



# Master Staffing, Inc. *Professional Nursing Care & Services*

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## COMPETENCY SKILLS CHECKLIST

### DIRECT OBSERVATIONAL UNIT (DOU) / TELEMETRY UNIT

Name (please print): \_\_\_\_\_

Instructions: Please check appropriate box. Each basic skill must have one (1) the five (5) experience 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>Patient Rights</b>					
Communicates and obtains information while respecting the rights, privacy and confidentiality of information in accordance with the Health Insurance Portability & Accountability Act of 1996 (HIPAA)					
Involves the patient and family and respects their role in determining the nature of care to be provided, including Advanced Directives					
Complies with nursing staff responsibility included in the hospital policy related to Organ Donation.					
Meets patient and family's needs regarding communication, including interpreter services.					
Provides accurate information to patients in a timely manner					
<b>Neurology</b>					
Neuro Assessment/Neuro Vitals					
Seizure Precautions					
Stryker Frame					
Crutchfield Tongs					
Halo Traction					
Care of Patient with:					
CNS Infections					
Pre/Post Neurological Surgery					
Spinal Cord Injury					
Degenerative Diseases of:					
Cerebral Aneurysm					
Chronic C.V.A./ TIA					
Drug Overdose					
Nervous System					
Rehabilitation of the Neuro Patient					

	A	B	C	D	E
<b>Cardiovascular</b>					
Use of Cardiac Monitors					
Recognizing and Treating Arrhythmias					
Obtaining lead EKG					
Interpreting 12lead EKG					
Cardiopulmonary Arrests					
Cardioversion/Defibrillation					
External Pacemakers					
Running a Code 99					
Care of 24-48 hr. Post-Op Open Heart Patient					
Pre/Post-Op Cardiac Transplant					
Pre/Post-Op Angioplasty					
Percutaneous Transluminal Coronary Angioplasty					
Sheath Removal					
Post-Op Vascular Surgery Patient (i.e. Aneurysms)					
Care of Acute MI					
Angina (Acute and Chronic)					
Pre/Post Cardiac Catheterization					
Care of Patient with:					
Cardiogenic/Hypovolemic Shock					
Valvular Disease					
Set-up and Care for Patient with Subclavian lines					
Use and Administration of following Drips and/or Push:					
Atropine					
Cardizem					
Digitalis					
Dobutamine					
Dopamine					
Epinephrine					
Heparin					
Lidocaine					
Magnesium					
Potassium					
Sodium Bicarbonate					
Verapamil					
<b>Pulmonary</b>					
Assessment of Breath Sounds					
Assist with Set-up, Maintenance of Chest Tubes					
Use of Chest Drainage Systems					
Assists with Thoracentesis/ Bronchoscopy					
Administer Oxygen (Nasal Canula, Mask)					
Ventilator Management					
Extubation of Patients					
Endotracheal Tube/ Tracheostomy Suctioning					
Identification/Interventions for Respiratory Complications					
Oral/ Nasal Suctioning					
Oxygen and Saturation Monitor					

	A	B	C	D	E
Care of Patient with:					
Asthma					
CHF					
COPD					
Pre/Post Thoracic Surgery					
Pulmonary Emboli					
Tracheostomy					
Tuberculosis					
ARDS					
<b>Gastrointestinal</b>					
Assessment of Bowel Sounds					
Identification of Abnormalities					
Stool Tests					
Insert/Maintain Feeding Tubes/NG Tubes					
Checking Placement of NG or Feeding Tubes					
Checking Residual of Tube Feedings					
Administration of Tube Feedings					
Gastrostomy Tube/ Jejunostomy Tube Feedings					
Care of Acute GI Bleed					
Abdominal Wounds or Infections					
Pre/Post-Op GI Surgery					
Ileostomy/Colostomy Care					
Dehiscence					
Care of Patient on Total Parenteral Nutrition					
<b>Genitourinary/Renal</b>					
Ability to Insert/Maintain Urinary Drainage Tubes					
Care of Patient with:					
Acute Renal Failure					
Chronic Renal Failure					
Post Renal/Genitourinary Surgery					
Care of Patient Receiving Peritoneal Dialysis					
Care of Patient Receiving Hemodialysis					
Assessment of Fluid and Electrolyte Problems					
Knowledge of UA values					
<b>Endocrine</b>					
Administration of IV Insulin Drip					
Capillary Blood Glucose Checks					
Hormone Therapy					
<b>Musculoskeletal</b>					
Traction					
Braces					
Casts					
Collars					
Slings					
Splints					
Skeletal Traction					

	A	B	C	D	E
Skin Traction					
Use of T.E.N.S. Unit					
Beds i.e. Clinitron, Roto Rest, Circelectric					
Crutch Walking/Walkers					
Total Knee Replacement					
Total Hip Replacement					
Arthroscopy/Arthrotomy					
Care of Patient with:					
Amputation					
Bone Disorders					
Joint Disorders					
Care of Patient on CPM					
<b>Oncology</b>					
Care of AIDS Patient					
Chemo Agents Mixing/Administering					
Pain Management					
<b>Miscellaneous</b>					
Isolation/Universal Precautions					
Bum Patients					
Inserting IV's					
IV Therapy					
Set up for Central Line/ PICC line insertion					
Central Line and PICC line Care					
Care of Broviac/ Groshong/ Hickman/ Quinton Catheters					
Administration of Blood and Blood Products					
Obtaining Peripheral Venous Blood					
Obtaining Central Venous Blood					
Knowledge of Serum Lab Values:					
CBC					
BMP, CMP					
Cardiac Enzymes					
Serum Drug Levels					
Specimen Collections					
Care of Hemovac, JP drains					
Wound Assessment and Care					
National Patient Safety Goals					
Core Measures					

## Areas of Experience (Please check all that apply.)

Area	Years	Months
<input type="checkbox"/> Acute		
<input type="checkbox"/> Ambulatory Care		
<input type="checkbox"/> Emergency Room		
<input type="checkbox"/> Supervision/ Management		
<input type="checkbox"/> Telemetry/Stepdown		
<input type="checkbox"/> PACU		
<input type="checkbox"/> OR		
<input type="checkbox"/> Ancillary Services		
<input type="checkbox"/> IMCU		
<input type="checkbox"/> Other		

## Credentials (Please check all that apply.)

<input type="checkbox"/> ACLS		<input type="checkbox"/> IV Certified
<input type="checkbox"/> PALS		<input type="checkbox"/> Charge Experience
<input type="checkbox"/> NALS		<input type="checkbox"/> Other

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verified & Checked by Master Staffing, Inc.

\_\_\_\_\_  
Date