



Psychiatric / Chemical Dependency Checklist

Level of Proficiency:

1. Can function well independently.
2. Experienced but may need review.
3. Limited or no experience.

By accurately filling out this checklist, you will help us match your skills and interests with available assignments. Please select the column that best describes your experience level with each skill.

Name: _____

	1	2	3
EXPERIENCE			
Experienced with Child Psych Units	_____	_____	_____
Experienced with Adolescent Psych Units	_____	_____	_____
Experienced with Adult Psych Units	_____	_____	_____
Experienced with Locked Units	_____	_____	_____
Experienced with Open Units	_____	_____	_____
Admission of Psychiatric Patient	_____	_____	_____
Initial Nursing Assessment & Care Plan	_____	_____	_____
Participate in Milieu Therapy	_____	_____	_____
Conduct Individual Psychotherapy	_____	_____	_____
Conduct Group Psychotherapy	_____	_____	_____
Charge Nurse	_____	_____	_____
Therapeutic Communication Skills	_____	_____	_____
Initiating Behavior Modification	_____	_____	_____
Behavioristic Charting	_____	_____	_____
Electroconvulsive Therapy	_____	_____	_____
Care of Patient Receiving Tube Feedings	_____	_____	_____
Care of Patient in the Quiet/Timeout Room	_____	_____	_____
Neurological Vital Signs	_____	_____	_____
Oxygen Administration	_____	_____	_____
Cardiopulmonary Resuscitation	_____	_____	_____
Assist with Lumbar Puncture	_____	_____	_____
Experience with Wrist Restraints	_____	_____	_____
Experience with Leather Restraints	_____	_____	_____
Performing Take Down Procedure	_____	_____	_____
CARE OF PATIENT WITH:			
Suicidal Ideations	_____	_____	_____
Assaultive Behavior	_____	_____	_____
Alcoholism	_____	_____	_____
DT's	_____	_____	_____
Drug Dependency	_____	_____	_____
Manic Depression	_____	_____	_____
Seizure Disorders	_____	_____	_____
Hallucinations	_____	_____	_____
Delusions	_____	_____	_____
Psychosis	_____	_____	_____
Eating Disorders	_____	_____	_____

Signature: _____ Date: _____