

Perioperative Skills Checklist

Name: _____

Date: _____

Please indicate the years of your experience for each of the following:

Circulate _____ Years

Scrub _____ Years

First Assist _____ Years

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. EAR, NOSE & THROAT

- | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Adenoidectomy | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 2. Caldwell – Luc | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 3. Cleft lip/palate repair | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 4. Closed reduction nasal fracture | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 5. Ethmoidectomy | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 6. Excision of salivary gland tumor | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 7. Fenestration procedure | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 8. Frontal flap sinus procedure | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 9. Glossectomy | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 10. Laryngectomy | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 11. Mandibulectomy | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 12. Mastoidectomy | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 13. Maxillary advancement with hip graft | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 14. Maxillectomy | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 15. Myringoplasty | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 16. Myringotomy/with PE tube insertion | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 17. Nasal polypectomy | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 18. Open reduction facial fracture | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 19. Open reduction nasal fracture | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 20. Parotidectomy | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 21. Pharyngeal flap procedure | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 22. Radical neck dissection | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 23. Ranulectomy | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 24. Rhinoplasty/septoplasty | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 25. Selective osteotomy of maxilla/mandible | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 26. Sinus endoscopy | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 27. Sinusotomy | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 28. Stapedectomy | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 29. Submucous resection | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 30. Tonsillectomy | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |

- 31. Tracheostomy A B C D
- 32. Tympanoplasty A B C D

B. ENDOSCOPIC PROCEDURES

- 1. Bronchoscopy A B C D
- 2. Colonoscopy A B C D
- 3. Culdoscopy A B C D
- 4. Cystoscopy A B C D
- 5. Esophagoscopy A B C D
- 6. Gastrosocopy A B C D
- 7. Hysteroscopy A B C D
- 8. Laparoscopic procedures
 - a. Appendectomy A B C D
 - b. Cholecystectomy/cholangiogram A B C D
 - c. Colon resection A B C D
 - d. Hernia repair A B C D
 - e. Nissen fundoplication A B C D
 - f. Salpingo-oophorectomy A B C D
 - g. Tubal ligation A B C D
 - h. Vaginal hysterectomy A B C D
- 9. Laryngoscopy & microlaryngoscopy A B C D
- 10. Mediastinoscopy A B C D
- 11. Pelviscopy A B C D
- 12. Sigmoidoscopy A B C D
- 13. Thoracoscopy A B C D

C. GENERAL SURGERY

- 1. Abdominal perineal resection A B C D
- 2. Adrenalectomy A B C D
- 3. Anal fissurectomy A B C D
- 4. Appendectomy A B C D
- 5. Breast biopsy A B C D
- 6. Colectomy A B C D
- 7. Colostomy/ileostomy A B C D
- 8. Gastrectomy A B C D
- 9. Gastroplasty A B C D
- 10. Hemorrhoidectomy A B C D
- 11. Hepatic resection A B C D
- 12. Herniorrhaphy – femoral, inguinal, umbilical A B C D
- 13. Hiatal herniorrhaphy, transabdominal/transthoracic A B C D
- 14. Hickman/Groshong/Portacath insertion A B C D
- 15. Hydrocelectomy A B C D
- 16. Imperforate anus reconstruction A B C D
- 17. Lumbar sympathectomy A B C D
- 18. Omphalocele repair A B C D
- 19. Pancreatectomy/pancreatogram A B C D
- 20. Pilonidal cystectomy A B C D

- | | |
|---|---|
| 21. Portal caval shunt | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 22. Pyloric stenosis | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 23. Radical mastectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 24. Saphenous vein ligation and stripping | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 25. Sentinel node biopsy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 26. Splenectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 27. Tenckhoff catheter placement | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 28. Thyroglossal duct cyst excision | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 29. Thyroidectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 30. Tracheostomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 31. Vagotomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

D. GYNECOLOGY

- | | |
|-------------------------------------|---|
| 1. Cesarean section | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 2. Colpotomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 3. Dilation and curettage (D & C) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 4. Hysterectomy, abdominal | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Hysterectomy, vaginal | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 6. Marshall – Marchetti | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 7. Marsupialization, Bartholin cyst | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 8. Ovarian cystectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 9. Radium insertion | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 10. Sacral spinus fixation | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 11. Shirodkar procedure | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 12. Suction curettage | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 13. Vaginal reconstruction | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 14. Vaginectomy/vulvectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

E. NEUROLOGY

- | | |
|--|---|
| 1. A-V Malformation | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 2. Anterior cervical fusion | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 3. Anterior laparoscopic spine procedures | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 4. Anterior lumbar interbody fusion (ALIF) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Burr holes for subdural hematoma | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 6. Carotid ligation | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 7. Cervical sympathectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 8. Craniectomy for decompression fracture | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 9. Cranioplasty/craniotomy | |
| a. Clipping of aneurysm | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| b. Tumor excision | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| c. Using stealth equipment (stealth craniotomy) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 10. Discectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 11. Hypophysectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 12. Insertion nerve stimulators/medication pumps | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 13. Laminectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 14. Myelomeningocele repair | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 15. Pedicle screw insertion | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

