

Winyah Nursing Services, Inc.

SERVING YOUR STAFFING NEEDS

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PSYCHIATRIC NURSING 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
SKILLS:				
Admission of Psychiatric patient	___	___	___	___
Initial Nursing Assessment & Care plan	___	___	___	___
Nursing Reassessment & Care plan update	___	___	___	___
Active participation in multidisciplinary staffing	___	___	___	___
Participates in Milieu Therapy	___	___	___	___
Conducts individual psychotherapy	___	___	___	___
Conducts in group psychotherapy	___	___	___	___
Patient teaching	___	___	___	___
Therapeutic communication skills	___	___	___	___
Behavioristic charting	___	___	___	___
Discharge planning	___	___	___	___
Care of suicidal patient	___	___	___	___
Care of assaultive patient	___	___	___	___
Care of alcoholic patient	___	___	___	___
Care of the drug dependent patient	___	___	___	___
Care of hallucinatory patient	___	___	___	___
Care of manic patient	___	___	___	___
Rapid tranquilization	___	___	___	___
Electroconvulsive therapy	___	___	___	___
Care of a patient with seizures	___	___	___	___
Insertion of a Foley catheter	___	___	___	___
Oxygen administration	___	___	___	___
Neurological vital signs	___	___	___	___
Cardiopulmonary resuscitation	___	___	___	___
Assist with lumbar punctures	___	___	___	___
Oro-Naso-Pharynx suctioning	___	___	___	___
Tracheotomy care	___	___	___	___

	1	2	3	4
RESTRAINTS:				
Ambulatory cuffs	___	___	___	___
Full restraints	___	___	___	___
Waist restraints	___	___	___	___

	1	2	3	4
MEDICATIONS:				
Oral	___	___	___	___
Sub-Q	___	___	___	___
Z-technique	___	___	___	___
Intramuscular	___	___	___	___
Rectal	___	___	___	___
Unit dose	___	___	___	___
Administration of Heparin	___	___	___	___
IV THERAPY:				
Veni-puncture	___	___	___	___
Heparin Locks	___	___	___	___
Infusion Pumps	___	___	___	___
Hanging Blood/Blood products	___	___	___	___
Hyperalimentation maintenance & precautions	___	___	___	___

	1	2	3	4
RESPIRATORY:				
Assist with intubations	___	___	___	___
Performing ABGs	___	___	___	___
Draw blood gas from line	___	___	___	___
Interpretations of ABGs	___	___	___	___
Care of patient with chest tube	___	___	___	___
Pulmonary edema	___	___	___	___
Status asthmaticus	___	___	___	___
Emergency tracheostomy	___	___	___	___
Oxygen equipment	___	___	___	___
Nebulizer set-up	___	___	___	___
Nasal cannular/Ventimask	___	___	___	___
T-Tube	___	___	___	___

Name

Signature

Date