

Active Staffing Resource Inc.

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

MED/SURG 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 **2 = Somewhat experience but may need review**
3 = Can function independently **4 = Competent to supervise**

MEDICATIONS / IV THERAPY	1	2	3	4
Administer PO Medications				
Administer NG/GT Meds				
Administer IM & SQ Meds				
Peripheral IV Insertion				
Mix IV Infusion w/ Additives				
Administer IV Medications				
Use of Heparin/Saline Locks				
Intra Catheter				
Mix IV Meds				
Needle-less Systems				
Infusion Pumps				
Discontinue Peripheral IV s				
Pain Assessment/Management				
ORTHOPEDIC	1	2	3	4
Crutch Walking				
Cast Care				
Traction				
K Wires				
Care of Patient with:				
Amputation				
Skeletal Traction				
Arthroscopy/Arthrotomy				
Total Hip Replacement				
Total Knee Replacement				
NUEROLOGY	1	2	3	4
Nuero Assessment/Vital Signs				
Glasgow Coma Scale				
Assist with Lumbar Puncture				
Intracranial Pressure Monitoring				
Seizure Precautions				
Aneurysm Precautions				
Care of Patient with:				
Open/Closed Head Injury				
CVA				
Spinal Cord Injury				
Craniotomy				
Drug Overdose/DT's				

VASCULAR	1	2	3	4
Draw Blood for Lab Studies				
Admin Blood/Blood Products				
Hyperalimentation/TPN				
Central Venous Lines (CVL)				
CVLs Dressing Change				
Hickman/Broviac Catheters				
Intake and Output				
Assess for Edema/Fluid Overload				
Peripheral Pulses				
Ultrasonic Doppler				
CARDIAC	1	2	3	4
Use of Cardiac Monitors				
Interpretation of Arrhythmias				
Telemetry				
Perform 12 Lead EKG				
Assist with Code				
Defibrillation/Cardioversion				
Cardiac Arrest/CPR				
Arterial Lines				
Central Venous Pressure Readings				
Care of Patient with:				
Acute MI				
Congestive Heart Failure				
Pre/Post Cardiac Cath				
Pre/Post Cardiac Surgery				
Aneurysm				
Permanent Pacemaker				
Temporary Pacemaker				
Heart Transplant				
GASTROINTESTINAL	1	2	3	4
Assess Bowel Sounds				
Assess GI Distress/Bleeding				
Insertion/Monitoring NG Tube				
Tube Feedings via flexible Tubes				
Gastrostomy Tube Monitor/Feed				
Colostomy Care				
Care of Patient with:				
GI Bleed				
Wound Dehiscence				
Abdominal Wounds				
Drains				

Initial _____

RESPIRATORY	1	2	3	4
Establish Airways				
Assist with Intubation (ETT)				
ETT Extubation				
Ventilate with Ambu-bag				
Suctioning				
Incentive Spirometry				
Nasal Cannula				
Face Masks				
Ventilators				
Obtain Arterial Blood Gases (ABG's)				
Interpret ABG's				
Chest Tubes				
Chest Percussion				
Care of Patient with:				
Asthma/COPD				
Pre/Post Thoracic Surgery				
Tracheostomy				
Pulmonary Emboli				
GENITOURINARY	1	2	3	4
Straight/Foley Cath Female				
Straight/Foley Cath Male				
Obtain/Instruct Clean Catch Urine				
Suprapubic Tube				
Nephrostomy				
GU Irrigations				
Care of Patient with:				
Shunts & Fistulas				
Renal Failure				
Nephrectomy				
Renal Transplant				
Hemodialysis				
Peritoneal Dialysis				

	1	2	3	4
Hysterectomy				
Prostate Surgery				
GENERAL NURSING	1	2	3	4
Admit & Orient Patients				
Discharge Patients				
Supervise Unlicensed Personnel				
Vital Sign Monitoring				
Pulse Oximetry				
Urine Dipstick				
Blood Glucose Monitoring				
Wound Care/Debridement				
Dressing Changes				
Wound Drains/Transferring				
Positioning/Transferring				
Restraints				
Isolation Techniques				
Advance Directives				
OTHER	1	2	3	4
Pre-Operative Care/Preparation				
POST-ANESTHESIA CARE	1	2	3	4
General				
Spinal				
Block				
Multiple Trauma Patient				
Burn Patients				
Oncology				
Chemotherapy				
Bone Marrow Transplant				
Liver transplant				
AIDS				
Diabetic Teaching/Care				
Postmortem Care				

