

## GI Skills Checklist

Name:  Date:  Experience Since:

	Comfortable With	Done Occasionally	No Experience
<b>GENERAL</b>			
Admit patient to pre-procedure holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete assessments, family history & risk factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start peripheral IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete pre-procedure checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport pre-procedure patient to the lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport post-procedure patient to in-hospital units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROCEDURES</b>			
Bronchoscopy-Prepare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bronchoscopy-Assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver biopsy-Prepare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver biopsy-Assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small bowel biopsy-prepare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small bowel biopsy-Assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon biopsy-Prepare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon biopsy-Assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Esophagogastroduodenoscopy (EGD)-Prepare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Esophagogastroduodenoscopy (EGD)-Assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colonoscopy-Prepare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colonoscopy-Assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ERCP-Prepare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ERCP-Assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Procedures (please list):			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide Care for the post-procedure patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CARDIOVASCULAR</b>			
Assess heart sounds and peripheral pulses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpret arrhythmias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform defibrillation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate as a team member in resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PULMONARY</b>			
Assess lung sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set up oxygen devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtain pulse oximetry reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpret ABG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Ambu bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with chest tube insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide care for the patient with mechanical ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: Date: 

	Comfortable With	Done Occasionally	No Experience
<b>NEUROLOGICAL</b>			
Identify sudden change in level of consciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess sensory, motor, speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess reflexes (Babinski, gag)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MEDICATIONS</b>			
Titrate vasoactive drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculate mcg/min and mcg/kg/min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use IV infusion pump to calculate drug doses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer IV epinephrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer IV dopamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer IV nitroglycerine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer IV dobutamine (Dobutrex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer IV lidocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer IV diltiazem (Cardizem)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer IV atropine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer IV heparin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer IV benzodiazepines (Valium, Versed, Ativan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer IV propofol (Diprivan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer IV neuromuscular blocking agents(Pavulon, Norcuron)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer IV narcotics (morphine, fentanyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PAIN/WOUND MANAGEMENT</b>			
Assess pain level/tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of patient with anesthesia/analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of patient with IV conscious sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of patient with narcotic analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of patient with patient controlled analgesia (PCA Pump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess surgical wound status with/without drain(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of patient with sterile dressing changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of patient with FemoStop device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of VasoSeal, AngioSeal, PerClose success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AGE SPECIFIC PRACTICE CRITERIA</b>			
Pediatric (1-18 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescents (12-18 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult (19-65 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older adults (Older than 65 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EXPERIENCE WITH AGE GROUPS</b>			
Calculate body weight to verify correct dosing of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess immunization status for pediatric and adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set age-appropriate short term and long term goals in care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide age appropriate education, considering possible vision and hearing impairment for older than 65 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Agency Representative Signature\_\_\_\_\_  
Date