

# Winyah Nursing Services, Inc.

SERVING YOUR STAFFING NEEDS

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## LPN/LVN SKILLS CHECKLIST

Your Completion of this checklist will help us match your skills to the assignment of your choice. Please place a “√” in the column that best describes your experience level with each skill.

### KEY

1. Two or more years consistent experience
2. One year consistent experience
3. Intermittent Experience
4. No experience

	1	2	3	4
<b>CARDIOVASCULAR:</b>				
Auscultation to heart rate/rhythm	_____	_____	_____	_____
Blood pressure	_____	_____	_____	_____
Doppler	_____	_____	_____	_____
Pulses	_____	_____	_____	_____
Circulatory checks	_____	_____	_____	_____
CPR	_____	_____	_____	_____
ACLS	_____	_____	_____	_____
Post abdominal aortic bypass	_____	_____	_____	_____
Angina	_____	_____	_____	_____
Aneurysm	_____	_____	_____	_____
Congestive heart failure	_____	_____	_____	_____
Fem-pop bypass	_____	_____	_____	_____
Permanent pacemaker	_____	_____	_____	_____
Post carotic endarterectomy	_____	_____	_____	_____
Post acute MI	_____	_____	_____	_____
Post cardiac surgery	_____	_____	_____	_____
Thrombophlebitis	_____	_____	_____	_____
DVT	_____	_____	_____	_____
Administration of post-op cardiac meds	_____	_____	_____	_____

<b>CERTIFICATIONS:</b>				
BLS	_____	_____	_____	_____
ACLS	_____	_____	_____	_____

<b>DIABETIC CARE:</b>				
Diabetic patient teaching	_____	_____	_____	_____
Diabetic monitoring	_____	_____	_____	_____
S/S of Hyper/Hypoglycemia	_____	_____	_____	_____
Performing fingersticks	_____	_____	_____	_____
Glucometer use	_____	_____	_____	_____
Insulin infusion	_____	_____	_____	_____
Regular/long acting insulin	_____	_____	_____	_____
Mixing insulin	_____	_____	_____	_____
Calculating caloric intake	_____	_____	_____	_____

	1	2	3	4
<b>EXPERIENCE IN PRIMARY AREAS:</b>				
Hospitals	_____	_____	_____	_____
Clinics	_____	_____	_____	_____
Nursing homes	_____	_____	_____	_____
Home health	_____	_____	_____	_____

<b>GASTROINTESTINAL:</b>				
Tube feeding administration-Bolus	_____	_____	_____	_____
Tube feeding administration-Pump	_____	_____	_____	_____
Medication administration via tube	_____	_____	_____	_____
Bowel prep	_____	_____	_____	_____
GI bleeding	_____	_____	_____	_____
Inflammatory Bowel Disease	_____	_____	_____	_____
Guaiaac testing	_____	_____	_____	_____
Assessing nutritional status	_____	_____	_____	_____
Enema administration	_____	_____	_____	_____
Assessment of bowel incontinence	_____	_____	_____	_____
Signs/symptoms of fecal impaction	_____	_____	_____	_____
NG tube care	_____	_____	_____	_____
Assessment of NG tube placement	_____	_____	_____	_____
Colostomy care	_____	_____	_____	_____
Assessment of abdomen	_____	_____	_____	_____
Assessment of Bowel sounds	_____	_____	_____	_____
Post op care-Abdominal surgeries	_____	_____	_____	_____

<b>INTRAVENOUS THERAPY:</b>				
IV Certified	_____	_____	_____	_____
Peripheral IV insertion	_____	_____	_____	_____
IV dosage calculation	_____	_____	_____	_____
IV infusion pumps	_____	_____	_____	_____
IV site care	_____	_____	_____	_____
Central line site care	_____	_____	_____	_____
Implanted catheter site care	_____	_____	_____	_____
Administration of IV antibiotics	_____	_____	_____	_____
Administration of IV fluids	_____	_____	_____	_____
Administration of IV narcotics	_____	_____	_____	_____
Blood draws from central lines	_____	_____	_____	_____
Blood draws from implanted catheter	_____	_____	_____	_____
Blood draws from peripheral line	_____	_____	_____	_____

**MEDICATION ADMINISTRATION:**

- Dosage calculations –5 RIGHTS \_\_\_\_\_
- Documentation on M.A.R. & pt chart \_\_\_\_\_
- PDR/Drug book usage \_\_\_\_\_
- Narcotic wastage/verification \_\_\_\_\_
- Drug action/interaction knowledge \_\_\_\_\_
- Generic drug equivalents \_\_\_\_\_
- Swallowing precautions \_\_\_\_\_
- Ear drops \_\_\_\_\_
- Eye drops \_\_\_\_\_
- Intradermal meds \_\_\_\_\_
- Intramuscular meds \_\_\_\_\_
- Oral meds \_\_\_\_\_
- Parenteral meds \_\_\_\_\_
- Sublingual meds \_\_\_\_\_
- Topical meds \_\_\_\_\_

**NEUROLOGICAL:**

- Neuro checks \_\_\_\_\_
- Seizure precautions \_\_\_\_\_
- Dementias \_\_\_\_\_
- Neuromuscular disease \_\_\_\_\_
- CVA \_\_\_\_\_
- DTs \_\_\_\_\_
- Aneurysm precautions \_\_\_\_\_
- Anticonvulsants \_\_\_\_\_
- Antispasmodics \_\_\_\_\_
- Long term spinal cord injuries \_\_\_\_\_
- Pain control measures \_\_\_\_\_
- Post craniotomy care \_\_\_\_\_
- Meningitis \_\_\_\_\_
- TENS unit \_\_\_\_\_

