

Emergency Room RN Skills Checklist

Name: _____

Date: _____

Indicate your level of experience rating with one of the following:

A – No Experience.

B – Minimal Experience - need review and supervision, have performed at least once.

C – Competent - able to perform independently.

D – Expert - able to act as resource to others.

A. CARDIOVASCULAR

1. Assessment
 - a. Auscultation (rate, rhythm) A B C D
 - b. Doppler A B C D
 - c. Heart sounds/murmurs A B C D
2. Equipment & Procedures
 - a. Assist with insertion and set up
 - (1) Arterial Line A B C D
 - (2) Central venous line A B C D
 - (3) PA catheter/Swan-Ganz A B C D
 - b. Cardioversion A B C D
 - c. Interpretation of waveforms & values
 - (1) A-line A B C D
 - (2) CVP A B C D
 - d. Monitoring
 - (1) Basic 12 lead interpretation A B C D
 - (2) Basic arrhythmia interpretation A B C D
3. Care of the patient with:
 - a. Acute MI A B C D
 - b. Aneurysm A B C D
 - c. Angina A B C D
 - d. Cardiac Arrest A B C D
 - e. Congestive heart failure (CHF) A B C D
 - f. Myocarditis A B C D
4. Medications
 - a. ACLS drugs
 - (1) Atropine A B C D
 - (2) Bretylium (Bretylol) A B C D
 - (3) Epinephrine (Adrenalin) A B C D
 - (4) Lidocaine (Xylocaine) A B C D
 - (5) Procainamide (Pronestyl) A B C D
 - (6) Sodium Bicarbonate A B C D

b. Other

- (1) Adenosine (Adenocard) A B C D
- (2) Amiodarone (Cordarone) A B C D
- (3) Digoxin (Lanoxin) A B C D
- (4) Diltiazem (Cardizem) A B C D
- (5) Dobutamine (Dobutex) A B C D
- (6) Dopamine (Dobutex) A B C D
- (7) Esmolol (Brevibloc) A B C D
- (8) Lasix (Furosemide) A B C D
- (9) Nitroglycerin (Tridil) A B C D
- (10) Nitroprusside (Nipride) A B C D
- (11) Thrombolytic therapy A B C D

B. PULMONARY

1. Assessment

- a. Breath sounds A B C D
- b. Rate and work of breathing A B C D

2. Interpretation of lab results

- a. Arterial blood gases A B C D

3. Equipment & procedures

a. Airway management devices/suctioning

- (1) Endotracheal tube/suctioning A B C D
- (2) Nasal airway/suctioning A B C D
- (3) Oropharyngeal/suctioning A B C D
- (4) Sputum specimen collection A B C D
- (5) Tracheostomy/suctioning A B C D

b. Assist with extubation A B C D

c. Assist with intubation A B C D

d. Assist with thoracentesis A B C D

e. Care of the patient on a ventilator A B C D

f. Care of the patient with a chest tube

- (1) Assist with set-up & insertion A B C D
- (2) Measuring A B C D
- (3) Removal A B C D

g. Measure peak flow A B C D

h. Obtaining arterial blood gases

- (1) Arterial line A B C D
- (2) Femoral artery A B C D
- (3) Radial artery A B C D

i. O₂ therapy & medication delivery systems

- (1) Bag and mask A B C D
- (2) ET tube A B C D
- (3) External CPAP A B C D
- (4) Face masks A B C D
- (5) Inhalers A B C D
- (6) Nasal cannula A B C D

- (7) Nebulizer A B C D
- (8) Portable O2 tank A B C D
- (9) T-piece A B C D
- (10) Trach Collar A B C D
- j. Pulse oximetry A B C D
- k. Trouble shooting high pressure alarms A B C D
- l. Trouble shooting low pressure alarms A B C D
- 4. Care of the patient with:
 - a. Aspiration A B C D
 - b. COPD A B C D
 - c. Hemopneumothorax A B C D
 - d. Laryngospasm A B C D
 - e. Pneumonia A B C D
 - f. Pneumothorax A B C D
 - g. Pulmonary edema A B C D
 - h. Pulmonary embolism A B C D
 - i. Tension pneumothorax A B C D
 - j. Tuberculosis A B C D
- 5. Medications
 - a. Aminophylline (Theophylline) A B C D
 - b. Bronkosol (Isoetharine hydrochloride) A B C D
 - c. Epinephrine (Adrenalin) A B C D
 - d. Isuprel (Isoproterenol hydrochloride) A B C D
 - e. Steroids A B C D
 - f. Terbutaline A B C D

