



\_\_\_\_\_

First name:

\_\_\_\_\_

Last name:

\_\_\_\_\_

\_\_\_\_\_

Social Security number:

This profile is for use by nurses with more than one year's experience in their discipline and specialty. It will not be the only determining factor in your acceptance for employment.

Please mark your level of experience

A

Theory, no practice

C

One - two years experience

B

Intermittent experience

D

Two plus years experience

A. CARDIOVASCULAR

A B C D

I. Assessment

- a. Auscultation (rate, rhythm) .....
- b. Blood pressure/non-invasive .....
- c. Doppler .....
- d. Heart sounds/murmurs .....
- e. Pulses/circulation checks .....

2. Equipment & procedures

- a. Telemetry
  - (1) Basic 12 lead interpretation .....
  - (2) Basic arrhythmia interpretation .....
  - (3) Lead placement .....
- b. Pacemaker
  - (1) Permanent .....
  - (2) Temporary .....

3. Care of the patient with:

- a. Abdominal aortic bypass .....
- b. Aneurysm .....
- c. Angina .....
- d. Cardiac arrest .....
- e. Cardiomyopathy .....
- f. Carotid endarterectomy .....
- g. Congestive heart failure (CHF) .....
- h. Femoral-popliteal bypass .....
- i. Myocarditis .....
- j. Post acute MI (24-48 hours) .....
- k. Post angioplasty .....
- l. Post cardiac cath. ....
- m. Post cardiac surgery .....
- n. Thrombophlebitis .....

4. Medications

- a. Heparin drip .....
- b. Oral anticoagulants .....
- c. Oral & IVP antihypertensives .....
- d. Oral & topical nitrates .....

B. PULMONARY

A B C D

I. Assessment

- a. Breath sounds .....
- b. Rate and work of breathing .....

2. Interpretation of lab results

- a. Blood chemistry .....
- b. Blood gases .....

3. Equipment & procedures

- a. Airway management devices/suctioning
  - (1) Endotracheal tube/suctioning .....
  - (2) Nasal airway/suctioning .....
  - (3) Oropharyngeal/suctioning .....
  - (4) Sputum specimen collection .....
  - (5) Tracheostomy/suctioning .....
- b. Assist with intubation .....
- c. Assist with thoracentesis .....
- d. Care of the patient on a ventilator .....
- e. Care of the patient with a chest tube
  - (1) Assist with set-up & insertion .....
  - (2) Measuring and emptying .....
  - (3) Removal .....
- f. Chest physiotherapy .....
- g. Incentive spirometry .....
- h. O<sub>2</sub> therapy & medication delivery systems
  - (1) Bag and mask .....
  - (2) External CPAP .....
  - (3) Face masks .....
  - (4) Inhalers .....
  - (5) Nasal cannula .....
  - (6) Portable O<sub>2</sub> tank .....
  - (7) Trach collar .....
- i. Oximetry .....

First name: \_\_\_\_\_

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	A	B	C	D
4. Care of the patient with:				
a. Bronchoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. COPD .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fresh tracheostomy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lobectomy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pneumonectomy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pneumonia .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pulmonary embolism.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Thoracotomy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Tuberculosis .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. NEUROLOGICAL**

1. Assessment				
a. Glasgow coma scale.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Level of consciousness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Equipment & procedures				
a. Assist with lumbar puncture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use of hyper/hypothermia blanket.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Care of the patient with:				
a. Aneurysm precautions .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Basal skull fracture .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Closed head injury .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Coma.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. CVA .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. DTs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Encephalitis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Externalized VP shunts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Meningitis .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Neuromuscular disease .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Post craniotomy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Seizures .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Spinal cord injury .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Administration of anticonvulsants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. ORTHOPEDICS**

1. Assessment				
a. Circulation checks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gait .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Range of motion .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Skin .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Equipment & procedures .....				
a. Continuous passive motion devices.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Support devices				
(1) Cane.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Cervical collar .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Gait belt .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Prosthetic .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Sling .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Transfer boards.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Walker .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Wheelchair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Traction .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A	B	C	D
3. Care of the patient with:				
a. Amputation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Arthroscopic surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cast .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Osteoporosis .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pinned fractures .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rheumatic/arthritis disease.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Total hip replacement .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Total knee replacement .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E. GASTROINTESTINAL**

1. Assessment				
a. Abdominal/bowel sounds.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fluid balance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Nutritional .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interpretation of blood chemistry .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Equipment & procedures				
a. Administration of tube feeding				
(1) Feeding pump .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Gravity feeding.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Saline lavage .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Flexible feeding tube (i.e., Corpak, Dobhoff) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Management of				
(1) Gastrostomy tube .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Jejunostomy tube.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) T-tube.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Placement of nasogastric tube.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Salem sump to suction .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Care of the patient with:				
a. Bowel obstruction .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Colostomy/ileostomy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. GI bleeding .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. GI surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hepatitis .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inflammatory bowel disease.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Invasive diagnostic testing .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Liver failure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Paralytic ileus .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F. RENAL/GENITOURINARY**

1. Assessment				
a. Arterio venous fistula/shunt .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fluid balance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interpretation of lab results				
a. BUN & creatinine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Electrolytes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Equipment & procedures				
a. Insertion & care of straight and Foley catheter				
(1) Female .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Male.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First name:

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A B C D

A B C D

- b. Catheter care
  - (1) 3-way Foley.....
  - (2) Supra-pubic .....
- c. Bladder irrigations
  - (1) Continuous .....
  - (2) Intermittent.....
- d. Specimen collection
  - (1) Routine .....
  - (2) 24 hour.....
- 4. Care of the patient with:
  - a. Hemodialysis .....
  - b. Nephrectomy.....
  - c. Peritoneal dialysis.....
  - d. Renal failure.....
  - e. Renal transplant .....
  - f. TURP .....
  - g. Urinary diversion/  
i. leal conduit nephrostomy.....
  - h. Urinary tract infection .....