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



JOB DESCRIPTION

JOB TITLE: REGISTERED NURSE – MED/SURG & TELEMETRY

REPORTS TO: Director of Nursing

STATEMENT OF PURPOSE:

Responsible for overall delivery of care utilizing the nursing process. Provides direction to LVNs, CNAs and Unit Ward Clerks.

PRINCIPAL DUTIES AND RESPONSIBILITIES:

1. Assesses individual patient's physical, psychological and social needs and initiate appropriate nursing intervention.
2. Identify potential problems and/or complications and intervene appropriately to prevent adverse effects.
3. Delivers patient care by following established nursing policies and procedure of the Nursing Department.
4. Documents patient information accurately utilizing appropriate charting methods.
5. Recognizes priorities and patient needs.
6. Assesses patient and family educational needs and teaches effectively.
7. Safely operates all equipment used in the nursing areas.
8. Coordinates patients with all disciplines.
9. Implements plan of care for patients and communicate that plan to others involved.
10. Initiates discharged planning and coordinate with appropriate individuals when indicated.
11. Evaluates effectiveness of intervention/actions and give rationale for nursing interventions based on patient outcome.
12. Documents the patients' response to care and revised patient plan of care as appropriate.
13. Maintains a collaborative working relationship with peers, other personnel, medical staff, and supervisor.
14. Gathers and uses factual data in problem solving.
15. Provides appropriate and timely shift change report.

16. Remains calm and functions competently during stress and crisis situations. Demonstrates knowledge of responses to code blue, fire and disaster.
17. Participates in the staff meeting.
18. Utilizes and facilitates effective communications strategies with individual patients, family and staff.
19. Understands coping processes and allows time for interaction. Take steps to decrease stress and/or increase effectiveness of coping mechanisms of patient/family having difficulty dealing with illness and hospitalization.
20. Educate patients and families regarding care and treatment.
21. Shares new knowledge and skills with other staff members; assist in the orientation of new staff members.
22. Provides direction and leadership in patient care. Supervise nursing care provided by team members.
23. Complies with unit, and department scheduling guidelines.
24. Demonstrates clinical competence in the provision of nursing care specific to adult and geriatric patients. Gives appropriate care by understanding the growth/developmental stages of various age groups.
25. Demonstrates appropriate administration and an understanding of medication.
26. Demonstrates an understanding of the abuse reporting requirements of the various age groups.
27. Understands and adheres to the hospital's restraints procedure.
28. Responds appropriately to patients and their families' cultural and spiritual considerations. Uses appropriate resources to meet the needs.
29. Develops and implements individualized patient care plans in accordance with standards of nursing practice through the implementation of the nursing process and nursing.

EXPERIENCE/SKILLS REQUIRED:

Must have knowledge and skills in techniques of good nursing care and adequate technical vocabulary. Must maintain valid BCLS care. Must demonstrate the knowledge and skills necessary to provide care appropriate to the age of the patients served.

EDUCATIONAL REQUIREMENTS:

Graduate from an accredited school of nursing. Currently licensed as a Registered Nurse in the State of California.



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

MEDICAL SURGICAL & TELEMETRY EXAMINATION

Name: _____ Date: _____ Score _____

I. Choose the correct answer:

- The clinic nurse is teaching the client at risk for developing arteriosclerosis. The nurse should teach the client that the dietary therapy to decrease homocysteine levels includes eating foods rich in which nutrient?
 - Monosaturated fats
 - B complex vitamins
 - Vitamin C
 - Calcium

- The client's BP is being taken at a screening clinic. Which client statement to the nurse demonstrates awareness of having a risk factor for hypertension?
 - "My doctor told me my body mass index is 23 and my blood pressure is 118/70."
 - "I usually have a glass of wine to unwind when I come home from work."
 - "I plan to get my blood pressure checked more often, as I am African American."
 - "I have colds during the winter, so I plan to get the influenza vaccine every year."