C. NEUROLOGICAL

- 1. Assessment
 - a. Advanced neuro assessment
 - (1) Glasgow Coma Scale A B C D
 - (2) Reflex/motor deficits A B C D
 - (3) Visual or communication deficits A B C D
 - b. Intracranial pressure monitoring A B C D
- 2. Equipment & procedures
 - a. Assist with lumbar puncture A B C D
 - b. Increased ICP management
 - (1) Medications A B C D
 - (2) Positioning A B C D
 - (3) Regulation of ICP A B C D
 - (4) Temperature control A B C D
 - (5) Ventilation A B C D
- 3. Care of the patient with:
 - a. Basal skull fracture A B C D
 - b. Closed head injury A B C D
 - c. CVA A B C D
 - d. DTs A B C D

- e. Encephalitis A B C D
- f. Externalized VP shunts A B C D
- g. Meningitis A B C D
- h. Neuromuscular disease A B C D
- i. Overdose A B C D
- j. Seizures A B C D
- k. Spinal cord injury A B C D
- 4. Medications
 - a. Decadron (Dexamethasone) A B C D
 - b. Dilantin (Phenytoin) A B C D
 - c. Mannitol (Osmitol) A B C D
 - d. Phenobarbital A B C D
 - e. Solu-Medrol (Methylprednisolone sodium succinate) A B C D

D. ORTHOPEDICS

- 1. Assessment
 - a. Circulation checks A B C D
 - b. Gait A B C D
 - c. Range of motion A B C D
 - d. Skin A B C D
- 2. Equipment & procedures
 - a. Assist with placement of cast A B C D
 - b. Support devices
 - (1) Cane/crutch A B C D
 - (2) Cervical collar A B C D
 - (3) Sling A B C D
 - (4) Transfer boards A B C D
- 3. Care of the patient with:
 - a. Ankle brace A B C D
 - b. Ankle splint A B C D
 - c. Cast A B C D
 - d. Knee Immobilizer A B C D
 - e. Pinned fractures A B C D
 - f. Wrist splint A B C D

E. GASTROINTESTINAL

- 1. Assessment
 - a. Abdominal/bowel sounds A B C D
 - b. Fluid balance A B C D
 - c. Nutritional status A B C D
- 2. Interpretation of blood chemistry A B C D

- 3. Equipment & procedures

- a. Placement of nasogastric tube A B C D
- b. Salem sump to suction A B C D
- c. Saline lavage A B C D
- 4. Care of the patient with:
 - a. Abdominal trauma A B C D
 - b. Bowel obstruction A B C D
 - c. GI bleeding A B C D
 - d. Hepatitis A B C D
 - e. Liver Failure A B C D
- 5. Medications
 - a. Antiemetics A B C D
 - b. Antispasmodics A B C D
 - c. Charcoal A B C D
 - d. Ipecac A B C D

F. RENAL/GENITOURINARY

- 1. Assessment – Fluid balance A B C D
- 2. Interpretation of lab results
 - a. BUN & creatinine A B C D
 - b. Electrolytes A B C D
- 3. Equipment & procedures
 - a. Insertion & care of straight and Foley catheter
 - (1) Female A B C D
 - (2) Male A B C D
 - b. Urine specimen collection A B C D
- 4. Care of the patient with:
 - a. Acute renal failure A B C D
 - b. Peritoneal Lavage A B C D
 - c. Renal trauma A B C D
 - d. Urinary tract infection A B C D

G. ENDOCRINE/METABOLIC

- 1. Assessment
 - a. S/S diabetic coma A B C D
 - b. S/S insulin reaction A B C D
- 2. Equipment & procedures
 - a. Blood glucose monitoring
 - (1) Electronic measuring device: type: _____
 - (2) Performing finger stick A B C D
- 3. Care of the patient with:
 - a. Diabetic Ketoacidosis A B C D
- 4. Medications
 - a. Insulin A B C D
 - b. Oral hypoglycemics A B C D

H. WOUND MANAGEMENT/SURGICAL

- 1. Equipment & procedures

- a. Application of Steri-strips A B C D
- b. Assist with staples A B C D
- c. Assist with sutures A B C D
- d. Culdocentesis tray A B C D
- e. Set up suture tray A B C D
- f. Staple removal A B C D
- g. Suture removal A B C D