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|--|---|
| 16. Posterior lumbar interbody fusion (PLIF) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 17. Shunt procedure/VP, VA/LP | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 18. Spine fusion – list systems you have used | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 19. Ulnar nerve transfer | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 20. Ventriculography procedure/ventriculostomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 21. Ventriculostomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

F. OPHTHALMOLOGY

- | | |
|-------------------------------------|---|
| 1. Cataract extraction with IQL | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 2. Corneal transplant | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 3. Dacryocystectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 4. Dacryocystorhinostomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Iridectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 6. Lid and muscle procedures | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 7. Orbital implant | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 8. Phaco emulsification | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 9. Pterygium repair | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 10. Recession resection | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 11. Repair orbital blowout fracture | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 12. Scleral buckle | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 13. Vitrectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

G. ORAL

- | | |
|---|---|
| 1. Closed reduction facial fractures/wiring | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 2. Excision odontoma | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 3. Extraction of deciduous teeth | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 4. Extraction of impacted molars | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Fractured jaws, mandibular and zygomatic | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 6. LeFort osteotomies | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 7. Maxillary procedure with graft | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 8. Pediatric dentistry | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 9. Sagittal osteotomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 10. Temporomandibular joint (TMJ) with arthroplasty | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 11. TMJ exploration | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

H. ORTHOPEDICS

- | | |
|--------------------------------------|---|
| 1. Acetabular/pelvic ORIF | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 2. Achilles tendon repair | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 3. Amputation – leg, arm | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 4. Anterior cruciate ligament repair | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Application of external fixators | |
| a. Extremities | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| b. Pelvis | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 6. Application of halo traction | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 7. Arthroscopy | |
| a. Ankle | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| b. Elbow | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

- c. Knee A B C D
- d. Shoulder A B C D
- 8. Arthrotomy A B C D
- 9. Bipolar/unipolar hips A B C D
- 10. Bunionectomy A B C D
- 11. Calcaneal reconstruction A B C D
- 12. Capsulorrhaphy A B C D
- 13. Carpal tunnel release A B C D
- 14. Closed reduction fracture A B C D
- 15. Hand surgery with implants A B C D
- 16. Harrington rod instrumentation and/or Dwyer procedure A B C D
- 17. Heel cord lengthening A B C D
- 18. Hip compression nails & lag screws
 - a. Jewett A B C D
 - b. Kuntscher rod A B C D
 - c. Lottes A B C D
 - d. Rush A B C D
 - e. Schneider A B C D
 - f. Zimmer A B C D
 - g. Others – list (Hip) A B C D
- 19. Iliac crest bone graft A B C D
- 20. Insertion Austin Moor hip prosthesis A B C D
- 21. Intramedullary rods
 - a. Extraction A B C D
 - b. Femoral A B C D
 - c. Humeral A B C D
 - d. Insertion A B C D
 - e. Supracondylar A B C D
 - f. Tibial A B C D
- 22. Laminectomy A B C D
- 23. Olecranon bursa, excision of A B C D
- 24. Open reduction of fracture, internal fixation with compression set A B C D
- 25. Patellectomy A B C D
- 26. Putti Platt/Bankart procedure/rotator cuff repair A B C D
- 27. Reduction with compression sets A B C D
- 28. Reimplantation of digits A B C D
- 29. Repair hammer toes A B C D
- 30. Sacro-iliac (SI) joint screws A B C D
- 31. Sharrard procedure A B C D
- 32. Spica cast, application of A B C D
- 33. Spinal fusion A B C D
- 34. Tendon transplants (hand and foot) A B C D
- 35. Total joint replacements/revisions
 - a. Total hip A B C D
 - b. Total knee A B C D
 - c. Total shoulder A B C D

I. PLASTICS

- 1. Abdominal lipectomy A B C D
- 2. Blepharoplasty A B C D
- 3. Face lift A B C D
- 4. Mammoplasty A B C D
- 5. Augmentation A B C D
- 6. Reduction A B C D
- 7. Tramflaps with reconstructive mamoplasty A B C D
- 8. Mentoplasty A B C D
- 9. Otoplasty A B C D
- 10. Pedicle grafts A B C D
- 11. Scar revisions A B C D
- 12. Split thickness skin grafting A B C D
- 13. Tissue expanders A B C D