- The nurse has prepared medications for a 75-year-old client with hypertension. The nurse notes that the client has an elevated serum potassium level. Which medication is **most** important for the nurse to address with HCP before administration?

A.



B.



C.



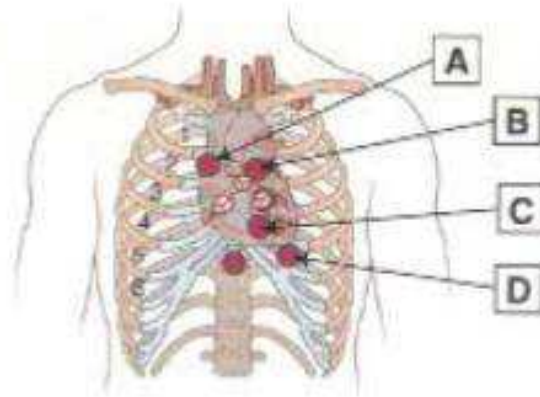
D.



- The nurse completes discharge teaching for the client with chronic stage 2 hypertension. Which statement by the client indicates that teaching was effective?
 - "I will limit my intake of potassium by eating bananas only once a week."
 - "I will start a rigorous exercise program to lose this excess weight."
 - "I will call my doctor immediately if I have sudden vision changes."
 - "I will strive to maintain my body mass index (BMI) at 32."
- The nurse is taking the BP on multiple clients. Which reading warrants the nurse notifying the HCP because the client's MAP is abnormal?
 - 94/60 mm Hg
 - 98/36 mm Hg
 - 110/50 mm Hg
 - 140/78 mm Hg

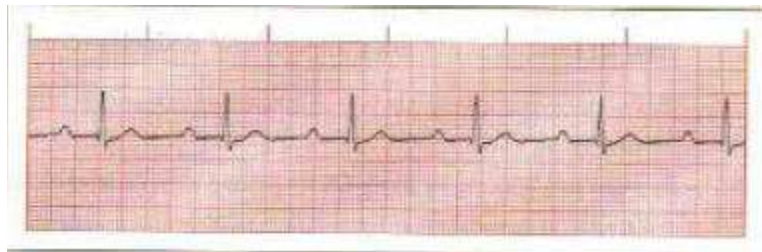
Initial _____

6. The nurse is assessing the client. At which area should the nurse place the stethoscope to **best** auscultate the client's murmur associated with mitral regurgitation?



- A. Line A
B. Line B
C. Line C
D. Line D
7. The new nurse is experiencing difficulty hearing the client's heart sounds during auscultation and consults an experienced nurse. Which techniques should the experienced nurse recommend to help identify the heart sounds correctly? **Select all that apply.**
- A. Auscultate over the client's gown
B. Auscultate from the left side of the client
C. Ask the client to sit and lean forward
D. Feel the radial pulse while listening to heart sounds
E. Turn the client to the left side-lying position
8. At 0745 hours, the nurse is informed by the HCP that a cardiac catheterization is to be completed on the client at 1400 hours. Which intervention should be the nurse's **priority**?
- A. Place the client at NPO (nothing per mouth) status.
B. Teach the client about the cardiac catheterization.
C. Start the intravenous (IV) infusion of 0.9% NaCl.
D. Witness the client's signature on the consent form
9. While preparing the client for a computed tomography (CTA), the client asks the nurse what the test will entail. Which should be the nurse's correct response?
- A. "A CTA use magnetic fields to visualize the major vessels within your body."
B. "A CTA is an invasive procedure that requires a small incision into an artery."
C. "A CTA is a quick procedure that requires anesthesia for about 20 minutes."
D. "A CTA is a scan that includes a constant dye injection to visualize your arteries"
10. The client is admitted with an ACS. Which should be the nurse's **priority** assessment?
- A. Pain
B. Blood pressure
C. Heart rate
D. Respiratory rate

