

ALL HEALTH STAFFING

Psychiatric Nursing Skills Checklist

Printed Name: _____

Please indicate your experience level according to the legend below:

- 1) No Experience
- 2) Intermittent Experience
- 3) One Year Consistent Experience
- 4) Two + Years Consistent Experience
- 5) Able to Teach and Supervise

PSYCHIATRIC

I. Assessment

- A. Admission _____
- B. Initial nursing assessment and care plan _____
- C. Initial treatment plan _____
- D. Neurological vital signs _____
- E. Nursing diagnosis _____
- F. Nursing reassessment and care planning update _____
- G. Suicide risk assessment _____

II. Equipment and Procedures

- A. Active participation in multi-disciplinary staffing _____
- B. Assist physician in administration of
Electroconvulsive therapy _____
- C. Assist with lumbar puncture _____
- D. Cardiopulmonary resuscitation _____
- E. Charge nurse experience _____
- F. Charting _____
 - 1. Behavioristic _____
 - 2. Treatment/goal oriented _____
- G. Discharge planning _____
- H. Electroconvulsive therapy _____
- I. Group therapy leader _____
- J. Insertion and care of straight and Foley catheter _____
 - 1. Female _____
 - 2. Male _____
- K. Management of drug/alcohol detox symptoms _____
- L. Management of abusive behavior _____
- M. Multi-disciplinary treatment team participation _____
- N. O₂ therapy and medication delivery systems _____
 - 1. Bag and mask _____
 - 2. External CPAP _____
 - 3. Face masks _____
 - 4. Inhalers _____
 - 5. Nasal cannula _____

PSYCHIATRIC (cont.)

- 6. Portable O2 tank _____
- 7. Trach collar _____
- O. Oro-naso-pharynx suctioning _____
- P. Participation in milieu therapy _____
- Q. Patient / family teaching _____
- R. Psychiatric emergency response team _____
- S. Psychiatric home health _____
- T. Rapid tranquilization _____
- U. Restraints, application and assessment of
 - 1. Ambulatory cuffs _____
 - 2. Full restraints _____
 - 3. Wrist restraints _____
- V. Telephone crisis intervention _____
- X. Tube feeding _____
- III. Care of the Patient with:
 - A. Alcohol dependency _____
 - B. Drug dependency _____
 - C. Electroconvulsive therapy _____
 - D. Hallucinations _____
 - E. Manic behavior _____
 - F. Med-psych patient _____
 - G. Organic disorder _____
 - H. Partial hospital / intensive outpatient program patient _____
 - I. Seclusion and restrains _____
 - J. Seizure disorder _____
 - K. Suicidal behavior _____
 - L. Tracheostomy _____
- IV. Medications
 - A. Administration of oral psychotropic medications _____
 - B. Heparin _____
 - C. Intramuscular _____
 - D. Management of extrapyramidal symptoms (EPS) _____
 - E. Oral _____
 - F. Rectal _____
 - G. Sub-q _____
 - H. Unit dose _____
 - I. Z-technique _____

PHLEBOTOMY / IV THERAPY

- I. Equipment and Procedures
 - A. Administration of blood and blood products
 - 1. Packed red blood cells _____
 - 2. Whole blood _____
 - B. Drawing blood from a central line _____
 - C. Drawing venous blood _____
 - D. Management of patient w/ hyperalimentation _____
 - E. Management of patient with IV _____

PHLEBOTOMY / IV THERAPY (cont.)

F. Starting IV's

1. Angiocath _____

2. Butterfly _____

3. Heparin lock _____

EXPERIENCE LEVELS

Adolescent: _____ Year(s)

Adult: _____ Year(s)

Chemical dependency / detox: _____ Year(s)

The above listed information is true and correct to the best of my knowledge.

Signature: _____

Date: _____