



Neurology / Neurosurgery

This skills checklist is to be used by RN's with two or more years of nursing experience in their specialty. It will be utilized by healthcare facilities as a determining factor in assignment approval and for skill assessment while on assignment. Please complete all sections thoroughly and accurately. This document will remain a permanent part of your HR file with Solutions Staffing until it is amended or replaced.

Date _____ Name (*print*) _____

Key to Competency Levels

0 – No Experience **1** – Minimal experience, need review and supervision, have performed at least once **2** – Comfortable performing with resource available **3** – Competent to perform independently and safely **4** – Expert, able to act as resource to others

General Skills	0	1	2	3	4
Charge Duties					
Computer Use					
Documentation					
Feeding Tube Maintenance					
CPR-Initial Resuscitation					
Cardiac Arrests-Administration of Meds & Assist Intubation					
Antiembolism Stockings					
Arterial Monitoring					
Aseptic Technique for Sterile Monitoring					
Cardiac Monitoring					
Universal Precautions					
Intracranial Pressure Monitoring					
Seizure Precautions					
Mechanical Ventilation					
Neuro Assessment					
Medication, Principles of Safe Administration					
Cast Care					
Patient's with Impending DT's					
Neurosurgery OR Procedures-looked after Patients that have had:	0	1	2	3	4
Craniotomy					
Laminectomy					
Spinal and Cervical Fractures (cervical, Thoracic, lumbar)					
Invasive Thoracic Halo Traction/Brace (assist with initial application)					
Anterior Vertebrectomy or Cervical Surgery					
Braces, Soft Collars, Hard Collars					
Wired Jaws					
Log Rolling (Spinal Precautions)					

Mobilizing a Patient with Back Surgery					
External Verticular Drain (EVD) Lumbar Drain					
Basic Neur Assessment and Glasgow Coma Scale					
Cerebral Angio's checks					
Neuro Drains & Tubes	0	1	2	3	4
Epidural					
Intrathecal					
Lumber Puncture, Assistance With					
Subdural					
Ventriculostomies					
Catheters	0	1	2	3	4
Foley Insertion (Male/Female)					
3-Way Foley					
Suprapubic					
Isolation	0	1	2	3	4
Enteric Isolation					
Regular Isolation					
Reverse Isolation					
Wound & Skin Isolation					
IV	0	1	2	3	4
Administration of IV Drugs / Hydration Therapy:					
Decadron					
Digoxin					
Dilantin					
Lasix					
Librium					
Nipride					
Phenobarbital					
Valium					
Care of Central Line					
Heparin Locks					
Hyperalimentation Administration					
Intralipid Administration					
Intravenous Therapy, Initiation of					
IV Infusion Pumps					
Knowledge of Venous Access Devices					
Peripheral Line Initiation					
Transfusion / Blood Draws / Administration	0	1	2	3	4
Blood Drawing, Arterial					
Blood Drawing, Venous					
Transfusion of Blood & Blood Products					

Wound Care / Surgical Care	0	1	2	3	4
Chest Suction- Set Up & Maintenance					
CVP Lines					
Decubitus Care					
Gastric Lavage					
Gastric Suction					
Nasogastric Tubes					
Sterile Dressing Changes					
Suture Removal					
Staple Removal					
Tracheostomy Care					
Wound Irrigations					
Pinsite Care					
Drains	0	1	2	3	4
Jackson-Pratt					
Penrose					
Hemovac					
Traction	0	1	2	3	4
Balanced					
Cervical					
Halo					
Pelvic					
Equipment	0	1	2	3	4
Circo-Electric Bed					
Hoyer Lift					
Roto-Rest Bed					
Stryker Frame					
Tens Unit					
Other:					
Other:					
Change in Patient Status	0	1	2	3	4
Patient going into Respiratory Distress/Failure					
Patient Seizuring					
Patient with an Intracranial Bleed/Sub-Arachnoid Hemorrhage (or other familiar with protocol in the care of the patient)					
Patient Arresting					
Patient with Decreased LOC					
Insertion of Oral Airway					

Certificates Held (Check all that apply.)

ACLS

BCLS

Other _____

Please read and agree to the statements below by marking the checkbox.

* I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Checklist to the Client facilities in relation to consideration of employment as a Traveler with those facilities as indicated by my signature below:

Signature: _____ Date: _____