J. THORACIC & OPEN HEART

- 1. Cervical rib excision A B C D
- 2. Chamberlain procedure A B C D
- 3. Closed thoracotomy A B C D
- 4. Correction pectus excavatum A B C D
- 5. Esophagectomy A B C D
- 6. Heller procedure A B C D
- 7. Mitral commissurotomy A B C D
- 8. Open Heart procedures
 - a. Mitral or aortic valve replacement A B C D
 - b. Patent ductus arteriosus A B C D
 - c. Septal defect repairs A B C D
 - d. Tetralogy of Fallot A B C D
- 9. Pacemaker implantation-endocardial A B C D
- 10. Pacemaker implantation-myocardial A B C D
- 11. Pericardiectomy A B C D
- 12. Resection coarctation aorta A B C D
- 13. Rib resection A B C D
- 14. Thoracoplasty A B C D
- 15. Tracheal resection A B C D
- 16. Transthoracic diaphragmatic herniorrhaphy A B C D

K. TRANSPLANT

- 1. Bone A B C D
- 2. Bone marrow A B C D
- 3. Corneal A B C D
- 4. Harvesting A B C D
- 5. Heart A B C D
- 6. Kidney A B C D
- 7. Liver A B C D
- 8. Lung A B C D
- 9. Multi-organ A B C D

- 10. Pancreas
- 11. Skin

A B C D
A B C D

L. TRAUMA

- 1. Burns
- 2. Gunshot/stab wounds
 - a. Abdomen
 - b. Chest
 - c. Head
- 3. Motor vehicle accidents (multiple injuries)
- 4. Traumatic amputations

A B C D
A B C D
A B C D
A B C D
A B C D

M. UROLOGY

- 1. Adult circumcision
- 2. Cystectomy
- 3. Cystoscopy/ureteroscopy
- 4. Hypospadias repair
- 5. Implants; penile, testicular
- 6. Lithotripsy
- 7. Nephrectomy
- 8. Nephrolithotomy
- 9. Orchiopexy
- 10. Prostatectomy
 - a. Perineal
 - b. Supra-pubic
- 11. Pyeloplasty
- 12. Radical node dissection
- 13. Scott incontinence device
- 14. TURP
- 15. Ureterolithotomy
- 16. Vasectomy
- 17. Vasovasostomy
- 18. Waterhouse procedure

A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
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A B C D
A B C D
A B C D
A B C D

N. VASCULAR

- 1. A-V access graft
- 2. Aortic aneurysm with graft replacement
- 3. Endarterectomy/carotid – femoral
- 4. Peripheral vascular bypass procedures
- 5. Resection carotid aneurysm with graft
- 6. Thrombectomy/embolctomy
- 7. Vena cava filter/umbrella
- 8. Vena cava ligation

A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D

O. ANESTHESIA

- 1. Assist with intubation
- 2. Conscious sedation – administration and monitoring