I. EENT

- 1. Assessment
 - a. Set up fluorescent/Woods lamp exam A B C D
 - b. Visual acuity A B C D
- 2. Equipment & procedures
 - a. Application of eye patch A B C D
 - b. Ear irrigation A B C D
 - c. Eye irrigation A B C D
 - d. Morgan lens irrigation A B C D
 - e. Nasal packing A B C D
 - f. Removal of contact lens A B C D

J. TRAUMA/SHOCK

- 1. Assessment
 - a. Champion trauma score A B C D
 - b. Poison index A B C D
 - c. Triage A B C D
- 2. Equipment & procedures
 - a. Air transport of trauma patient A B C D
 - b. Application of mast suit A B C D
 - c. Ground transport A B C D
- 3. Care of the patient with:
 - a. Bites, animal A B C D
 - b. Bites, human A B C D
 - c. Bites, venomous snake A B C D
 - d. Bites, venomous spider A B C D
 - e. Burns
 - (1) Rule of nines A B C D
 - (2) First degree A B C D
 - (3) Second degree A B C D
 - (4) Third Degree A B C D
 - f. Dehydration A B C D
 - g. Electrocutation A B C D
 - h. Gunshot/stab wound A B C D
 - i. Hazardous material exposure A B C D
 - j. Heat exhaustion/stroke A B C D
 - k. Hypothermia A B C D
 - l. Major trauma A B C D

- m. Minor trauma A B C D
- n. Radiation exposure A B C D
- o. Shock
 - (1) Anaphylactic A B C D
 - (2) Cardiogenic A B C D
 - (3) Hypovolemic A B C D
 - (4) Neurogenic A B C D
 - (5) Septic A B C D
- p. Traumatic amputation A B C D

K. INFECTIOUS DISEASES

- 1. Interpretation of lab values – CBC, SMA 7 A B C D
- 2. Equipment & procedures
 - a. Fever management A B C D
 - b. Isolation A B C D
- 3. Care of the patient with AIDS A B C D

L. PHLEBOTOMY/IV THERAPY/INVASIVE PROCEDURES

- 1. Equipment & procedures
 - a. Administration of blood/blood products
 - (1) Autotransfusion A B C D
 - (2) Cryoprecipitate A B C D
 - (3) Packed red blood cells A B C D
 - (4) Plasma/albumin A B C D
 - (5) Whole blood A B C D
 - b. Assist with cutdown A B C D
 - c. Drawing venous blood A B C D
 - d. Starting IVs
 - (1) Angiocath A B C D
 - (2) Butterfly A B C D
 - (3) Herparin lock A B C D
- 2. Care of the patient with:
 - a. Angiography A B C D
 - b. Central Line/catheter/dressing
 - (1) Broviac/Hickman A B C D
 - (2) Groshong A B C D
 - (3) PICC A B C D
 - (4) Portacath A B C D
 - c. Pericardiocentesis A B C D

M. PEDIATRICS

- 1. Equipment & procedures
 - a. Child abuse/recognition/reporting A B C D
 - b. Obtaining consent to treat A B C D
 - c. Pediatric arrest A B C D
- 2. Care of the patient with:
 - a. Epiglottitis A B C D

- b. Near drowning A B C D
- c. Overdose/poison ingestion A B C D
- d. Status asthmaticus A B C D
- e. Status epilepticus A B C D

N. WOMEN'S HEALTH

- 1. Assessment – Assist with pelvic exam A B C D
- 2. Equipment & procedures
 - a. Pelvic tray A B C D
 - b. Rape kit A B C D
 - c. Reporting acts of violence A B C D
- 3. Care of the patient with:
 - a. Abruptio placenta A B C D
 - b. DIC A B C D
 - c. Hemorrhage A B C D
 - d. Placenta previa A B C D
 - e. Precipitous delivery A B C D
 - f. Preeclampsia/eclampsia A B C D
 - g. Spontaneous abortion A B C D

O. MISCELLANEOUS

- 1. AMA procedures A B C D
- 2. Suicide precautions A B C D

P. PAIN MANAGEMENT

- 1. Assessment of pain level / tolerance A B C D
- 2. Care of the patient with:
 - a. Epidural anesthesia / analgesia A B C D
 - b. IV conscious sedation A B C D
 - c. Narcotic analgesia A B C D
 - d. Patient controlled analgesia (PCA pump) A B C D

Age Specific Practice Criteria

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

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

Experience with Age Groups

Able to adapt care to incorporate normal growth and development.

