## Registered Nurse Skills Checklist

**NAMES:**

My skills apply to Children & Young People [ ]  Adults [ ]  or Both, as detailed in Comments [ ]

### LEVEL OF EXPERIENCE (Self Analysis)

*Please put a Y (for Yes) under the appropriate number*

1. Fully familiar with this procedure and can perform independently
2. Somewhat familiar with this procedure. Would need supervision/refresher training
3. Understand theory behind procedure but never/rarely/not recently performed task
4. No contact with equipment or situation. No knowledge of procedure.

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| ADMINISTRATION OF MEDICATIONS | 1 | 2 | 3 | 4 | COMMENTS |
| Oral administration |  |  |  |  |  |
| Injections  |  |  |  |  |  |
| Administration of rectal medication |  |  |  |  |  |
| Topical application of drugs  |  |  |  |  |  |
| Administration of drugs in other forms e.g. eye, ear, nose drops  |  |  |  |  |  |

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| INTRAVENOUS THERAPY | 1 | 2 | 3 | 4 | COMMENTS |
| I.V. rate calculations  |  |  |  |  |  |
| Administration of drugs by continuous infusion |  |  |  |  |  |
| Administration of drugs by intermittent infusion |  |  |  |  |  |
| Administration of drugs by direct injection |  |  |  |  |  |
| Administration of blood & blood products  |  |  |  |  |  |
| Heparinization via I.V. cannula  |  |  |  |  |  |
| Infusion pumps  |  |  |  |  |  |
| Syringe drivers  |  |  |  |  |  |
| Central Venous Pressure readings (CVP)  |  |  |  |  |  |
| Venepuncture (taking blood) |  |  |  |  |  |
| Assessing I.V. sites i.e. cannula or central access |  |  |  |  |  |

In order for you to administer any I.V. therapy you may need to undergo an I.V. assessment by the agency and/or place of work and be deemed competent.

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| RENAL | 1 | 2 | 3 | 4 | COMMENTS |
| Insertion of catheter: |
|  Male  |  |  |  |  |  |
|  Female  |  |  |  |  |  |
| Catheter care  |  |  |  |  |  |
| Suprapubic catheter  |  |  |  |  |  |
| Nephrostomy tube  |  |  |  |  |  |
| Bladder lavage & irrigation  |  |  |  |  |  |
| Care of a child following a renal transplant |
| Dressing change of:- |  |  |  |  |  |
|  haemodialysis |  |  |  |  |  |
|  peritoneal dialysis |  |  |  |  |  |
|  following a nephrectomy |  |  |  |  |  |
|  mitroanoff/veicostomy |  |  |  |  |  |

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| TOTAL PARENTERAL NUTRITION | 1 | 2 | 3 | 4 | COMMENTS |
| Knowledge of solutions  |  |  |  |  |  |
| Dressing Change  |  |  |  |  |  |
| Care of central line during the infusion |  |  |  |  |  |
| Safe observation of unused line |  |  |  |  |  |

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| ORTHOPAEDICS | 1 | 2 | 3 | 4 | COMMENTS |
| Care of a patient: |
|  In plaster  |  |  |  |  |  |
|  With skin traction  |  |  |  |  |  |
|  With skeletal traction  |  |  |  |  |  |
|  Following amputation  |  |  |  |  |  |
| Halo traction  |  |  |  |  |  |
| Stryker frame  |  |  |  |  |  |
| Spinal lifts  |  |  |  |  |  |
| Log roll |  |  |  |  |  |
| Neurovascular observations |  |  |  |  |  |

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| GASTROINTESTINAL | 1 | 2 | 3 | 4 | COMMENTS |
| Naso-gastric tube insertion  |  |  |  |  |  |
| Testing correct position of naso-gastric tube |  |  |  |  |  |
| Use of PH indicator paper |  |  |  |  |  |
| Feeding via naso-gastric tube |  |  |  |  |  |
| Care of a patient with: |
|  PEG |  |  |  |  |  |
|  Mickey Button |  |  |  |  |  |
|  Mini |  |  |  |  |  |
|  Changing of Mickey/ Mini Button |  |  |  |  |  |
| Care of jejeunostomy |  |  |  |  |  |
| Care of gastro-jejunal tube |  |  |  |  |  |
| Knowledge of feeding pumps and equipment used |  |  |  |  |  |
| Please state which feeding pumps you are competent in using: |
| Care of Colostomy |  |  |  |  |  |
| Care of Ileostomy |  |  |  |  |  |
| Care following: |
|  Renal biopsy |  |  |  |  |  |
|  Liver biopsy |  |  |  |  |  |
| Administration of: |
|  Suppositories |  |  |  |  |  |
|  Enemas |  |  |  |  |  |
|  Rectal washouts |  |  |  |  |  |
| Care of patient with diabetes – diet/tablet/insulin controlled |  |  |  |  |  |

| RESPIRATORY | 1 | 2 | 3 | 4 | COMMENTS |
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| Oxygen therapy  |  |  |  |  |  |
| Suctioning: |
|  Oropharyngeal (inc. Yankeur suction catheter) |  |  |  |  |  |
|  Nasopharyngeal |  |  |  |  |  |
| Tracheostomy Care: |
|  Changing a dressing  |  |  |  |  |  |
|  Suctioning a tracheostomy  |  |  |  |  |  |
|  Emergency change of a tracheostomy tube |  |  |  |  |  |
|  Routine Change of a Tracheostomy Tube |  |  |  |  |  |
| Care of ventilated patient at home |  |  |  |  |  |
| Care of ventilated patient in hospital |  |  |  |  |  |
| Obtaining arterial blood gases  |  |  |  |  |  |
| Interpreting arterial blood gases  |  |  |  |  |  |
| Assisting with intubation  |  |  |  |  |  |
| Care of Ventilated patient requiring: |
|  BIPAP |  |  |  |  |  |
|  CPAP |  |  |  |  |  |
|  Full ventilation |  |  |  |  |  |
| Please state which models of ventilators you have used during the past 12 months  |