A B C D
A B C D

3. Management of malignant hyperthermia crisis

A B C D

P. EQUIPMENT

1. Argon beam coagulator

A B C D

2. Bair Hugger

A B C D

3. Blood/fluid warmer

A B C D

4. Camera/video systems

a. Camera controller

A B C D

b. Light source

A B C D

c. Printers

A B C D

d. VCRs

A B C D

5. Cardiac monitor and pacemaker

A B C D

6. Cell saver

A B C D

7. Cidex soak

A B C D

8. Cry-ophthalmic unit

A B C D

9. Defibrillator/pacer

A B C D

10. Dermatome

a. Brown

A B C D

b. Padgett

A B C D

c. Zimmer

A B C D

11. Disposable grounding pads

A B C D

12. Drills

a. 3-M Maxi driver

A B C D

b. Codman craniotome

A B C D

c. Hall air driver

A B C D

d. Hall dental

A B C D

e. Hall neurotome

A B C D

f. Midax Rex/Anspach

A B C D

g. Minidriver

A B C D

h. Stryker drills

A B C D

(1) Large battery Stryker

A B C D

(2) Small battery Stryker

A B C D

i. Surgairtome

A B C D

j. Synthes A-O Drill

A B C D

13. Electrosurgical unit

A B C D

14. Emerson thoracic pump

A B C D

15. Ethylene oxide sterilizer – AMSCO

A B C D

16. Eye magnet

A B C D

17. Fiber optic laminator – list types

A B C D

18. Flash autoclave – AMSCO

A B C D

19. Fracture tables

a. Chick table/Marquet table

A B C D

b. Jackson table

A B C D

c. Rush table/Skytron table

A B C D

20. Hypo/hyperthermia unit

A B C D

21. Intestinal stapling devices

a. EEA

A B C D

b. GIA

A B C D

- c. LDS A B C D
- d. TA A B C D
- 22. Kreiselman resuscitator A B C D
- 23. Laser
 - a. CO₂ A B C D
 - b. Eye A B C D
 - c. Yag A B C D
 - d. Other A B C D
- 24. Mesh graft A B C D
- 25. Microscopes, list type A B C D
- 26. Nerve stimulator A B C D
- 27. Nitrous oxide bank A B C D
- 28. Ohio suction units A B C D
- 29. Orthopedic arm board with drain A B C D
- 30. Pleurevac disposable chest drainage A B C D
- 31. Pneumatic tourniquet A B C D
- 32. Sterad machine A B C D
- 33. Steri-vac aeration cabinet, 3-M, portable A B C D
- 34. Steris unit A B C D
- 35. Suction unit, disposable A B C D
- 36. Tele-thermometer A B C D
- 37. Ultrasonic cleaner – AMSCO A B C D
- 38. Vac-pac positioner A B C D
- 39. Vacuum curettage A B C D
- 40. Washer sanitizer – AMSCO A B C D
- 41. Washer sterilizer – AMSCO A B C D

Q. PHLEBOTOMY/IV THERAPY

- Equipment & procedures
- a. Administration of blood/blood products
 - (1) Packed red blood cell A B C D
 - (2) Whole blood A B C D
 - b. Assist with IA/IV therapy
 - (1) Insertion of A-lines A B C D
 - (2) Insertion of CVP – jugular/subclavian A B C D
 - (3) Insertion of Swan-Ganz A B C D
 - c. Drawing blood from central line A B C D
 - d. Drawing venous blood A B C D
 - e. Starting IVs
 - (1) Angiocath 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.

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

Can ensure a safe environment reflecting specific needs of various age groups.

	A	B	C	D	E	F	G	H	I
Able to adapt care to incorporate normal growth and development.	<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"/>
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"/>

My experience is primarily in: (please indicate number of years.)

- Total Years OR _____ year(s)
- Endoscopy _____ year(s)
- ENT _____ year(s)
- GYN _____ year(s)
- Neuro _____ year(s)
- Ophthalmology _____ year(s)
- Ortho care _____ year(s)
- Plastics _____ year(s)
- Thoracic/Open Heart _____ year(s)
- Transplant _____ year(s)
- Trauma _____ year(s)
- Urology _____ year(s)
- Vascular _____ year(s)
- Other _____ year(s)

Certification:

Please check the boxes below and indicate the expiration day for each certificate that you have. If you do not know the exact day, please use the last date of the specific month (e.g., 8/31/2003).

- ACLS Exp. Date: _____ (mm/dd/yyyy)
- BCLS Exp. Date: _____ (mm/dd/yyyy)
- CNOR Exp. Date: _____ (mm/dd/yyyy)
- CRNFA Exp. Date: _____ (mm/dd/yyyy)
- Other (type): 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 Perioperative 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
Perioperative Care**

Job Summary:

The Perioperative RN is responsible for managing the care of the pediatric and adult patient requiring a surgical procedure that requires moderate to complex assessment, interventions and levels of nursing vigilance. The Perioperative RN is responsible to the Clinical Manager assigned to the Perioperative unit.

Qualifications

- Current licensure in good standing in the state of practice
- Evidence of 1 year of perioperative nursing experience within the past two years; scrub and/or circulating experience mandatory
- Evidence of current BLS credential mandatory; additionally, the RN may have resuscitation credentials including but not limited to ACLS & PALS

Responsibilities

- Conducts an individualized patient assessment and reassessment, prioritizing the data collected based on the neonatal, infant, toddler, preschool, school age, adolescent, adult or elderly 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 individualize patient/family education and discharge planning customized to the neonatal, infant, toddler, preschool, school age, adolescent, adult or elderly 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 neonatal, infant, toddler, preschool, school age, adolescent, adult or elderly 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 Perioperative nursing.

RN Name: _____

RN Signature: _____

Date: _____

Joint Commission
**2006 Critical Access Hospital and Hospital
National Patient Safety Goals**

Note: New Goals and Requirements are indicated in **bold**.

- Goal 1 Improve the accuracy of patient identification.
- 1A Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.
- 1B Not applicable.
- 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 order or test result "read-back" the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
- 2C Measure, 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.
- 2D Not applicable.
- 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.
- 3A Retired in 2006.
- 3B Standardize and limit the number of drug concentrations available in the organization.
- 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.
- 3D Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.**
- Goal 4 Not applicable.
- Goal 5 Retired in 2006
- Goal 6 Not applicable.
- Goal 7 Reduce the risk of health care-associated infections.

- 7A Comply with current 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 Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.
- 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.
- Goal 9 Reduce the risk of patient harm resulting from falls.
- 9B Implement a fall reduction program and evaluate the effectiveness of the program.
Note: Replacement for 9A.
- Goal 10 Not applicable.
- Goal 11 Not applicable.
- Goal 12 Not applicable.
- Goal 13 Not applicable.
- Goal 14 Not applicable.