

Name: _____

Skills Checklist

POST-ANESTHESIA CARE UNIT SELF-ASSESSMENT SKILLS CHECKLIST

By accurately filling out this checklist, you will help us match your skills and interests with available assignments. Please place an "X" in the column that best describes your experience level with each skill.

Level of Proficiency:

1. Can function independently
2. Experienced but may need review
3. Limited experience
4. No experience

Cardiovascular 1 2 3 4

- Arterial Pressure Monitoring.....
- Calibration.....
- Recognition of Wave Form.....
- Withdrawal of Arterial Blood.....
- ADiscontinuation.....
- Lumbar Laminectomy.....

Cardiac Monitoring

- Troubleshooting.....

Central Venous Pressure Monitoring

- Set Up Line.....
- Care of Line.....
- CVP Readings.....
- Discontinuation.....
- Hypotensive Crisis.....
- Hypertensive Crisis.....
- Shock.....

Pulmonary 1 2 3 4

Airway Management Needs/Complications

- Assessment of End Tidal Volumes.....
- Respiratory Obstruction.....
- Hypoventilation.....
- Laryngospasm/Bronchospasm.....
- Aspiration.....
- Atelectasis.....

Endotracheal Tube

- Assist With Intubation.....
- Ventilator Management.....
- T Tube Oxygenation.....
- Independently Extubate.....
- Tracheostomy.....

Neurological 1 2 3 4

- Intracranial Pressure Monitoring.....

Anesthesia

- Patient Stimulation Regimen.....

Orthopedics 1 2 3 4

- Cast (Cast Care).....

Discontinuing Dialysis 1 2 3 4

- NG Tube.....
- Operation of Gomco Suction.....

Renal/Genitourinary 1 2 3 4

- Foley, Care of.....

Wound Management 1 2 3 4

- Sterile Dressings.....
- Abdominal Binders.....

Intravenous Therapy 1 2 3 4

- Cardiac Drug Administration.....
- PCA Pump, Set Up.....
- Vasoactive Drug Administration.....

Other 1 2 3 4

- EMR Systems.....
- (Electronic Medical Records)

Signature: _____ Date: _____