G. ENDOCRINE/METABOLIC

- 1. Assessment
  - a. S/S diabetic coma .....
  - b. S/S insulin reaction .....
- 2. Equipment & procedures
  - a. Blood glucose monitoring
    - (1) Electronic measuring device  
type \_\_\_\_\_
    - (2) Performing finger stick .....
    - (3) Visual blood glucose strips .....
  - b. Indwelling insulin pump .....
- 3. Care of the patient with:
  - a. Diabetes mellitus .....
  - b. Disorders of adrenal gland.....
  - (Addison's disease)
  - c. Disorders of pituitary gland .....
  - (Diabetes insipidus)
  - d. Hyperthyroidism (Grave's disease).....
  - e. Hypothyroidism.....
  - f. Thyroidectomy .....
- 4. Medications (administration and teaching)
  - a. Insulin.....
  - b. Oral hypoglycemic .....
  - c. Steroids.....
  - d. Thyroid.....

H. WOUND MANAGEMENT

- 1. Assessment
  - a. Skin for impending breakdown .....
  - b. Stasis ulcers.....
  - c. Surgical wound healing .....
- 2. Equipment & procedures
  - a. Air fluidized, low airloss beds.....
  - b. Sterile dressing changes.....
  - c. Wound care/irrigations .....

- 3. Care of the patient with:
  - a. Burns .....
  - b. Pressure sores.....
  - c. Staged decubitus ulcers .....
  - d. Surgical wounds with drain(s) .....
  - e. Traumatic wounds .....

I. ONCOLOGY

- 1. Assessment
  - a. Nutritional status.....
  - b. Pain control.....
- 2. Interpretation of lab results
  - a. Blood chemistry .....
  - b. Blood counts .....
- 3. Equipment & procedures:
  - a. Reverse isolation .....
- 4. Care of the patient with:
  - a. Bone marrow transplant .....
  - b. Fresh oncologic surgery .....
  - c. Inpatient chemotherapy .....
  - d. Inpatient hospice.....
  - e. Leukemia .....
  - f. Radiation implant .....
- 5. Medications: Chemotherapy certification?  Yes  No

J. INFECTIOUS DISEASES

- 1. Interpretation of lab results: blood count
- 2. Equipment & procedures
  - a. Fever management.....
  - b. Isolation .....
- 3. Care of the patient with:
  - a. AIDS.....
  - b. Hepatitis.....
  - c. Lyme disease.....

K. PHLEBOTOMY / IV THERAPY

- 1. Equipment & procedures
  - a. Administration of blood/blood products
    - (1) Albumin .....
    - (2) Cryoprecipitate.....
    - (3) Packed red blood cells.....
    - (4) Plasma .....
    - (5) Whole blood.....
  - b. Drawing blood from central line .....
  - c. Drawing venous blood.....
  - d. Starting IVs
    - (1) Angiocath.....
    - (2) Butterfly .....
    - (3) Heparin lock.....

First name:

Last name:

A B C D

A B C D

2. Care of the patient with:

a. Central line/catheter/dressing

- (1) Broviac .....
- (2) Groshong .....
- (3) Hickman .....
- (4) Portacath .....
- (5) Quinton .....

b. Peripheral line/dressing .....

L. PAIN MANAGEMENT

I. Assessment of pain level/tolerance .....

2. Care of the patient with:

- a. Epidural anesthesia/analgesia .....
- b. IV conscious sedation .....
- c. Narcotic analgesia .....
- d. Patient controlled analgesia (PCA pump) .....

Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.

AGE SPECIFIC PRACTICE CRITERIA

A. Newborn / Neonate (birth - 30 days)	D. Preschooler (3 - 5 years)	G. Young adults (18 - 39 years)
B. Infant (30 days - 1 years)	E. School age children (5 - 12 years)	H. Middle adults (39 - 64 years)
C. Toddler (1 - 3 years)	F. Adolescents (12 - 18 years)	I. Older adults (64+)

EXPERIENCE WITH AGE GROUPS:

A B C D E F G H I

Able to adapt care to incorporate normal growth and development.

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.

Can ensure a safe environment reflecting specific needs of various age groups.

My experience is primarily in: (Please indicate number of years)

- Medical \_\_\_\_\_ year(s)
- Surgical \_\_\_\_\_ year(s)
- Telemetry \_\_\_\_\_ year(s)
- Orthopedics \_\_\_\_\_ year(s)
- Oncology \_\_\_\_\_ year(s)
- Neurology \_\_\_\_\_ year(s)
- Pediatrics \_\_\_\_\_ year(s)
- Other (type) \_\_\_\_\_ year(s)
- OB/GYN \_\_\_\_\_ year(s)
- Psychiatry \_\_\_\_\_ year(s)
- Rehabilitation \_\_\_\_\_ year(s)

Certification: (mo/day/yr)

- BCLS Exp. date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Computerized charting system: \_\_\_\_\_ date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Medication administration system: \_\_\_\_\_ date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Other (type): \_\_\_\_\_ Exp. date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The information given is true and accurate to the best of my knowledge. I hereby authorize Nurse Professionals Home Care, L.L.C. to release this Skills Checklist to Client facilities of Nurse Professionals Home Care, L.L.C. in relation to consideration of employment as a nurse with those facilities.

Signature

Date

Nurse Professional Home Care & Staffing, L.L.C.

12614 Whispering Woods Drive  
Ocean City, MD 21842

Initials: \_\_\_\_\_