



## REGISTERED NURSE/LICENSED PRACTICAL NURSE 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			None	Minimal	Occasional	Frequent
<b><u>ASSESSMENT</u></b>						<b>Respiratory Care Continued</b>					
Obtaining a patient history	0	1	2	3	Nasopharyngeal airway	0	1	2	3		
Performing physical assessment	0	1	2	3	Ambu Bag	0	1	2	3		
Assessing lung sounds	0	1	2	3	<b>Medication Administration</b>						
Pulse oximetry	0	1	2	3	Oral/sublingual	0	1	2	3		
Assessing heart sounds	0	1	2	3	Injections (IM, SQ, ID, Ztrack)	0	1	2	3		
Telemetry monitoring	0	1	2	3	Eye/ear meds	0	1	2	3		
12 lead EKG	0	1	2	3	Topical meds	0	1	2	3		
Glascow Coma Scale	0	1	2	3	Suppositories	0	1	2	3		
<b><u>PLANNING</u></b>						Enema					
Developing a Nursing Care Plan	0	1	2	3	Insulin sliding scale	0	1	2	3		
Conducting a team conference	0	1	2	3	Insulin mixing	0	1	2	3		
Discharge planning	0	1	2	3	Heparin sliding scale	0	1	2	3		
<b><u>IMPLEMENTATION</u></b>						Heparin drip					
<b>Respiratory Care</b>						<b>Intravenous Therapy</b>					
O2 administration: nasal prong	0	1	2	3	Maintain routine IVs	0	1	2	3		
O2 administration: mask	0	1	2	3	Maintain multilumen IV	0	1	2	3		
O2 administration: venturimask	0	1	2	3	IV meds (partial fill/Metriset/Burette)	0	1	2	3		
O2 administration: nonrebreather	0	1	2	3	Calculating drip rates	0	1	2	3		
O2 administration: E tank	0	1	2	3	Using IV Pump	0	1	2	3		
Incentive spirometry	0	1	2	3	Using PCA Pump	0	1	2	3		
Updraft treatments	0	1	2	3	Heparin Lock/Saline Lock	0	1	2	3		
Mask CPAP	0	1	2	3	Administer TPN/PPN	0	1	2	3		
Nasotracheal suctioning	0	1	2	3	Administer blood	0	1	2	3		
Endotracheal suctioning	0	1	2	3	Use blood warmer	0	1	2	3		
ABG interpretation	0	1	2	3	Reaction procedures	0	1	2	3		
Obtaining sputum culture	0	1	2	3	<b>Venipuncture</b>						
Chest tube: Pleurovac	0	1	2	3	Perform venipuncture	0	1	2	3		
Chest tube: Thoradrain	0	1	2	3	Scalp vein	0	1	2	3		
Chest tube: water seal	0	1	2	3	Draw blood for lab tubes	0	1	2	3		
Chest tube: Heimlich	0	1	2	3	Finger stick/One Touch	0	1	2	3		
Tracheostomy care	0	1	2	3							

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	None	Minimal	Occasional	Frequent
<b>Gastric</b>				
Nasogastric Tube Insertion	0	1	2	3
NG tube maintenance	0	1	2	3
Salem sump	0	1	2	3
NG irrigation	0	1	2	3
Gomco/low intermittent suction	0	1	2	3
NG feeding (intermittent)	0	1	2	3
NG feeding (continuous/pump)	0	1	2	3
Gastrostomy	0	1	2	3
Jejunostomy	0	1	2	3
<b>Ostomy care</b>				
Colostomy	0	1	2	3
Ileostomy	0	1	2	3
Ostomy irrigation	0	1	2	3
Ostomy care/appliance care	0	1	2	3
<b>Wound care</b>				
Penrose drains	0	1	2	3
Jackson-Pratt	0	1	2	3
T-tube	0	1	2	3
Hemovac	0	1	2	3
Wound culture	0	1	2	3
Sterile dressing change	0	1	2	3
Contaminated dressing change	0	1	2	3
Wound irrigation	0	1	2	3
Decubitus care	0	1	2	3
<b>Isolation</b>				
Respiratory/TB	0	1	2	3
Protective/Reverse	0	1	2	3
Wound skin	0	1	2	3
Disposal of contaminants	0	1	2	3

	None	Minimal	Occasional	Frequent
<b>Elimination</b>				
Obtaining midstream urine spec	0	1	2	3
24 hour urine collection	0	1	2	3
Straight catheter insertion	0	1	2	3
Foley catheter insertion	0	1	2	3
Foley care	0	1	2	3
Continuous bladder irrigation	0	1	2	3
Discontinuing the catheter	0	1	2	3
Obtaining stool specimen	0	1	2	3
Rectal tubes	0	1	2	3
<b>Dialysis</b>				
Care of AV shunts/fistulas	0	1	2	3
Peritoneal dialysis	0	1	2	3
Hemodialysis	0	1	2	3
<b>Orthopedic</b>				
Bucks traction	0	1	2	3
Pelvic traction	0	1	2	3
Cervical traction	0	1	2	3
Thomas traction	0	1	2	3
Cast care	0	1	2	3
Crutchfield tongs	0	1	2	3
<b>Equipment</b>				
Bedscales	0	1	2	3
Hoyer lift	0	1	2	3
Therapy Beds (Clinitron/Kinair/etc)	0	1	2	3
<b>Other</b>				
Use of restraints	0	1	2	3
Post Mortem Care	0	1	2	3
<b><u>DOCUMENTATION</u></b>	0	1	2	3

Please add any other specialized training/experience that you may have: \_\_\_\_\_