11. The client with a left anterior descending (LAD) 90% blockage has crushing pain that is unrelieved by taking sublingual nitroglycerin. Which ECG finding is **most** concerning and should alert the nurse to immediately notify the HCP?
- Q waves
 - Flipped T waves
 - Peaked T waves
 - ST segment elevation
12. The nurse observes sinus tachycardia with new-onset ST segment elevation on the ECG monitor of the client reporting chest pain. Which should be the nurse's priority intervention?
- Draw blood for cardiac enzymes STAT
 - Call the cardiac catheterization laboratory
 - Apply 1 inch of nitroglycerin paste topically
 - Apply 4 liters of oxygen via nasal cannula
13. The nurse assesses the client returning from a coronary angiogram in which the femoral artery approach was used. The client's baseline BP during the procedure was 130/72 mm Hg, and the cardiac rhythm was sinus rhythm. Which finding should alert the nurse to a potential complication?
- BP 154/78 mm Hg
 - Pedal pulses palpable at +1
 - Left groin soft to palpitation with 1 cm ecchymotic area
 - Apical pulse 132 beats per minute (bpm) with an irregular-irregular rhythm
14. The client, returning from a coronary catheterization in which the femoral artery approach was used, sneezes. Which should be the nurse's **priority** intervention?
- Palpate pedal pulses
 - Measure vital signs
 - Assess for the urticarial
 - Check the insertion site
15. The nurse obtains the client's cardiac monitor printout illustrated. What should be the nurse's interpretation of the client's rhythm?



- Atrial flutter
 - Atrial fibrillation
 - Sinus bradycardia
 - Sinus rhythm with premature atrial contractions (PACs)
16. The client with atrial flutter is receiving a continuous infusion of 25,000 units of heparin in 500 mL of 5% dextrose at a rate of 12 mL per hour. The aPTT laboratory result is 92 seconds. According to the heparin infusion protocol, the nurse should administer the heparin infusion at a rate of how many mL per hour?

_____ mL/hr (Record your answer as a whole number.)

Initial _____

aPTT Results	Bolus Dose	Stop Infusion	Rate Change	Repeat aPTT
Less than 50	5000 units	0 minutes	+3 mL/hr	6 hr
50-59	0	0 minutes	+2 mL/hr	6 hr
60-85	0	0 minutes	No change	Next a.m.
86-100	0	0 minutes	-1 mL/hr	Next a.m.
101-120	0	30 minutes	-2 mL/hr	6 hr
120-150	0	60 minutes	-3 mL/hr	6 hr
Greater than 150	0	60 minutes	-5 mL/hr	6 hr

17. The nurse is admitting the client with a new diagnosis of persistent atrial fibrillation with rapid ventricular response. The client has been in atrial fibrillation for more than 2 days and has had no previous cardiac problems. Which **initial** interventions should the nurse anticipate? **Select all that apply.**
- Ablation of the AV node
 - Immediate cardioversion
 - Oxygen 2 liters per nasal cannula
 - Heparin intravenous (IV) infusion
 - Amiodarone IV infusion
 - Diltizem IV infusion
18. The nurse is caring for the client immediately following insertion of a permanent pacemaker via the right subclavian vein approach. Which intervention should the nurse include in the client's plan of care to **best** prevent pacemaker lead to dislodgement?
- Inspect the incision for approximation and bleeding
 - Prevent the right arm from going above shoulder level
 - Assist the client with using a walker when out of bed
 - Request a STAT chest x-ray upon return from the procedure
19. The nurse completes teaching the client with a newly inserted ICD. Which statement, if made by the client, indicates that further teaching is needed?
- "The ICD will give me a shock if my heart goes into ventricular fibrillation again."
 - "When I feel the first shock, my family should start COR immediately and call 911."
 - "I'm afraid of my first shock; my friend stated his shock felt like a blow to the chest."
 - "Some states do not allow driving until there is a 6-month discharge-free period."
20. The nurse is teaching the client newly diagnosed with chronic stable angina. Which instructions on measures to prevent future angina should the nurse incorporate? **Select all that apply.**
- Increase isometric arm exercise to build endurance.
 - Wear a facemask when outdoors in cold weather.
 - Take nitroglycerin before a stressful event even if pain free.
 - Perform most exertional activities in the morning.
 - Take a daily laxative to avoid straining with bowel movements.
 - Discontinue use of all tobacco products if you use these.

