

# Active Staffing Resource Inc.

17315 Studebaker Road, Suite 110, Cerritos CA 90703 • Tel. no. 562-865-3222 Fax no. 562-865-5142

## EMERGENCY ROOM SKILLS CHECKLIST

This 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 Active Staffing Resource Inc.

**1 = Limited or no experience**  
**3 = Can function independently**

**2 = Somewhat experience but may need review**  
**4 = Competent to supervise**

BURNS	1	2	3	4
<b>Care of Patient with:</b>				
Dressing Procedure				
Electrocution				
First Degree				
Hazardous Materials Exposure				
Radiation Exposure				
Second Degree				
Third Degree				

CARDIOVASCULAR	1	2	3	4
<b>Care of Patient with:</b>				
Acute MI, CHF, Angina				
Abdominal Aortic Aneurysm				
Cardiac Monitoring				
Recognizing Arrhythmias				
Obtaining 12 Lead EKG's				
Cardiopulmonary Arrest				
Cardioversion				
Open Chest Heart Massage				
Assist w/ Insertion of Permanent Pacemaker				
Assist w/ Insertion of Temporary Pacemaker				
Trans-thoracic Pacemaker				
Pervenous Pacemaker				
Set up and Use of CVP				
Interpretation of Swan Ganz Readings				
Thrombolytic Therapy				
Anaphalactic Shock				
Cardiogenic Shock				
Septic Shock				
Hypovolomic Shock				
Administration of Blood and Blood Products				
Interpretation of CVP Readings				

<b>Preparation / Calculation of the Following Drugs</b>				
Atropine				
Bretylum				
Digitalis				
Dobutrex				
Dopamine				
Epinephrine				
Isuprel				
Lidocaine				
Nipride				
Sodium Bicarbonate				
Tridil / Nitroglycerine				

EENT DISORDERS	1	2	3	4
<b>Care of Patient with:</b>				
Ear Irrigations				
Eye Irrigations				
Eye Patch Applications				
Nasal Packing				
Remove Contact Lens				
Set up for Flourescein / Woods Lamp Exam				
Use of Morgan Lens Irrigation				
Visual Activity				

ENVIRONMENTAL	1	2	3	4
<b>Care of Patient with:</b>				
Administration of Antivenom				
Animal Bite				
Heat Exhaustion				
Heat Stroke				
Hypothermia				
Poison Index				
Snake Bite				

GASTROINTESTINAL	1	2	3	4
<b>Care of Patient with:</b>				
GI Bleed				
Abdominal Tubes				
GI Tubes				
Acute Abdominal Disorder				
Insertion of Nasogastric Tube				
Gastric Lavage				

LACERATIONS	1	2	3	4
<b>Care of Patient with:</b>				
Assist with Staples				
Assist with Sutures				
Set up Suture Tray				
Staple Removal				
Steri-Strips				
Suture Removal				

TRAUMA	1	2	3	4
<b>Care of Patient with:</b>				
Air Transport of Trauma Patient				
Major Trauma				
Minor Trauma				
M.A.S.T. Suit				

Initial \_\_\_\_\_

MISCELLANEOUS INSTRUMENTS / TRAYS	1	2	3	4
Culdocentesis Tray				
Cutdown Tray				
CVP Tray				
Pelvic Tray				
Procto Tray				
Thoracentesis Tray				
Trach Tray				

NEUROLOGICAL	1	2	3	4
Acute Head Injury				
Acute Spinal Cord Injury				
Acute T.I.A. / C.V.A.				
Application of Orthopedic Appliances				
Assist with Lumbar Puncture				
Monitoring Neuro Signs				
Neuro Assessment				
Observing for Increased Intracranial Pressure				
Seizure Precautions				
Transport of Patients w/ Spinal Cord Injuries				
Use of Glasgow Coma Scale				
<b>Knowledge and Use of:</b>				
Decadron				
Dilantin				
Mannitol				
Phenobarbital				
Solu-Medrol				

ORTHOPEDIC	1	2	3	4
<b>Care of Patient with:</b>				
Application of Orthopedic Appliances				
Assist w/ Closed Fracture / Dislocation Reduction				
Checking C.M.S.				
Sedation Monitoring				
Set up of Cast Application				
Set up OCL Splinting				
Set up for Insertion of Steinman Pin / K-wires Insertion				