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| NEUROLOGICAL | 1 | 2 | 3 | 4 | COMMENTS |
| Neurological observations & assessment  |  |  |  |  |  |
| Care of a patient and treatment during & following a seizure. |  |  |  |  |  |
| Care of a patient with: |
|  A head injury  |  |  |  |  |  |
|  With spinal cord injury (e.g. quadriplegic/ Paraplegic)  |  |  |  |  |  |
|  Following spinal surgery (e.g. Lainecomy/fusion) |  |  |  |  |  |
|  During & after a lumbar puncture  |  |  |  |  |  |
| Care of a confused/agitated patient |  |  |  |  |  |
| Care of a patient following a trauma |  |  |  |  |  |
| Care of a patient with Alzheimer’s/dementia |  |  |  |  |  |
| Care of a patient with Multiple Sclerosis |  |  |  |  |  |

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| WOUND CARE | 1 | 2 | 3 | 4 | COMMENTS |
| Changing wound dressings using an aseptic technique |  |  |  |  |  |
| Aseptic technique  |  |  |  |  |  |
| Removal of sutures/clips/staples |  |  |  |  |  |
| Drain dressings  |  |  |  |  |  |
| Change of vacuum bottle  |  |  |  |  |  |
| Removal of drain  |  |  |  |  |  |
| Prevention of pressure sores |  |  |  |  |  |

| CARDIOVASCULAR | 1 | 2 | 3 | 4 | COMMENTS |
| --- | --- | --- | --- | --- | --- |
| Perform electrocardiograms (ECG)  |  |  |  |  |  |
| Cardiac Monitoring  |  |  |  |  |  |
| Interpretation of basic arrhythmias  |  |  |  |  |  |
| Defibrillation  |  |  |  |  |  |
| Care of a patient in heart failure  |  |  |  |  |  |
| Care of patient pre/post cardiac surgery |  |  |  |  |  |
| Care of patient pre/post cardiac catheterisation |  |  |  |  |  |
| Knowledge of drugs used in a cardiac arrest |  |  |  |  |  |
| Use of airway and ambu bag  |  |  |  |  |  |
| Cardiac compressions  |  |  |  |  |  |
| Paediatric Life Support Skills |  |  |  |  |  |
| Neonatal Life Support Skills |  |  |  |  |  |

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| IMMUNE SYSTEM | 1 | 2 | 3 | 4 | COMMENTS |
| Barrier nursing of an infectious patient |  |  |  |  |  |
| Barrier nursing of an immunosuppressed patient |  |  |  |  |  |
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| PROFESSIONAL COMPETENCIES | 1 | 2 | 3 | 4 | COMMENTS |
| Knowledge of NMC Code of Professional Conduct  |  |  |  |  |  |
| Knowledge of NMC guidelines for the administration of medicines  |  |  |  |  |  |
| Knowledge of NMC scope of Professional Practice  |  |  |  |  |  |
| Knowledge of NMC guidelines for records & record keeping  |  |  |  |  |  |

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| SAFEGUARDING CHILDREN | 1 | 2 | 3 | 4 | COMMENTS |
| Knowledge of Children’s Act 2004 |  |  |  |  |  |
| Knowledge of Multi Agency Working |  |  |  |  |  |
| Knowledge of procedures if you have child protection concerns |  |  |  |  |  |
| Knowledge of Safeguarding Vulnerable Adult procedures |  |  |  |  |  |
| Knowledge of DOH Green paper (DFES 2003) |  |  |  |  |  |
| Knowledge of “Every Child Matters” |  |  |  |  |  |
| Aware of Lord Laming’s report 2003 |  |  |  |  |  |
| Knowledge of categories of following Abuse: |
|  Physical |  |  |  |  |  |
|  Emotional |  |  |  |  |  |
|  Neglect |  |  |  |  |  |
|  Sexual |  |  |  |  |  |
| Knowledge of the concept “Significant Harm” |  |  |  |  |  |

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| CHILDREN WITH SPECIAL NEEDS | 1 | 2 | 3 | 4 | COMMENTS |
| Supporting children with learning disabilities |  |  |  |  |  |
| Supporting children and families with special needs in the home environment |  |  |  |  |  |
| Supporting children with complex needs |  |  |  |  |  |
| Knowledge of non-verbal communication |  |  |  |  |  |
| Play therapy (certificated) |  |  |  |  |  |

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| Reading story books to children in English or other lang. |  |  |  |  |  |
| Helping young children to read/write English/other lang. |  |  |  |  |  |

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| OTHER SKILLS & COMPETENCIES | 1 | 2 | 3 | 4 | COMMENTS |
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| *We are aware that the above list is by no means complete. Please use a separate sheet to tell us about your additional skills and knowledge.* |

**Name**: ……………………………………………………..

**Signature: …………………………………………………**

**Date: …………………………………………………………**