

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

Please complete this checklist as completely and as accurately as possible. In the box provided beside each item, please enter the number corresponding to your skill level according to the key below. Fax completed checklist to (866) 868-0546.

1-No Experience    2-Some Experience    3- Can perform independently    4- Proficient/can supervise and teach

Major Trauma		<b>RESPIRATORY:</b>	Level
Minor Trauma			
Transport of Trauma Patient		Intubation	
		Extubation	
<b>CARDIAC/VASCULAR:</b>		Ambuing Techniques	
		Pulse Oximetry	
12 Lead EKG		Oral suctioning	
Interpretation of Arrhythmias		Nasotracheal suctioning	
CVP readings		Endotracheal suctioning	
Swan-Ganz readings		COPD	
CHF		ARDS	
Angina		Pneumothorax	
Aneurysm		Pulmonary Edema	
Assessment of Heart Sounds		Pulmonary Emboli	
CPR/Cardiac Arrest		Chest Wall Injuries	
Defibrillation/Cardioversion		Ventilators	
Heart Massage		Venturi Mask	
		Assessment of Breath Sounds	
<b>Assist Procedures:</b>		Incentive Spirometry	
Cut Down			
Thoracentesis		<b>GASTROINTESTINAL:</b>	
CVP			
Tracheostomy		NG tube insertion	
Central line		Gastric Lavage	
Arterial Line		GI Bleed	
External Pacemaker		Abdominal Wounds	
Permanent Pacemaker		GI tubes and drains	
<b>Care of Patient with:</b>		<b>BURNS:</b>	
AAA		Electrocution	
Acute MI		Radiation Exposure	
Vascular Insufficiency		Electrolyte Management	
Vascular Emboli		First Degree Burns	
		Second Degree Burns	
Hypovolemic Shock		Third Degree Burns	
Anaphylactic Shock		Dressing Changes	
Cardiogenic Shock			
Septic Shock			



**EMERGENCY DEPARTMENT SKILLS CHECKLIST**

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

Please complete this checklist as completely and as accurately as possible. In the box provided beside each item, please enter the number corresponding to your skill level according to the key below. Fax completed checklist to (866) 868-0546.

1-No Experience    2-Some Experience    3- Can perform independently    4- Proficient/can supervise and teach

<b>NEUROLOGICAL:</b>	Level	<b>DRUGS (CONT'D):</b>	Level
Glascow Coma Scale		Nitroglycerine	
Seizure Precautions		Bretylium	
ICP monitoring		Atropine	
CVA/TIA		Phenobarbitol	
Neuro Assessment		Solumedrol	
Spinal Cord Injury		Dopamine	
Acute Head Injury		Dilantin	
Withdrawal		Dobutrex	
Seizure Activity			
		<b>OTHER:</b>	
<b>OB/GYN:</b>			
		Suicidal Patient	
Emergency Delivery		Overdose	
Abruptio Placenta		Poisoning	
Spontaneous Abortion		Hyperthermia	
Ectopic Pregnancy		Hypothermia	
Placenta Previa		Heat Stroke	
Eclampsia/Preeclampsia		Rape	
		Reporting Violent Acts	
<b>GENERAL:</b>		Child Abuse	
		Near Drowning	
Triage		Pediatric Respiratory Arrest	
Pediatric Protocols		Pediatric CPR	
Trauma Protocols		Normal Pediatric Lab Values	
Isolation		Calculating Pediatric Med. Dosages	
Iv Access			
<b>DRUGS:</b>			
Digoxin			
Mannitol			
Sodium Bicarb			
Isuprel			
Decadron			
Lidocaine			
Epinephrine			
Nipride			

**Fax completed skills checklist to (866) 868-0546**