

MATRIX PERSONNEL SERVICE, INC.
RN PROFICIENCY RECORD (SKILLS CHECKLIST)
INTENSIVE CARE UNIT

Name: _____
Last
First
Middle

Date: _____

LEVEL OF PROFICIENCY
1 - Theory – No Experience
2 - Some Experience (May require some assistance or practice)
3 - Competent and Experienced

PLEASE CHECK THE APPROPRIATE COLUMN FOR FAMILIARITY WITH, OR USAGE OF THE FOLLOWING:

SKILLS	1	2	3
PRECAUTIONS			
<i>Isolation:</i>			
Universal Precautions			
Respiratory			
Contact			
Strict			
Reverse			
<i>Neurological:</i>			
Seizure			
Grand Mal Seizure			
Aneurysm			
Cardiac			
Suicide			
INTRAVENOUS THERAPY			
Start IV's			
Heparin Lock			
Angiocaths			
Intracath (Jelco)			
Instyle			
Mixing IV Medications			
Medication Administration			
Discontinue Peripheral IV			
IVAC Infusion Monitor			
IMED Infusion Pump			
Institute & Monitor Blood Products			
CVP's			
Set-up and Assist with CVP Insertion			
Measuring CVP's			
CVP Dressing			
Hyperalimentation Solutions			
Hyperalimentation Dressings			
Hyperalimentation Precautions			
Assist with Insertion of Arterial Lines			
Assist with Insertion of Swan Ganz			
Swan Ganz Catheters PA Pressure			
PCWP Reading			
Set-up and/or change tubing of Swan Ganz Catheter			
RESPIRATORY PROBLEMS			
Patient Care after Thoracotomy			
Patient Care in Pulmonary Edema			
Suctioning Oropharyngeal Airway			

SKILLS	1	2	3
RESPIRATORY (cont.)			
Cuffed Tracheostomy Tubes			
Cuffed Endotracheal Tubes			
OXYGEN EQUIPMENT			
Partial Rebreather			
Non-Rebreather			
Venturi			
IPPB Machine			
Ventilators			
Volume – VIP			
Volume – Emerson			
Volume – MA-I			
Volume – 7200			
IMV			
PEEP			
CPAP			
Chest Physical Therapy			
Assist with Intubation			
Extubation			
TRACHEOSTOMY			
Silver			
Fenestrated			
Portex			
Shiley			
CHEST TUBES			
Assist with Insertion			
Water Seal			
3 Bottle Suction			
Pleurvac			
BLOOD GASES			
Obtain from Arterial Line			
Interpretation of ABG's/VBG's			
Arterial Puncture			
NEURO AND ORTHO EQUIPMENT			
Circo – Electric Bed			
Stryker Frame			
Halo Traction			
Crutchfield Tongs			

PLEASE CHECK THE APPROPRIATE COLUMN FOR FAMILIARITY WITH, OR USAGE OF THE FOLLOWING:

SKILLS	1	2	3
NEURO AND ORTHO EQUIPMENT (cont.)			
Roto Bed			
Balkan Frame			
Buck's Extension			
Balanced Suspension			
K Wires			
Other Skeletal Traction			
Cast Care			
Spika Casts			
Soft Cast			
Crutch Walking			
ICP Monitoring			
Pupillary Reaction			
GASTROINTESTINAL PROBLEMS			
<i>Care of the Patient with Multiple Abdominal Wounds & Drains</i>			
Levine Tube			
Salem Sump Tube			
Care of the Patient with Sengstaken-Balckmore Tube			
Miller Abbott			
Kaslow (Kantor)			
J-Tube			
Gastrostomy Tube			
RENAL – GU			
<i>Care of the Patient in Acute Renal Failure</i>			
Foley Catheter			
3-Way Foley			
Coude			
GU Irrigations			
Intermittent Irrigations			
Continuous Irrigation			
Tidal Drainage			
Suprapubic Catheter			
Nephrostomy Tube			
Hemo Dialysis			
Peritoneal Dialysis			
CARDIOVASCULAR			
Care of the Open Heart			
Care of the Fresh MI			
Cardiac Monitors			
Take Rhythm Strips			
Dysrhythmia Interpretation			
Interpretation of 12 Lead EKG			
Telemetry			
Automatic Rotating Tourniquets			
Temporary Pacer Insertion			
Defibrillation and Emergency Drug Therapy			
Cardioversion			
Anthrombic Pump			
Aortic Balloon Pump			
Ultrasonic Doppler			
Mast Suit			

SKILLS	1	2	3
<i>Care of the Patient With</i>			
Aneurysms			
Fem-Pop Bypass			
Thoracic Surgery			
Carotid Endarectomy			
Tracheal Occlusion			
Delirium Tremors			
Near Drowning			
Adult Respiratory Distress Syndrome			
Coronary Artery Bypass			
Angioplasty			
Hypothermia Management			
Overdose			
Burns			
GI Bleeds			
Dehiscence			
Nephrectomy			
Shock			
Acute MI – CHF – Angina			
ARRESTS			
Initiated Resuscitation			
Prepare Meds			
Active Participation			
CPR			
DRAWING BLOOD			
Arterial			
Venous			
Capillary			
PREPARATION AND USE OF			
Lidocaine			
Dopamine			
Nipride			
Dobutamine (Dobutrex)			
Bretylol			
Pronestyl			
Nitroglycerine Drip			
Dilantin			
Mannitol			
Phenobarbital			
Decadron			
Paralyzing Agents			
Dextran			
Streptokinase			
Epinephrine			
Heparin			
Atropine			

Certification	Expiration Date	Certification	Expiration Date
ACLS		Other:	
BLS		Other:	
Other:		Other:	
Other:		Other:	

Notes: (Please enter information you feel is important or necessary to give further explanation for information provided above):

Employee Signature: _____

Date: _____

Reviewed By: _____

Date: _____

Matrix Representative Signature