**ORTHOPEDIC:**

- Circulation assessment \_\_\_\_\_
- Gait assessment \_\_\_\_\_
- Range of motion \_\_\_\_\_
- Continuous passive motion \_\_\_\_\_
- Cervical collars \_\_\_\_\_
- Gait belts \_\_\_\_\_
- Canes/crutches \_\_\_\_\_
- Slings \_\_\_\_\_
- Brace application \_\_\_\_\_
- Traction application \_\_\_\_\_
- Transfer boards \_\_\_\_\_
- Walkers \_\_\_\_\_
- Wheelchairs \_\_\_\_\_
- Prosthesis \_\_\_\_\_
- Casts and care \_\_\_\_\_
- Amputation care \_\_\_\_\_
- Post-arthroscoy care \_\_\_\_\_
- Pinned fractures \_\_\_\_\_
- Osteoporosis \_\_\_\_\_
- Care of total hip replacements \_\_\_\_\_
- Care of total knee replacements \_\_\_\_\_
- Rheumatic/arthritis disease \_\_\_\_\_

**OTHER SKILLS:**

- Charting systems \_\_\_\_\_
- 24 hr written & verbal reporting \_\_\_\_\_
- CODE status; ie Full Code or DNR \_\_\_\_\_
- Accident & Incident reporting \_\_\_\_\_
- Using the 911 system in LTC setting \_\_\_\_\_
- Regulatory guidelines related to residents rights in LTC setting \_\_\_\_\_
- Regulatory guidelines related to prevention of neglect and abuse of residents \_\_\_\_\_

**PAIN MANAGEMENT:**

- Pain “level” assessment \_\_\_\_\_
- Documentation of Characteristics of pain ie: Location, duration, character \_\_\_\_\_
- Document of effectiveness of pain meds \_\_\_\_\_

**PSYCHOSOCIAL:**

- Assessment & documentation of any behavioral problems \_\_\_\_\_
- Assess & document signs & symptoms of depression \_\_\_\_\_
- Assess & document patients response to psychotropic medications \_\_\_\_\_
- Assess & document effectiveness of all psychiatric meds patient is given \_\_\_\_\_
- Assess & document effective ness of all groups and therapy \_\_\_\_\_
- Parameters for restraint use in LTC \_\_\_\_\_

**PULMONARY:**

- Airway management \_\_\_\_\_
- Apnea monitor \_\_\_\_\_
- Differentiate breath sounds \_\_\_\_\_
- Chest tube care \_\_\_\_\_
- Chest physiotherapy \_\_\_\_\_
- Incentive spirometry \_\_\_\_\_
- Inhaler use \_\_\_\_\_
- Tracheal/nasotracheal suctioning \_\_\_\_\_
- Oropharyngeal suctioning \_\_\_\_\_
- Oxygen therapy \_\_\_\_\_
- Pulse Oximetry \_\_\_\_\_
- Postural drainage & percussion \_\_\_\_\_
- Pulmonaide use \_\_\_\_\_
- Sputum specimen collection \_\_\_\_\_
- Tracheostomy care/suctioning \_\_\_\_\_
- Ventilator patient care \_\_\_\_\_

**UNIVERSAL PRECAUTIONS/INFECTION CONTROL:**

- AIDS/HIV \_\_\_\_\_
- Hepatitis \_\_\_\_\_
- MRSA \_\_\_\_\_
- VRE \_\_\_\_\_
- Fever management \_\_\_\_\_
- Decubitus/wound care (contaminated) \_\_\_\_\_

**UNIVERSAL PRECAUTIONS (Cont.):**

- Reverse isolation \_\_\_\_\_
- Standard/universal precautions \_\_\_\_\_
- Linen: Transporting, sorting, handling:
  - a) Clean \_\_\_\_\_
  - b) Solid \_\_\_\_\_
  - c) Personal clothing \_\_\_\_\_
- Double bagging technique \_\_\_\_\_
- Proper disposal of sharps and waste \_\_\_\_\_

**URINARY/RENAL:**

- Assessment & care of AV shunt \_\_\_\_\_
- Post renal surgery \_\_\_\_\_
- Renal failure \_\_\_\_\_
- ESRD \_\_\_\_\_
- Assessment of urinary incontinence \_\_\_\_\_
- Assess I & O \_\_\_\_\_
- Signs & symptoms of UTI \_\_\_\_\_
- Signs & symptoms of distended bladder \_\_\_\_\_
- Indwelling catheter insertion-female \_\_\_\_\_
- Indwelling catheter insertion-male \_\_\_\_\_
- Straight Cath-male \_\_\_\_\_
- Straight Cath-female \_\_\_\_\_
- Suprapubic catheter care \_\_\_\_\_
- Urine dipsticks for Ketones \_\_\_\_\_
- Urine dipsticks for UTI \_\_\_\_\_

**WOUNDS, PRESSURE SORES, SKIN IMPAREMENTS:**

- Assessment and care of Post Op wounds \_\_\_\_\_
- Assessment, prevention and care of pressure wounds \_\_\_\_\_
- Assessment and documentation of skin conditions and wounds \_\_\_\_\_
- Sterile dressing changes \_\_\_\_\_
- Aseptic dressing changes \_\_\_\_\_
- Wound irrigation \_\_\_\_\_
- Use of wound care products \_\_\_\_\_
- Beds-air fluidized, low air loss beds \_\_\_\_\_
- Pressure relieving devices \_\_\_\_\_
- Staple removal \_\_\_\_\_
- Suture removal \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date