PEDIATRIC	1	2	3	4
Calculating Emergency Medication Dosages				
Knowledge of Normal Serum Ab Values				
<b>Care of Patient with:</b>				
Child Abuse				
Epiglottis				
Near Drowning				
Overdose / Poison Ingestion				
Pediatric Arrest / Resuscitation				

PSYCHIATRIC	1	2	3	4
Crisis Intervention				
Upholding Patient's Rights				
<b>Care of Patient with:</b>				
Suicidal Patient				
Patient Overdose				
Patient in Restraints				

RENAL	1	2	3	4
<b>Care of Patient with:</b>				
Acute Renal Failure				
Chronic Renal Failure				
Peritoneal Dialysis				

RESPIRATORY	1	2	3	4
<b>Care of Patient with:</b>				
Pulmonary Edema				
COPD				
Pneumothorax				
Assisting with Intubation				
Assisting with Extubation				
Tracheotomy				
Trach Tube				
T-Piece				
Obtaining Arterial Blood Gases				
From Radial Artery				
From Femoral Artery				
From Arterial Line				
Setting up of Arterial Line				
Ventilator				
O2 Mask				
O2 Cannula				
Venturi Mask				
O2 Cylinder				
Nebulizer Set up				
Oropharyngeal Suction				
Nasotracheal Suction				
Endotracheal Suction				
Assisting w/ Chest Tube Insertion				
Use of Pleuravac Drainage System				
Use of Emerson Drainage System				

SEXUAL ASSAULT / CHILD ABUSE	1	2	3	4
Rape Kit				
Reporting Procedures for Acts of Violence				

ADDITIONAL ER SKILLS	1	2	3	4
Isolation Procedures				
Triage Procedures				
<b>Care of Patient with AIDS:</b>				
Lab Values				
Procedures for Patient signing AMA				
Consent for Treatment of Minor				
Disaster Protocol				
Heparin / Saline Lock				
Starting IV's				
Adult				
Pediatric				
Universal Precautions				
Assist with Peritoneal Lavage				

Initial \_\_\_\_\_

**Age-Appropriate Care:** Ability to adapt care to incorporate normal growth and development, adapt method and terminology of client instructions as it relates to the age and comprehension level of the client, and to ensure a safe environment - reflecting specific needs of the client and various age groups.

AGE	1	2	3	4
Newborn (birth - 30 days)				
Infant (30 days - 1 year)				
Toddler (1 - 3 years)				
Preschooler (3 - 5 years)				
School Age (5 - 12 years)				

AGE	1	2	3	4
Adolescents (12 - 18 years)				
Young Adults (18 - 39 years)				
Middle Adults (39 - 64 years)				
Older Adults (64+ years)				

The information I have given is true and accurate to the best of my knowledge and I hereby authorize Active Staffing Resource Inc., to release this Skills Checklist to staffing clients of Active Staffing Resource Inc. Submit this skills self evaluation with your initial application  
To be updated annually.

\_\_\_\_\_  
Applicant Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ASRI Representative

\_\_\_\_\_  
Date

## EMERGENCY ROOM EXAMINATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Score \_\_\_\_\_

### I. Choose the correct answer:

1. The patient is brought to the ED with an anterior ST-elevation myocardial infarction (STEMI). You are assessing him for possible administration of fibrinolytics. An absolute contraindication for this treatment is:
  - A. The patient's pain is not relieved by medications.
  - B. Symptoms began 36 hours before arrival.
  - C. The patient has received aspirin in the last 2 hours.
  - D. The patient had a previous MI 6 years ago.
2. Preload refers to:
  - A. The volume of blood entering the left side of the heart
  - B. The volume of blood entering the right side of the heart
  - C. The pressure in the venous system that the heart must overcome to pump the blood
  - D. The pressure in the arterial system that the heart must overcome to pump the blood
3. The team is performing CPR on a patient. The rhythm that will respond to an electrical shock is:
  - A. Asystole
  - B. PEA
  - C. Ventricular fibrillation
  - D. SVT
4. When suctioning during a cardiac arrest, suctioning should be limited to which of the following?
  - A. Less than 5 seconds
  - B. Less than 10 seconds
  - C. Less than 20 seconds
  - D. Less than 30 seconds
5. Possible causes of cardiac arrest include all of the following EXCEPT:
  - A. Hypervolemia
  - B. Hypoxia
  - C. Hypokalemia
  - D. Tension Pneumothorax
6. You are providing ventilations using a Bag-mask device. Suddenly, you do not see the patient's chest rise with the ventilation. You reposition the patient to ensure an open airway. When you attempt to ventilate, you do not see his chest rise. The most likely cause of this is:
  - A. The bag-mask device is faulty
  - B. Airway obstruction
  - C. The patient has suffered an MI
  - D. Cardiac tamponade
7. According to American Heart Association ACLS guidelines, cricoid pressure during intubation:
  - A. Should be done in all cases.
  - B. Is no longer recommended.
  - C. Should only be done on children.
  - D. None of the above.

