	No	1	2	3	4	
J. Care of the Diabetic Patient	Yes	No	1	2	3	4	
XII. IV Therapies							
A. Antibiotics	Yes	No	1	2	3	4	
1. First dose/Anaphylaxis	Yes	No	1	2	3	4	
B. Cardiac Drips	Yes	No	1	2	3	4	
C. Chemotherapy	Yes	No	1	2	3	4	
1. Vesicant	Yes	No	1	2	3	4	
2. Non Vesicant	Yes	No	1	2	3	4	
3. Chemo Spill Kit	Yes	No	1	2	3	4	
D. IgG	Yes	No	1	2	3	4	
E. Hydration	Yes	No	1	2	3	4	
F. Enteral	Yes	No	1	2	3	4	
G. Inotropics	Yes	No	1	2	3	4	
H. Pain Management	Yes	No	1	2	3	4	
I. Other	Yes	No	1	2	3	4	
XIII. Pumps							
A. Ambulatory	Yes	No	1	2	3	4	
1. Type _____	Yes	No	1	2	3	4	
2. Type _____	Yes	No	1	2	3	4	
B. Pole Mounted	Yes	No	1	2	3	4	
1. Type _____	Yes	No	1	2	3	4	
2. Type _____	Yes	No	1	2	3	4	
C. Insulin Pump	Yes	No	1	2	3	4	
D. Enteral	Yes	No	1	2	3	4	
D. Other	Yes	No	1	2	3	4	
XIV. General Knowledge							
A. Advanced Cardiac Life Support	Yes	No	1	2	3	4	
Defibrillation	Yes	No	1	2	3	4	
Cardioversion	Yes	No	1	2	3	4	
Admin of cardiac drugs	Yes	No	1	2	3	4	
CPR	Yes	No	1	2	3	4	
F. Advanced Directives	Yes	No	1	2	3	4	
G. HIPAA	Yes	No	1	2	3	4	
H. Care of the patient with:	Yes	No	1	2	3	4	

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Septic shock	Yes	No	1	2	3	4	
Anaphylactic shock	Yes	No	1	2	3	4	
Hypovolemic shock	Yes	No	1	2	3	4	
DIC	Yes	No	1	2	3	4	
Multi-system organ failure	Yes	No	1	2	3	4	
XV. Age Specific Criteria:							
A. Newborn/Neonate (birth - 30 days)	Yes	No	1	2	3	4	
B. Infant (30 days - 1 year)	Yes	No	1	2	3	4	
C. Toddler (1 - 3 years)	Yes	No	1	2	3	4	
D. Preschooler (3 - 5 years)	Yes	No	1	2	3	4	
E. School age children (5 - 12 years)	Yes	No	1	2	3	4	
F. Adolescents (12 - 18 years)	Yes	No	1	2	3	4	
G. Young adults (18 - 39 years)	Yes	No	1	2	3	4	
H. Middle adults (39 - 64 years)	Yes	No	1	2	3	4	
I. Older adults (64+)	Yes	No	1	2	3	4	
Date: _____							
RN Signature: _____							

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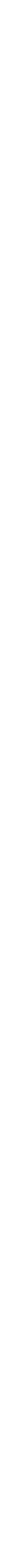
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