A	B	C	D	E	F	G	H	I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Can ensure a safe environment reflecting specific needs of various age groups.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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My experience is primarily in: (Please indicate number of years.)

- Trauma referral center (Level I ER) _____ year(s)
- Community ER (Level II ER) _____ year(s)
- Rural ER _____ year(s)

Certification:

Please check the boxes below and indicate the expiration date for each certificate that you have. If you do not know the exact date, please use the last date of the specific month (e.g., 08/31/2003).

- BCLS Exp. Date: _____ (mm/dd/yyyy)
- CEN Exp. Date: _____ (mm/dd/yyyy)
- TNCC Exp. Date: _____ (mm/dd/yyyy)
- ACLS Exp. Date: _____ (mm/dd/yyyy)
- CCRN Exp. Date: _____ (mm/dd/yyyy)
- Other (Type): _____ Exp. Date: _____ (mm/dd/yyyy)
- Computerized charting system: _____ Exp. Date: _____ (mm/dd/yyyy)
- Medication administration system: _____ Exp. Date: _____ (mm/dd/yyyy)

Please read and agree to the statements below by marking the checkbox.

I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Emergency Room Skills Checklist to the Client facilities in relation to consideration of employment as a Registered Nurse with those facilities.

Signature

Date

**Registered Professional Nurse Job Description
Emergency Room**

Job Summary:

The ER RN is responsible for managing the care of patients across the age span experiencing emergent medical conditions or general medical complaints, which require triage, general assessment and may or may not be related to specific conditions. The ER RN is responsible to the Clinical Manager assigned to the ER Unit.

Qualifications

- Current licensure in good standing in the state of practice
- Evidence of 1 year of ER nursing experience within the past two years
- Evidence of current BLS credential mandatory

Responsibilities

- Conducts an individualized patient assessment and reassessment, prioritizing the data collection based on the patient's immediate condition or needs within timeframe specified by client facility's policies, procedures or protocols.
- Develops individualized plan of care reflecting collaboration with other members of the healthcare team.
- Collaborates with physician and other team members to implement orders and plan of care in an accurate and timely manner.
- Provides individualized patient/family education customized to the patient and his/her family.
- Documents patient assessment findings, physical/psychosocial responses to nursing intervention and progress toward problem resolution and communicates these responses to team members as appropriate.
- Responds to emergencies according to facility policy and procedure.
- Maintains confidentiality in matters related to patient, family and client facility staff.
- Provides care in a non-judgmental, non-discriminatory manner that is sensitive to the patient's and family's diversity, preserving their autonomy, dignity and rights.
- Reports relative indicators of patient condition to appropriate personnel during and at the end of each shift.
- Maintains current competency in ER nursing.

RN Name: _____

RN Signature: _____

Date: _____

2008 National Patient Safety Goals Critical Access Hospital Program

2008 National Patient Safety Goals Manual Chapter
(Includes Rationales and Implementation Expectations)

Note: Changes to the Goals and Requirements are indicated in **bold**. Gaps in the numbering indicate that the Goal is inapplicable to the program or has been "retired," usually because the requirements were integrated into the standards.

This year's new requirements (3E and 16A) have a one-year phase-in period that includes defined expectations for planning, development and testing ("milestones") at 3, 6 and 9 months in 2008, with the expectation of full implementation by January 2009. See the Implementation Expectations for milestones.

- Goal 1 Improve the accuracy of patient identification.
- 1A Use at least two patient identifiers when providing care, treatment or services.
- Goal 2 Improve the effectiveness of communication among caregivers.
- 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.
- 2C Measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.
- Goal 3 Improve the safety of using medications.
- 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.
- 3D Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.
- 3E Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.**
- Goal 7 Reduce the risk of health care-associated infections.
- 7A Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.
- 8A There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
- 8B A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.
- Goal 9 Reduce the risk of patient harm resulting from falls.
- 9B Implement a fall reduction program including an evaluation of the effectiveness of the program.
- Goal 13 Encourage patients' active involvement in their own care as a patient safety strategy.
- 13A Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.
- Goal 16 Improve recognition and response to changes in a patient's condition.**
- 16A The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.**