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8. You are providing positive pressure ventilation through an ET tube to a patient in respiratory distress. Indications that you are ventilating too fast include all of the following EXCEPT:
- A. Increasing waveform capnography readings
  - B. Stomach insufflation
  - C. Tension pneumothorax
  - D. Aspiration
9. According to American Heart Association ACLS guidelines, when available, the best way to confirm and maintain tracheal tube position is by:
- A. Clinical examination only.
  - B. Quantitative waveform capnography.
  - C. Clinical examination and Pulse oximetry.
  - D. Clinical examination and quantitative waveform capnography.
10. Signs of respiratory failure include all of the following EXCEPT:
- A. Bradypnea
  - B. Diminished air movement
  - C. Decreased level of consciousness
  - D. Nasal flaring and retractions
11. Emergency Medical Service has brought a 24-year-old man to the ED with gunshot wounds to his abdomen and left groin area. His blood pressure is 84/52 and heart rate is 120 per minute. His skin is diaphoretic, cool, and pale. The treatment the nurse should prepare for is:
- A. Chest compressions
  - B. Endotracheal intubation
  - C. Administration of verapamil
  - D. Rapid administration of a crystalloid solution
12. You are on the ED team caring for a 10-year-old child with a normal systolic blood pressure, increased heart rate, slightly delayed capillary refill and cool, pale skin. What severity of shock is the child likely in?
- A. Decompensated shock
  - B. Hypotensive shock
  - C. Compensated shock
  - D. None of the above
13. You are caring for a patient in cardiogenic shock. You know that a probable cause of this condition is:
- A. Dehydration
  - B. Spinal cord injury
  - C. Congestive heart failure
  - D. Infection
14. You are caring for a 10-year-old child with normal blood pressure, increased heart rate, and cool pale skin. The child is reported to have had vomiting and diarrhea the past two days. As you perform your primary assessment, you note that respirations are clear and not labored. What is the probable first intervention for this child?
- A. Give 20 ml/kg bolus of saline or lactated Ringer's
  - B. Start an Epinephrine infusion at 0.1mg/kg
  - C. Give Epinephrine bolus of 0.01 mg/kg
  - D. Give Amiodarone 5 mg/kg IV over 60 minutes
15. You assume care for the patient in the ED. During the time she has been in the ED, she has consistently complained of photophobia, a stiff neck, increasing confusion, and nausea. Her history shows a motor

- vehicle accident several days ago. She states the pain is the worst headache she has ever had. You suspect she might have a:
- A. Subarachnoid hemorrhage
  - B. Migraine headache
  - C. Whiplash injury
  - D. Sinus headache
16. To quickly evaluate a child's neurological status, all of the following standard evaluations can be used EXCEPT:
- A. The Epworth Scale.
  - B. The AVPU scale.
  - C. The Glasgow Coma Scale.
  - D. Pupillary responses to light.
17. According to the American Heart Association stroke recommendations, the critical goal time from arrival to the Emergency Department to CT brain scan is:
- A. 10 minutes
  - B. 25 minutes
  - C. 45 minutes
  - D. 60 minutes
18. The National Institute of Neurological Disorders and Stokes (NINDS) has set the goal for immediate general assessment by a stroke team or emergency physician as:
- A. Within 1 minute of arrival.
  - B. Within 10 minutes of arrival.
  - C. Within 30 minutes of arrival.
  - D. Within 60 minutes of arrival.
19. A 16-year-old boy is brought to the ED by his parents. They state that he awoke from sleep with nausea, vomiting, and pain in his scrotum. The nurse notes that the boy's scrotum is swollen and he has a low-grade fever. His urinalysis is normal. The physician suspects a testicular torsion. The definitive treatment for this boy is:
- A. Antibiotics
  - B. Bed rest for several days
  - C. Anti-emetic and pain medication
  - D. Surgery
20. A 24-year-old woman is seen in the emergency department complaining of urinary frequency, pain with urination and urgency. Vital signs are stable and within normal limits. When you obtain a urine specimen, you note that it is cloudy and foul smelling. You should prepare the patient for:
- A. Admission for acute renal failure
  - B. Discharge with antibiotic therapy
  - C. Admission for lithotripsy
  - D. Discharge without medications



