

Emergency Department RN Skills Checklist

Name: Date: Experience Since:

	Comfortable With	Done Occasionally	No Experience
GENERAL OPERATIONS			
Triage procedure and priority setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interhospital transfer procedures according to COBRA, EMTALA laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting procedures (i.e. burns, animal bites, abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organ tissue donation procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post mortem care and death reporting procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disaster drill procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous material decontamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMA procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restraint Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIOVASCULAR			
Assessment			
Auscultation (rate, rhythm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dopple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart sounds/murmurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment and Procedures			
Assist with insertian and set up			
Arterial Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central venous line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PA catheter/Swan-Ganz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carioversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation of wave forms & values			
A-line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CVP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring			
Basic 12 Lead Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Arrhythmia Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the patient with:			
Acute MI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aneurysm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congestive Heart Failure (CHF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myocarditis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICATIONS			
ACLS Drugs			
Atropine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Comfortable With	Done Occasionally	No Experience
Bretylium (Bretylol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epinephrine (Adrenalin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lidocaine (Xylocaine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procainamide (Pronestyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sodium Bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
Adenosine (Adenocard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amiodarone (Cordarone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digoxin (Lanoxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diltiazem (Cardizem)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dobutamine (Dobutex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dopamine (Intropin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Esmolol (Brevibloc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lasix (Furosemide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitroglycerin (Tridil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitroprusside (Nipride)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrombolytic Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PULMONARY			
Assessment			
Breath sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate and work of breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation of lab results:			
Arterial blood gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Procedures			
Airway management devices/suctioning			
Endotracheal tube/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal airway/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oropharyngeal/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sputum specimen collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracheostomy/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with extubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with thoracentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the patient on a ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the Patient with Chest Tube:			
Assist with set-up & insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measuring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measure Peak Flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining Arterial Blood Gases:			
Arterial Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Femoral Artery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radial Artery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Therapy & Medication Delivery Systems:			
Bag and mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ET tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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External CPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal Cannula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nebulize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Oxygen Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T-piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trach collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulse oximetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble shooting high pressure alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble shooting low pressure alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the Patient With:			
Aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemopneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laryngospasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary edema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary embolism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tension pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICATIONS			
Aminophylline (Theophylline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonkosol (Isoetharine hydrochloride)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epinephrine (Adrenalin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isuprel (Isoproterenol hydrochloride)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terbutaline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEUROLOGICAL			
Assessment			
Glascow coma scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflex/motor deficits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual or communications deficits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of consciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Procedures			
Assist with lumbar puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased ICP Management			
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulation of ICP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intracranial pressure monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the Patient With:			
Basal skull fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Closed head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CVA DTs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Externalized VP Shunts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuromuscular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overdose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal Cord Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICATIONS			
Decadron (Dexamethasone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dilantin (Phenytoin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mannitol (Osmitrol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solu-Mdrol (Methylprednisone sodium succinate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORTHOPEDECS			
Assessment			
Circulation Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Procedures			
Assist with placement of cast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cane/Crutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply:			
Ankle brace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ankle splint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cast (assist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee immobilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinned fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrist splint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ace wraps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clavicle immobilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder immobilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm sling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger Splint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buddy toe splint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misc Orthopedic:			
Assist with cast cutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate crutch walking technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Ring Cutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GASTROINTESTINAL			

Name: Date:

	Comfortable With	Done Occasionally	No Experience
Assessment			
Abdominal/bowel sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation of blood chemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Procedures			
Placement of nasogastric tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salem sump to suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saline Lavage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the Patient With:			
Abdominal trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICATIONS			
Antiemetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antispasmodi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charcoal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ipecac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL/GASTROINTESTINAL			
Assessment			
Fluid balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation of lab results:			
BUN & Creatinine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Procedures			
Insertion of straight & Foley catheter:			
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine specimen collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the Patient With:			
Acute Renal Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peritoneal lavage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENDOCRINE/METOBOLIC			
Assessment			
Signs & symptoms diabetic coma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs & symptoms insulin reaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Procedures			
Blood glucose monitoring device _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing finger stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the Patient With:			
Diabetic ketoacidosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICATIONS			

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Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral hypoglycemics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WOUND MANAGEMENT/SURGICAL			
Equipment & Procedures			
Application of steri strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with staples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with sutures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culdocentesis Tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set up suture tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staple removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suture removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EENT			
Assessment			
Set up fluorescent/Woods lamp exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Procedures			
Application of eye patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morgan lens irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal packing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal of contact lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAUMA/SHOCK			
Assessment			
Champion trauma score	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poison index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Procedures			
Air transport of trauma patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the Patient With:			
Bites, animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bites, human	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bites, venomous snake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bites, venomous spider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burns:			
Rule of nines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dehydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrocution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gunshot/Stab wound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous material exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat exhaustion/stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypothermia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Major trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shock:			
Anaphylactic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiogenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypovolemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurogenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Amputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INFECTIOUS DISEASES:			
Interpretation of lab results:			
CBC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMA 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Procedures			
Fever management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the patient with AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHLEBOTOMY/IV THERAPY/INVASIVE PROCEDURES			
Equipment & Procedures			
Administration of blood/blood products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autotransfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cryoprecipitate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packed Red Blood Cells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plasma/albumin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with cutdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing venous blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starting IVs			
Angiocath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butterfly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heparin Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the Patient With:			
Angiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central lin/catheter/dressing			
Broviac/Hickman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groshong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PICC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portacath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pericardiocentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAIN MANAGEMENT			
Assessment of pain level/tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the Patient With:			
Epidural anesthesia/analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV conscious sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDIATRICS			

Name: Date:

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Equipment & Procedures			
Child abuse/recognition/reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining consent to treat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the Patient With:			
Epiglottitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near drowning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overdose/poison ingestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status asthmaticus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status epilepticus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WOMEN'S HEALTH			
Assist with pelvic exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment & Procedures			
Pelvic tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting acts of violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the Patient With:			
Abruptio placenta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placenta previa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precipitous delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preeclampsia/eclampsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spontaneous abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Agency Representative Signature

Date