



EMERGENCY DEPARTMENT TECHNICIAN SKILLS INVENTORY



NAME: _____

DATE: _____

Please indicate the amount of experience you have with the following procedures by circling the appropriate number.

	None	Minimal	Occasional	Frequent
<u>CARDIAC</u>				
EKG monitoring	0	1	2	3
12-lead EKG	0	1	2	3
EKG interpretation	0	1	2	3

	None	Minimal	Occasional	Frequent
<u>RESPIRATORY</u>				
Assessing lung sounds	0	1	2	3
O2 administration: nasal prong	0	1	2	3
O2 administration: mask	0	1	2	3
O2 administration: venturimask	0	1	2	3
O2 administration: nonrebreather	0	1	2	3
O2 administration: E tank	0	1	2	3
Updraft treatments	0	1	2	3
Pulse oximetry	0	1	2	3

	None	Minimal	Occasional	Frequent
<u>ORTHOPEDIC</u>				
Assessing circulation (pulses, CWMS)	0	1	2	3
Application/removal cervical device	0	1	2	3
Fitting crutches	0	1	2	3
Applying casts	0	1	2	3
Using the cast cutter	0	1	2	3
Using the ring cutter	0	1	2	3
Applying Buck's traction	0	1	2	3

	None	Minimal	Occasional	Frequent
<u>APPLICATION OF SPLINTS:</u>				
Sugar tong splints	0	1	2	3
Volar splint	0	1	2	3
Dorsal splint	0	1	2	3
Ulnar/gutter splint	0	1	2	3
Thumb spica splint	0	1	2	3
Posterior Molded (PM) splint (UE)	0	1	2	3
Posterior Molded (PM) splint (LE)	0	1	2	3
Wire finger traps	0	1	2	3
Immobilization of extremity	0	1	2	3

	None	Minimal	Occasional	Frequent
<u>OPHTHALMIC</u>				
Visual acuity	0	1	2	3
Irrigation	0	1	2	3
Morgan lens	0	1	2	3
Removal of contact lens	0	1	2	3
Retracting lids	0	1	2	3
Eye patches	0	1	2	3

	None	Minimal	Occasional	Frequent
<u>WOUND CARE</u>				
Assessment of wound	0	1	2	3
Suture set-up	0	1	2	3
Sterile dressing	0	1	2	3
Burn care	0	1	2	3
MAST garment	0	1	2	3

	None	Minimal	Occasional	Frequent
<u>PSYCH</u>				
Mental status exam	0	1	2	3
Suicide precautions	0	1	2	3
Psych hold (MH4)	0	1	2	3
Leather restraints	0	1	2	3
Care of the intoxicated patient	0	1	2	3

	None	Minimal	Occasional	Frequent
<u>URINARY CATHETERS</u>				
Straight catheterization	0	1	2	3
Foley catheterization	0	1	2	3
Male	0	1	2	3
Female	0	1	2	3

	None	Minimal	Occasional	Frequent
<u>PROCEDURES</u>				
Venipuncture	0	1	2	3
Glucometer checks	0	1	2	3
Administering vaccines	0	1	2	3
Administering Nitrous Oxide	0	1	2	3
Seizure precautions	0	1	2	3