



Name: _____
Date: _____

PSYCHIATRIC SKILLS EVALUATION CHECKLIST

This self evaluation is for assessing your experience in specific clinical areas. This self evaluation will not be a determining factor in accepting your application to become an employee of Access Nursing Services.

1 = No Experience 2 = Limited Experience 3 = Experienced 4 = Highly Skilled

NURSING PROCESS	1	2	3	4	PSYCHOTROPIC MEDS	1	2	3	4
Nursing History					Buprenex IM/SL				
Physical Assessment					Clonidine				
Nursing Care Plans					Clonipin				
Systems Charting					Librium				
Discharge Planning					Methadone				
Patient/Family Education					Respiridol				
MED ADMINISTRATION	1	2	3	4	Haldol				
Oral					Anti-Psychotics				
Intramuscular					Anti-Depressants				
Subcutaneous					SPECIAL NURSING PROC.	1	2	3	4
Z Track					Ostomy Care				
Secondary Meds- IV					Decubitus Care				
Heparin Lock					Enteral Feedings				
IV Bolus					Seizure Precautions				
Intravenous Solutions					Cast Care				
IV Pumps:					Restraints				
Type: _____					Traction				
Admin of Blood/ Blood Products					Bucks				
Blood Warmer					Pelvic				
Hyperalimantation					Pin Care				
Chemotherapy					Nasogastric Tube				
Multi-Lumen Central Venous Line					Foley Catheter				
ISOLATION TECHNIQUES	1	2	3	4	Foley Catheter Insertion-. Male				
Reverse					Foley Catheter Insertion- Female				
Respiratory					PEG Tube Care				
Wound and Skin					CBI- Continuous Bladder Irrigat				
Strict					J Tube				
DIABETIC PATIENTS	1	2	3	4	Cantor Tube				
Urine Testing					SPECIAL DEVICES	1	2	3	4
Fingerstick Monitoring					Clinitron Bed				
Insulin Therapy					Enteral Feeding Pump				
Insulin Pump					Hypothermia Blanket				
S/S DKA					Portable Oxygen Tank				
S/S Diabetic Coma					Gomco Suction				
SURGICAL PATIENTS	1	2	3	4	Hypothermia Blanket				
Preoperative Care					CPM- Cont. Passive Motion				
Postoperative Care					INSERTION TECHNIQUES	1	2	3	4
Sterile Dressings					IV Insertion- peripheral				
JP Drains					PICC Certification				
Hemovac Drains					Other: _____				
Packing wound					MENTAL HEALTH SKILLS	1	2	3	4
Conscious Sedation					Family Intervention				
CARDIAC PATIENTS	1	2	3	4	Crisis Intervention				
Apical Pulse					Group Therapy				
Recording 12 Lead EKG					Behavior Therapy				
Basic Arrhythmia Interpretation					Occupational Therapy				
Defibrillator Testing					Milieu Management				
CPR					Co-Facilitate Group				

I certify the above to be true and accurate. Signature: _____ Date: _____