

# ALL HEALTH STAFFING

## Emergency Room Skills Checklist

**Directions:** This skills checklist will be utilized to evaluate and determine your level of expertise related to the Emergency Room. It is important that you answer both accurately and truthfully. Please review the experience levels below and enter the appropriate number to the right of the corresponding skill. Upon completion, you may fax your checklist to us toll-free at 877-436-1693.

### Experience Levels

**4 = Very experienced** (over two years experience)

**3 = Experienced** (1-2 years experience)

**2 = Some experience** (less than 1 year experience)

**1 = No experience**

**Name** (please print): \_\_\_\_\_

Crisis intervention	_____
Upholding Patient's Rights	_____
Suicidal Patient	_____
Patient with Overdose	_____
Patient in Restraints	_____
Neuro Assessments	_____
Monitoring Neuro Signs	_____
Use of Glasgow Coma Scale	_____
Acute Head Injury (TBI)	_____
Acute T.I.A/C.V.A	_____
Acute Spinal Cord Injury (SCI)	_____
Seizure Precautions	_____
Observe for increased Intracranial pressure	_____
Application of Orthopedic Appliances	_____
Transport of Patient with SCI	_____
Assist with Lumbar Puncture	_____
Calculating Emergency Med Dosages	_____
Knowledge of Normal Serum Lab Values	_____
Pediatric Arrest/Resuscitation	_____
Epiglottitis	_____
Overdose/Poison Ingestion	_____
Near Drowning	_____
Child Abuse	_____
Spontaneous Abortion	_____
Hemorrhage	_____

Placenta Previa	_____
Preclampsia/Eclampsia	_____
Emergency Delivery	_____
Communicable Diseases	_____
Air Transport of Trauma Patient	_____
Major Trauma	_____
Minor Trauma	_____
M.A.S.T. Suit	_____
First Degree Burn	_____
Second Degree Burn	_____
Third Degree Burn	_____
Electrocution	_____
Dressing Procedure	_____
Hazardous Materials Exposure	_____
Radiation Exposure	_____
Pulmonary Edema	_____
C.O.P.D.	_____
Pneumothorax	_____
Assisting with Intubation	_____
Assisting with Extubation	_____
Tracheotomy	_____
Trache Tube	_____
T-Piece	_____
Arterial Blood Gases from Radial Artery	_____
Arterial Blood Gases from Femoral Artery	_____
Arterial Blood Gases from Arterial Line	_____
Set up of Arterial Line	_____
Ventilator	_____
O <sub>2</sub> Mask	_____
O <sub>2</sub> Cannula	_____
Venturi Mask	_____
Ambu Bags	_____
O <sub>2</sub> Cylinders	_____
Nebulizer Setup	_____
Oropharyngeal Suction	_____
Nasotracheal Suction	_____
Endotracheal Suction	_____
Assisting with Chest Tube Insertion	_____
Use of Pleuravac Drainage System	_____
Use of Emerson Drainage System	_____
G.I. Bleed	_____
G.I. Tubes	_____
Abdominal Wounds	_____
Acute Abdominal Disorders	_____

Insertion of Nasogastric Tube	_____
Gastric Lavage	_____
Acute Renal Failure	_____
Chronic Renal Failure	_____
Peritoneal Dialysis	_____
Setup for Cast Application	_____
Checking for C.M.S.	_____
Setup for OCL Splinting	_____
Setup for Insertion of Steinman Pin	_____
Setup for Insertion of K-Wires	_____
Assist with Close Fracture and Dislocation Reduction	_____
Sedation Monitoring	_____
Application of Orthopedic Appliances	_____
Setup for Fluoroscein/Woods Lamp Exam	_____
Use of Morgan Lens Irrigation	_____
Ear Irrigations	_____
Eye Irrigations	_____
Eye Patch Application	_____
Nasal Packing	_____
Removal of Contact Lens	_____
Visual Acuity	_____
Setup of Suture Tray	_____
Assist with Sutures	_____
Assist with Staples	_____
Suture Removal	_____
Staple Removal	_____
Steri Strips	_____
Acute MI, CHF, Angina	_____
Abdominal Aortic Aneurysm	_____
Cardiac Monitoring	_____
Recognizing Arrhythmias	_____
Obtaining 12-Lead EKG's	_____
Cardiopulmonary Arrest	_____
Cardioversion	_____
Defibrillation	_____
Open Chest Heart Massage	_____
Assist with Insertion of Perm. Pacemaker	_____
Assist with Insertion of Temp. Pacemaker	_____
Trans-Thoracic Pacemaker	_____
Perenous Pacemaker	_____
Setup and Use of CVP	_____
Interpretation of CVP Readings	_____
Interpretation of Swan Ganz Readings	_____

Thrombolytic Therapy	_____
Anaphylactic Shock	_____
Cardiogenic Shock	_____
Septic Shock	_____
Hypovolemic Shock	_____
Rape Kit	_____
Reporting Procedures for Acts of Violence	_____
Hypothermia	_____
Heat Stroke	_____
Heat Exhaustion	_____
Snake Bite	_____
Administration of Antivenim	_____
Animal Bite	_____
Poison Index	_____
Isolation Procedures	_____
Triage Procedures	_____
Care of Patient with AIDS	_____
Lab Values	_____
Procedure of Patient Signing AMA	_____
Consent for Treatment of Minor	_____
Disaster Protocols	_____
Heparin/Saline Lock	_____
Starting IV's (Adult)	_____
Starting IV's (Peds)	_____
Universal Precautions	_____
Assist with Peritoneal Lavage	_____
Pelvic Tray	_____
Cut Down Tray	_____
Procto Tray	_____
CVP Tray	_____
Trach Tray	_____
Culdocentesis Tray	_____
Thoracentesis	_____
Dilantin	_____
Phenobarbital	_____
Decadron	_____
Mannitol	_____
Solu-Medrol	_____
Administration of Blood and Blood Products	_____
Lidocaine	_____
Bretylum	_____
Nipride	_____
Dopamine	_____
Digitalis	_____

Sodium Bicarbonate \_\_\_\_\_  
Atropine \_\_\_\_\_  
Epinephrine \_\_\_\_\_  
Dobutrex \_\_\_\_\_  
Tridil/Nitroglycerine \_\_\_\_\_

Please list any other skills that have not been covered:

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I attest that I have completed this skills checklist to best of my knowledge and ability. I give All Health Staffing my express permission to utilize this checklist for the purpose of locating an assignment that best meets my qualifications. To that end, All Health Staffing may share this information with any prospective client facilities as needed.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_