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TELEMETRY SKILLS CHECKLIST

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RESPIRATORY	1	2	3	4
Assessment of Breath Sound				
Administer O2 (NC, Mask)				
Ventilate with Ambu-bag				
Assist with Intubation				
Care of Intubated Patient				
Suctioning				
Assist with Extubation				
Use of Pressure Ventilators				
Use of Volume Ventilators				
Weaning of Patient from Ventilator				
Troubleshoot Ventilator Problems; ie: High Pressure Alarm, Low Exhale Volume				
Pulse Oximetry				
Perform Artery Puncture				
Draw Blood from Arterial Line				
Interpret Arterial Blood Gases				
Assist with Thoracentesis				
Assist with Bronchoscopy				
Care of Patient with:				
Chest Injury				
Chest Tubes				
Tracheostomy				
Assess Resp. Complications; ie: Tension Pneumo, Aspiration, Pulmonary, Edema				
RENAL - Care of Patient with:	1	2	3	4
Acute Renal Failure				
Chronic Renal Failure				
Hemodialysis				
Peritoneal Dialysis				
Renal Transplant				
CARDIAC	1	2	3	4
Assessment of Heart Sound				
Place Cardiac Monitor/Telemetry				
Troubleshoot Monitor/Telemetry				
Identify Lethal Dysrhythmias				
Perform 12 Lead EKG				
Basic 12 Lead Interpretation				
Assist with Code				
Defibrillation/ Cardioversion				
Automatic External Defib (AED)				
Cardiac Arrest/CPR				

	1	2	3	4
Assist with Insertion and Set up				
Arterial Lines				
Central Venous Catheter				
Placement of External Pacemaker				
Obtain ABG				
Obtain Mixed Venous Gases				
Care of Patient with:				
Angina				
Acute MI				
Congestive Heart Failure				
Pre/Post Cardiac Cath				
Pre/Post Cardiac Surgery				
Femoral-Popliteal Bypass				
Aneurysm				
Permanent Pacemaker				
Temporary Pacemaker				
Automatic Implanted Defibrillator				
Heart Transplant				
Emergency Medication Administration				
Epinephrine				
Atropine				
Bicarbonate				
Lidocaine				
Infusion Medical Administration				
Bretylium				
Dopamine				
Insulin				
Pronestyl				
Infusion therapy				
Infusion Pump				
Syringe Pump				
Hyperalimentation Admin (Perip/Central)				
Blood/Blood Products Admin				
Insert Peripheral IV/Heplock				
Insert PICC/Midline Catheter				
Discontinue Peripheral IV/Heplock				
Discontinue PICC/Midline Catheter				
Hickman/Broviac				
Groshong				
Implanted Ports				
PICC/Midline				

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NEUROLOGY	1	2	3	4
Neuro Assessment/Vital Signs				
Glasgow Coma Scale				
Assist with Lumbar Puncture				
Identify Neuro Complication				
Seizure Precautions				
Aneurysm Precautions				
Use of Rotating Bed				
Use of Stryker Frame				
Epidural Medication Administration				
Care of Patient with:				
Open/Closed Head Injury				
Acute CVA				
Spinal Cord Injury				
Craniotomy				
Increased ICP				
Cerebral Aneurysm				
Halo Traction/Cervical Tongs				
Degenerative Diseases of CNS				
CNS Infections				
Seizures				
Drug Overdose/DT's				

GASTROINTESTINAL	1	2	3	4
Assesment of Bowel Sounds				
Identification of Abnormalities				
Insert/Maintain Feeding Tubes				
Insert/Maintain NG Tubes				
Care of Patient with:				
GI Bleed				
Open and Wound/Incision				
Abdominal Aortic Aneurysm				
Other - Care of Patient with:				
Multiple Trauma				
Burns				
Oncology				
Chemotherapy				
AIDS				
Ketoacidosis				
Bone Marrow Transplant				
Liver Transplant				
Isolation Techniques				
Advance Directives				
Postmortem Care				
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