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## JOB DESCRIPTION

**JOB TITLE:** REGISTERED NURSE – EMERGENCY NURSE

**REPORTS TO:** Director of Nursing

**ESSENTIAL RESPONSIBILITIES:**

The Registered Nurse demonstrates proficiency by exhibiting the following skills, competencies and behaviors.

### 1. LEADERSHIP

- Serve as leader of the healthcare team; delegates tasks appropriately, and demonstrates appropriate accountability.
- Demonstrates a professional, supportive attitude.
- Champions new ideas.
- Leads and directs other through change process.
- Utilizes effective communication strategies, including chain of command and issue escalation, which will result in intended outcomes.
- Participates in problem identification and resolution.
- Mentors, orients, and coaches others in unit specific operation and patient care activities.
- Share responsibilities and authority with subordinates and holds him/her accountable for performance.
- Demonstrate ability to problem solve with other departments in order to assist member problem resolution.
- Prioritizes, delegates, and supervises work assignments appropriately to ensure completion of patient care activities.
- Complies with regulatory requirements, policies, procedures, and standards of practice.

### 2. NURSING POLICIES

- Develops and/or contributes to the individualized plan of care that reflects assessment, planning, implementing, and evaluating the outcomes of the plan.

- Assures plan shows multidisciplinary planning, consultation, and education.
- Assures plan is reflective of admission or outpatient database, on-going findings, age-appropriate care, cultural specific needs, and appropriate acuity.
- Assures plan is discussed with patient, family/significant others, and completed in timely manner.
- Monitors patient's progress based on the plan.
- Revises plans on ongoing basis based patient condition and evaluation of progress.
- Assures care meets standard of practice.
- Assures effective development and completion of discharge plan including discharge barriers and patient/family education. In outpatient, identify barriers and needs for patient/family education that will facilitate the outpatient medical management plan.

### **3. TEAM COMMITMENT**

- Viewed by the others to be an effective team member who is flexible, cooperative, and willing to assist others.
- Confronts difficult or conflict situations constructively and seeks appropriate assistance.
- Takes accountability for own actions and accepts constructive criticism.
- Participates with the assessment of current and future unit learning needs and development of an annual educational plan.
- Adheres to Attendance Policy Reports to assigned are promptly, being present and available for report at beginning of assigned shift.
- Minimizes personal phone call time.

### **JOB SPECIFICATIONS:**

- Current California license as a Registered Nurse for interim permit with successful completion of the RN license prior to end of probation.
- Basic Life Support current certification, Healthcare Provider level required.
- Communications in a clear, concise manner appropriate to the development stage of patient. Has full command of the English language (written and verbal).
- Experience requirements may be waived or modified when an appropriate program or course is available and successfully completed for New Graduate RN's or for area of specialization.





- Position requires considerable walking, standing, moderate lifting, exposure to patient elements, and handling of emergencies and critical patient incidents.
- Some positions may be posted as bilingual Spanish required on a position-by-position basis.
- Willing to be trained to utilize computer systems.
- Expected to float to other areas within their scope of practice and/or competencies, if needed.
- 1 year recent (within the last 3 years) full-time or part-time equivalent experience in ED. ACLS certification required. PALS must be obtained within 6 months of hire. Will consider Critical Care experienced nurses based on percent of ER experienced staff.

**PHYSICAL REQUIREMENTS:**

See attached “Essential Functions” Form.

**The above statements reflect the general duties considered necessary to describe the principal functions of the job as identified and shall not be considered as a detailed description of all the requirements that may be inherent in the position.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature