

**Directions**

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professional.

Experience
0 Not Applicable
1 No Experience
2 Some Experience (Require Assistance)
3 Intermittent Experience (May Require Assistance)
4 Experienced (Performs without Assistance)
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Print Name \_\_\_\_\_ Last 4 Digits of SS# \_\_\_\_\_ Date \_\_\_\_\_

General Skills	Experience					
Advanced directives	0	1	2	3	4	5
Awareness of HCAHPS	0	1	2	3	4	5
Patient/family teaching	0	1	2	3	4	5
Care planning & discharge planning	0	1	2	3	4	5
Care of patients in restrictive devices (restraints)	0	1	2	3	4	5
Lift/transfer devices	0	1	2	3	4	5
Specialty beds	0	1	2	3	4	5
End of life care / palliative care	0	1	2	3	4	5
Electronic Documentation	0	1	2	3	4	5
Automated Medication Dispensing System, Pyxis, Omnicell, or other	0	1	2	3	4	5
Bar coding for medication administration	0	1	2	3	4	5
National Patient Safety Goals	0	1	2	3	4	5
Accurate patient identification	0	1	2	3	4	5
Effective communication	0	1	2	3	4	5
Interpretation & communication of lab values	0	1	2	3	4	5
Medication administration	0	1	2	3	4	5
Labeling	0	1	2	3	4	5
Anticoagulation therapy	0	1	2	3	4	5
Medication reconciliation	0	1	2	3	4	5
Monitoring conscious sedation	0	1	2	3	4	5
Pain assessment & management	0	1	2	3	4	5
Use of PCA (IV, intrathecal, epidural)	0	1	2	3	4	5
Infection control	0	1	2	3	4	5
Universal precautions	0	1	2	3	4	5
Isolation	0	1	2	3	4	5
Minimize risk for falls	0	1	2	3	4	5
Prevention of pressure ulcers	0	1	2	3	4	5
Wound care	0	1	2	3	4	5
Wound vac	0	1	2	3	4	5
Drain Management (Hemovac, Jackson-Pratt)	0	1	2	3	4	5



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General Skills - cont.	Experience					
<b>Cardiac Monitoring &amp; Emergency Care</b>						
Obtains 12 lead EKG	0	1	2	3	4	5
Interpretation of rhythm strips	0	1	2	3	4	5
Treatment of dysrhythmias	0	1	2	3	4	5
Use of rapid response teams	0	1	2	3	4	5
Cardiac arrest/CPR	0	1	2	3	4	5
O2 therapy & delivery	0	1	2	3	4	5
Pulse oximetry	0	1	2	3	4	5
Use of doppler	0	1	2	3	4	5
<b>IV Therapy</b>						
Starting peripheral Ivs	0	1	2	3	4	5
Maintaining peripheral IVs	0	1	2	3	4	5
Blood draw: venous	0	1	2	3	4	5
Central line care	0	1	2	3	4	5
Blood draw: central line	0	1	2	3	4	5
Care & management of ports	0	1	2	3	4	5
Care & management of PICC/Groshong/Hickman	0	1	2	3	4	5
TPN & lipids	0	1	2	3	4	5
Administration of blood/blood products	0	1	2	3	4	5
Administration of chemotherapy	0	1	2	3	4	5
Monitoring chemotherapy (does not initiate)	0	1	2	3	4	5
<b>Other</b>						
Care of patient with sepsis	0	1	2	3	4	5
Diabetes mellitus	0	1	2	3	4	5
Blood Glucose Monitoring (BGM)	0	1	2	3	4	5
Insulin administration	0	1	2	3	4	5
Management of Hypoglycemia	0	1	2	3	4	5

Cardiovascular	Experience					
Assessment of heart sounds	0	1	2	3	4	5
External & temporary pacemakers	0	1	2	3	4	5
Management of permanent pacemaker/AICD	0	1	2	3	4	5
<b>Care of Patient with:</b>						
Angina	0	1	2	3	4	5
CHF	0	1	2	3	4	5



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Cardiovascular – cont.	Experience					
Acute MI	0	1	2	3	4	5
Pre/post cardiac surgery (CABG & valves)	0	1	2	3	4	5
Pre/post vascular surgery (abdominal or thoracic AA, fem-pop, carotid)	0	1	2	3	4	5
Cardiogenic shock	0	1	2	3	4	5
<b>Medication Administration</b>						
Preparation & administration of emergency (ACLS) meds	0	1	2	3	4	5
Inotropics (i.e. digoxin, dopamine, epinephrine)	0	1	2	3	4	5
Antiarrhythmics (beta blockers / Ca+ channel blockers)	0	1	2	3	4	5
Antianginals (isordil/nitrates)	0	1	2	3	4	5
Antihypertensives	0	1	2	3	4	5
Antilipemics ('statins')	0	1	2	3	4	5
Diuretics	0	1	2	3	4	5

Pulmonary	Experience					
Assessment of breath sounds	0	1	2	3	4	5
Airway management/suctioning (ETT, oral, trach)	0	1	2	3	4	5
Incentive spirometer	0	1	2	3	4	5
Recognition & treatment of abnormal ABGS's	0	1	2	3	4	5
Management of chest tubes	0	1	2	3	4	5
Heimlich valve	0	1	2	3	4	5
<b>Care of Patient with:</b>						
COPD/emphysema	0	1	2	3	4	5
Asthma	0	1	2	3	4	5
Tuberculosis	0	1	2	3	4	5
Pulmonary embolism	0	1	2	3	4	5
Pulmonary edema	0	1	2	3	4	5
Pneumothorax	0	1	2	3	4	5
Tracheostomy	0	1	2	3	4	5
Pneumonia	0	1	2	3	4	5
Respiratory distress	0	1	2	3	4	5
Thoracentesis/paracentesis	0	1	2	3	4	5
<b>Medication Administration</b>						
Antihistamines	0	1	2	3	4	5
Bronchodilators	0	1	2	3	4	5
Expectorants & antitussives	0	1	2	3	4	5
Use of inhalers	0	1	2	3	4	5
Use of nebulizer treatments	0	1	2	3	4	5



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Neurology	Experience					
Comprehensive neuro assessment	0	1	2	3	4	5
Glasgow coma scale	0	1	2	3	4	5
Stroke Scale Assessment	0	1	2	3	4	5
Utilize seizure precautions/seizures	0	1	2	3	4	5
Assist with lumbar puncture	0	1	2	3	4	5
<b>Care of Patient with:</b>						
TIA/CVA	0	1	2	3	4	5
Cranial hemorrhage & hematoma	0	1	2	3	4	5
Aspiration precautions	0	1	2	3	4	5
Overdose/DT's	0	1	2	3	4	5
Spinal cord injury/trauma	0	1	2	3	4	5
TBI (Traumatic Brain Injury)	0	1	2	3	4	5
Pre/post neuro surgery	0	1	2	3	4	5
Degenerative neurological disorders	0	1	2	3	4	5
Halo traction/vest	0	1	2	3	4	5
<b>Medication Administration</b>						
Anticonvulsants (Dilantin / Neurontin / phenobarbitol)	0	1	2	3	4	5
Antidepressants	0	1	2	3	4	5
Antiparkinsons (Cogentin / levodopa / Sinemet)	0	1	2	3	4	5

Gastrointestinal	Experience					
Insertion & management of NG tube	0	1	2	3	4	5
Insertion & management of small bore feeding tubes (Dobhoff, Keofeed)	0	1	2	3	4	5
Management of gastrostomy / jejunostomy tube	0	1	2	3	4	5
Management of post surgical drains	0	1	2	3	4	5
<b>Care of Patient with:</b>						
GI bleed (upper/lower)	0	1	2	3	4	5
Hepatitis	0	1	2	3	4	5
Pre/post open abdominal surgery	0	1	2	3	4	5
Colostomy/ileostomy	0	1	2	3	4	5
IBS	0	1	2	3	4	5
ERCP	0	1	2	3	4	5
Paralytic ileus	0	1	2	3	4	5
Gastric bypass	0	1	2	3	4	5
Gastric banding	0	1	2	3	4	5
Peritonitis	0	1	2	3	4	5



