

RN SKILLS CHECKLIST
(GENERAL / MEDICAL / SURGICAL)

Please Mark(X) the column that applies to your level of proficiency using the following code:

A – Trained and Skilled

B – Some Experience

C – No Experience

MEDICATIONS:	A	B	C	Comments
Unit dose				
Administer medications 1-10 patients				
Administer medications 11-20 patients				
Pediatric conversions				
Chemotherapy administration				
I.V. THERAPY:				
Heparin locks				
Initiate IV line and administer fluids				
CVP lines and dressing changes				
Insulin pump/syringes				
IMED pump				
IVAC pump				
Care of cut down				
IV additives/ IV piggy backs				
RESPIRATORY THERAPY:				
Suctioning Oro-naso-pharynx				
Tracheostomy care				
OST equipment (mask/canulas)				
Aerosol treatments				
GI TUBES:				
Naso-Gastric				
Miller-Abbot				
Blakemore(Minnesota) (for bleeding varices)				
Assessment of bowel sounds				
G.U.:				
Catheters				
Foley Insertion (male and female)				
Suprapubic				
ORTHOPEDICS:				
Bucks traction				
Circo electric bed				
Crutchfield traction				
Balanced traction				
Cast care				
Clinitron bed				
ADDITIONAL NURSING SKILLS:				
Administering blood products				
Venipunctures				
Neurological check				
Experienced initiating CPR				
Experience assisting with cardiac respiratory arrest procedure				
Administering enteral nutrition				
Administration of total parenteral nutrition				
Care of Hickman catheter				



REFERENCE / RELEASE #1

Applicant Name _____ Position Applying For _____

Former Employer _____ Phone # _____

Facility Address _____

Social Security Number _____

Applicant's Authorization

The nursing professional listed above has named you as a reference. Tri-State Nurse Staffing Agency, LLC would appreciate your time to verify and evaluate this person. *All information will be held in strictest confidence:*

I hereby consent to and authorize the above former employer, its agents and employees to furnish and release of any information concerning my work history to Tri-State Nurse Staffing Agency, LLC. I hereby release the above named former employer, its agents and employees from all liability claims which arise or result from any information provided pursuant to this authorization.

Applicant's Signature _____ Date _____

Record of Employment

Position Held _____ Date of Hire _____ Separation Date _____

Reason for separation of employment _____

Eligible for Rehire Yes _____ No _____

Summary of Essential Duties _____

Have you worked with the above referenced person? Yes _____ No _____

In what capacity? _____

	Excellent	Good	Average	Fair	Poor
Job/Skill Knowledge	_____	_____	_____	_____	_____
Quality/Accuracy	_____	_____	_____	_____	_____
Attendance/Punctuality	_____	_____	_____	_____	_____
Dependability/Productivity	_____	_____	_____	_____	_____
Appearance/Attitude	_____	_____	_____	_____	_____

Comments _____

Former Employer Signature _____ Title _____ Date _____



NSA TRI-STATE

Nurse Staffing Agency, LLC

REFERENCE / RELEASE #2

Applicant Name _____ Position Applying For _____

Former Employer _____ Phone # _____

Facility Address _____

Social Security Number _____

Applicant's Authorization

The nursing professional listed above has named you as a reference. Tri-State Nurse Staffing Agency, LLC would appreciate your time to verify and evaluate this person. *All information will be held in strictest confidence.*

I hereby consent to and authorize the above former employer, its agents and employees to furnish and release of any information concerning my work history to Tri-State Nurse Staffing Agency, LLC. I hereby release the above named former employer, its agents and employees from all liability claims which arise or result from any information provided pursuant to this authorization.

Applicant's Signature _____ Date _____

Record of Employment

Position Held _____ Date of Hire _____ Separation Date _____

Reason for separation of employment _____

Eligible for Rehire Yes _____ No _____

Summary of Essential Duties _____

Have you worked with the above referenced person? Yes _____ No _____

In what capacity? _____

	Excellent	Good	Average	Fair	Poor
Job/Skill Knowledge	_____	_____	_____	_____	_____
Quality/Accuracy	_____	_____	_____	_____	_____
Attendance/Punctuality	_____	_____	_____	_____	_____
Dependability/Productivity	_____	_____	_____	_____	_____
Appearance/Attitude	_____	_____	_____	_____	_____

Comments _____

Former Employer Signature _____ Title _____ Date _____