



# Medical / Surgical 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
<b>CARE OF PATIENTS WITH:</b>			
Pre/Post Cardiac Cath	_____	_____	_____
Myocardial Infection	_____	_____	_____
Asthma	_____	_____	_____
GI Bleed	_____	_____	_____
Oncology Patients	_____	_____	_____
Lymphoma	_____	_____	_____
Emphysema	_____	_____	_____
COPD	_____	_____	_____
Renal Failure	_____	_____	_____
Diabetes	_____	_____	_____
Hepatitis	_____	_____	_____
Hypothyroidism	_____	_____	_____
Hyperthyroidism	_____	_____	_____
Decubitus Ulcers	_____	_____	_____
Drug OD	_____	_____	_____
Stab Wounds	_____	_____	_____
Gun Shot Wounds	_____	_____	_____
Impending DTs	_____	_____	_____
Appendectomy	_____	_____	_____
Bowel Obstructions	_____	_____	_____
Burns; 1 <sup>st</sup> , 2 <sup>nd</sup> , or 3 <sup>rd</sup> Degree	_____	_____	_____
Psychiatric Disorders	_____	_____	_____
Isolation Precautions	_____	_____	_____
Sterile Dressing Changes	_____	_____	_____
Geriatric Illnesses	_____	_____	_____
Neurosurgical pts	_____	_____	_____

## **RESPIRATORY THERAPY:**

Suctioning Oro-nasopharynx	_____	_____	_____
Tracheostomy Care	_____	_____	_____
O <sub>2</sub> Equipment(mask/cannula)	_____	_____	_____
Chest Tube Setup	_____	_____	_____
Initiate CPR	_____	_____	_____

## **MEDICATIONS/IV THERAPY:**

	1	2	3
Unit Dose	_____	_____	_____
Pass Meds 5-10 Patients	_____	_____	_____
Pediatric Conversions	_____	_____	_____
IV Additives and Piggybacks	_____	_____	_____
Initiating IV Line	_____	_____	_____
IV Dressing Changes	_____	_____	_____
Infusion Pumps	_____	_____	_____
Hanging Blood/Blood Prod	_____	_____	_____
Venipuncture	_____	_____	_____
Interpretation of ABG's	_____	_____	_____
Push IV Medications	_____	_____	_____
Epidural Catheters	_____	_____	_____

## **GI/GU:**

Naso-Gastric Tube:			
Insertion	_____	_____	_____
Maintenance	_____	_____	_____
Foley Insertion	_____	_____	_____
Suprapubic Catheter	_____	_____	_____
Ileal Conduit	_____	_____	_____
Peritoneal Dialysis	_____	_____	_____
Care of Patient with Multiple Abdominal Wounds & Drains	_____	_____	_____
Care with Feeding Tubes	_____	_____	_____
GI Bleeds	_____	_____	_____
Sterile Dressing Changes	_____	_____	_____

## **ORTHOPEDICS:**

Care of Patients with:			
Skeletal Traction	_____	_____	_____
Balanced Traction	_____	_____	_____
Total Joint Replacement	_____	_____	_____
Knee	_____	_____	_____
Hip	_____	_____	_____
Amputations	_____	_____	_____
Cast Care	_____	_____	_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_