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Gastrointestinal - cont.	Experience					
<b>Medication Administration</b>						
Antiulcer drugs	0	1	2	3	4	5
Antiemetics	0	1	2	3	4	5
Antacids	0	1	2	3	4	5
Digestive enzymes	0	1	2	3	4	5

Genitourinary/Renal	Experience					
Insertion & maintenance of foley catheter	0	1	2	3	4	5
Care of nephrostomy tube	0	1	2	3	4	5
Care of suprapubic tube	0	1	2	3	4	5
Fluid & electrolyte disturbance	0	1	2	3	4	5
<b>Care of Patient with:</b>						
UTI	0	1	2	3	4	5
BPH	0	1	2	3	4	5
TURP	0	1	2	3	4	5
Prostate cancer	0	1	2	3	4	5
Nephrectomy	0	1	2	3	4	5
Ilioconduit	0	1	2	3	4	5
Renal Surgery	0	1	2	3	4	5
Chronic/acute renal failure	0	1	2	3	4	5
Hemodialysis	0	1	2	3	4	5
Peritoneal dialysis	0	1	2	3	4	5

Gynecology	Experience					
Assist with GYN exam/PAP	0	1	2	3	4	5
GYN surgeries	0	1	2	3	4	5
GYN malignancies	0	1	2	3	4	5

Progressive Care Nursing Requirements	Experience					
Basic & advanced life support protocols	0	1	2	3	4	5
Adenosine administration	0	1	2	3	4	5
Chest tube insertion & management	0	1	2	3	4	5
Insertion & management of arterial line	0	1	2	3	4	5
Management & D/C of arterial & venous sheaths	0	1	2	3	4	5
Femoral hemostasis devices (femStop/vasoseal)	0	1	2	3	4	5
Ventilator management	0	1	2	3	4	5
Interpretation of weaning parameters	0	1	2	3	4	5



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Progressive Care Nursing Requirements – cont.	Experience					
<b>Drug dose calculation for:</b>						
Non-titrated IV vasoactive agents (Dobutrex/dopamine)	0	1	2	3	4	5
Nitrates (IV nitroglycerine)	0	1	2	3	4	5
Platelet inhibitors (reopro)	0	1	2	3	4	5
Fibrinolytics/IIb IIIa inhibitors	0	1	2	3	4	5
Anti-arrhythmic agents (amiodarone / Cardizem/ lidocaine)	0	1	2	3	4	5
<b>Patient Monitoring (Pre/Post Procedure)</b>						
Cardioversion	0	1	2	3	4	5
TEE	0	1	2	3	4	5
Cardiac catheterization	0	1	2	3	4	5
Bronchoscopy	0	1	2	3	4	5
EGD	0	1	2	3	4	5
PEG placement	0	1	2	3	4	5
<b>Patient Monitoring (During/Intra Procedure)</b>						
Cardioversion	0	1	2	3	4	5
TEE	0	1	2	3	4	5
Bronchoscopy	0	1	2	3	4	5
EGD	0	1	2	3	4	5
PEG placement	0	1	2	3	4	5

Age Specific Competencies	Experience					
Newborn/neonate(birth-30 days)	0	1	2	3	4	5
Infant (31 days-1 year)	0	1	2	3	4	5
Toddler (ages 2-3 years)	0	1	2	3	4	5
Preschool (ages 4-5 years)	0	1	2	3	4	5
School age (ages 6-12 years)	0	1	2	3	4	5
Adolescent (ages 13-21 years)	0	1	2	3	4	5
Young adult (ages 22-39 years)	0	1	2	3	4	5
Adult (ages 40-64 years)	0	1	2	3	4	5
Older adult (ages 65-79 years)	0	1	2	3	4	5
Elderly (ages 80+ years)	0	1	2	3	4	5



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**Please list any additional skills:**

1.	2.
3.	4.

**Additional training:**

1.	2.
3.	4.

**Additional equipment:**

1.	2.
3.	4.

**Fax to: 1-888-298-3146**

**The information on this and all preceding pages is true and correct.**

\_\_\_\_\_  
Signature Date