



# MASTER STAFFING, INC.



## COMPETENCY SKILLS CHECKLIST

### POST ANESTHESIA CARE UNIT (PACU)

Last Name

First Name

Middle Name/Initial

Instructions: Please check appropriate box. Each skill must have 1 of the 5 choices marked.

- Key Guidelines:
- A** – No Experience
  - B** – Training/Minimal Experience, Needs Supervision
  - C** – Adequate Experience
  - D** – Sufficient Skill to Perform without Supervision
  - E** – Proficient in Performing Skill

	A	B	C	D	E
<b>Admission</b>					
Initial assessment					
Airway management					
Proper positioning					
Vital signs skin color, temp, turgor					
Neurological status					
<b>Monitoring recovery of patient from</b>					
General anesthesia					
Regional anesthesia					
Local anesthesia					
<b>Recognize abnormal breathing</b>					
Assess respiratory rate, rhythm, depth, symmetry					
Labored, Dyspneic					
Obstructed					
Laryngospasm					
Insufficient reversal					
<b>Care of patient with chest tube</b>					
Setup closed drainage system					
Assess for proper function					
Measure drainage					
Troubleshoot					
<b>Cardiovascular</b>					
Cardiac monitoring					
Arrhythmia interpretation					
Cardioversion and defibrillation					
Hemodynamic monitoring					
<b>Assist with insertion of:</b>					
Pacemaker					
Pulmonary artery catheters					
Arterial catheters					
Swan-Ganz catheters					
Central lines					
Epidural catheters					
<b>Drug therapy</b>					
Antiarrhythmics					
Vasoactive drugs					



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	A	B	C	D	E
Reversal agents					
Muscle relaxants					
Inhalation agents					
<b>Monitor lab values</b>					
CBC					
Electrolytes					
ABG					
<b>Equipment</b>					
Suction					
Cardiac monitor					
BP monitor					
Warmer					
Sequential compression device					
Pulse oximeter					
Hyper / Hypothermia blanket					
Blood warmer					
<b>Discharge physical</b>					
Loss of consciousness					
Pupillary reactions					
Motor and sensory function					
Muscle strength					
Hand grasps, Head lift, leg lifts					

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verified & Checked by Director of Nursing, Master Staffing, Inc.

\_\_\_\_\_  
Date