



EMERGENCY DEPARTMENT SKILLS CHECKLIST

NAME: _____ **DATE:** _____

Please check the appropriate letter of proficiency for the following types of clinical situations and equipment.

LEVEL OF PROFICIENCY

- A** = Able to teach & supervise
- B** = 1 year constant experience
- C** = Intermittent experience
- D** = No experience

	A	B	C	D
Call report to transfer patient to another hospital				
Received report from another hospital				
Received report from EMS/EMT				
Received report via two-way radio				
Written shift report				
Received shift report on multiple (> 10) patients in E.D.				
Discharge AMA				
Triage				
Obtained informed consent				
Perform primary and secondary assessment				
Perform CPR				
Interview patient to obtain:				
chief complaint, history of present illness, past medical history, allergies, and current medications				
Obtain orthostatic vital signs				
Auscultate for heart and lung sounds				
Recognize abnormal lab values				
Establish patient airway: head tilt, jaw thrust, heimlich maneuver				
Administer/Monitor O ₂ therapy				
Perform endotracheal suctioning				
Assist with ET intubation				



ER Skills Checklist

	A	B	C	D
Secure ET tube placement				
Perform ABG puncture				
Perform artificial ventilation with ambu bag				
Apply cardiac monitor				
Interpret and treat cardiac dysrhythmias as indicated				
Defibrillation, synchronized cardioversion				
Perform 12-lead EKG				
Apply and inflate/deflate mast				
Perform venipuncture:				
infant				
child				
adult				
Establish peripheral IV:				
infant				
child				
adult				
Set up equipment for central venous lines				
Invasive monitoring:				
CVP				
PA				
Arterial				
Set up and monitor autotransfusor				
Administer blood products				
Use of blood pump				
Use of blood warmer				
Apply and remove cervical stabilization devices				
Assess cranial nerves				
Assess level of consciousness				
Mix/Prepare IV solutions				



ER Skills Checklist

	A	B	C	D
Insert nasogastric tube:				
infant				
child				
adult				
Insert urinary catheter:				
infant				
child				
adult				
Determine:				
urine specific gravity				
blood glucose				
Hct.				
Obtain visual acuity and fields testing				
Remove soft and hard contact lenses				
Irrigate eyes				
Retract lids				
Perform fluorescein staining of eyes				
Instill eye medications				
Patch eyes				
Obtain fetal heart sounds				
Perform emergency delivery of a child				
Determine apgar score for newborn				
Able to appropriately immobilize/splint all extremities				
Fit crutches and teach use of				
Apply heat and cold treatments				
Communicate effectively with patient and significant others				
Perform mental status exam				
Apply restraints (all types)				
Clean and irrigate wounds				



ER Skills Checklist

	A	B	C	D
Assist with closure of wounds				
Post-mortem care				
Recognition of abuse and neglect				
Reporting to child protection agency				
Assisting with rape exam and processing of specimens				
Perform proper chain of evidence collection of specimens				
Able to access implanted CVC (port-a-cath)				
Blood borne pathogens precautions				
Prepare for and assist with:				
administration of local anesthesia				
application of casts/splints				
cerebrospinal fluid sampling				
chest tube insertion and drainage				
cricothyrotomy				
culdocentesis				
cutdown				
dilation & curettage				
insertation of temporary pacemaker				
intracranial pressure monitoring				
mechanical ventilation & knowledge of modes				
needle thoracostomy				
pericardiocentesis				
peritoneal lavage				
skull tongs				
suprapubic tap				
thoracotomy: open & closed				
use of tonometer				
Preparation and administration of:				
dilantin infusion				



ER Skills Checklist

	A	B	C	D
pavulon				
normodyne				
digoxin				
verapamil				
atropine				
isuprel infusion				
dopamine infusion				
lidocaine				
procainamide				
bretylum				
dobutamine infusion sodium nitroprusside				
thrombolytic therapy				
nitroglycerin infusion				
ARE YOU ACLS CERTIFIED?				
ARE YOU PALS CERTIFIED?				
MICN				
CEN				
TNCC				

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Nurse Connection, Inc. to release checklist to client health care facilities of Nurse Connection, Inc. relating to my contract employment with that facility.

(Signature)

(Date)