



## Post Anesthesia / Recovery Room Skills Checklist

This skills checklist is to be used by RN's with one 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

Check Proficiency	0	1	2	3	4
Charge Duties					
Primary Care					
Team Nursing					
Computer Use					
Universal Precautions					
Physical Assessment / Admission of Patient					
Post – operative Documentation					
Care of Patient Post Anaesthesia	0	1	2	3	4
<b>Types of anaesthesia:</b>					
General					
Spinal					
Regional					
Local					
Monitoring	0	1	2	3	4
<b>Cardiac Monitoring:</b>					
Interpretation of Arrhythmias					
Recognition of Basic Cardiac Rhythms					
Troubleshoot Monitors					
<b>Arterial Pressure Monitoring:</b>					
Calibration					
Care of Arterial Line					
Recognition of normal waveform					
Withdrawal of arterial Blood					
Discontinuing an Arterial Line					

<b>Central Venous Pressure Monitoring:</b>					
Set-up CVP Line					
Care of CVP Line					
Obtaining CVP Reading					
Recognition of Abnormal Measurement					
Discontinuing a Central Line					
<b>Blood Pressure Monitoring:</b>					
Manual and Doppler Devices					
Arterial					
Automatic					
Swan - Ganz Pressure Monitoring					
Intracranial Pressure Monitoring					
<b>Check Proficiency</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Airway Management:</b>					
Assessment of Tidal Volumes					
Assessment of Breath Sounds					
Insertion / Removal Nasal and Oral Airways					
Oral, Nasal, Nasotracheal and Endotracheal Suctioning					
<b>Airway Complications and their Management:</b>					
Respiratory Obstruction					
Hypoventilation					
Laryngospasm / Bronchospasm					
Aspiration					
Atelectasis					
Care / Management of Intubated Patients					
Assisting with Intubation					
Use / Selection of Mask with Ambu					
Extubation					
<b>Oxygen Therapy:</b>					
Nasal Cannula					
T - Tube					
Ambu					
Management of patients with Tracheostomies					
<b>Ventilator Management:</b>					
Adjust Settings					
Troubleshooting					
Arterial Blood Gas Interpretation					
Management of Respiratory / Cardiac Emergencies and Arrests					
Defibrillation					
Management of Shock					
Management of Hypotensive Crisis					

Management or Hypertensive Crisis					
Vasoactive Drug Administration (Dopamine & Nitroprusside)					
Cardiac Drug Administration					
Anesthetic and Reversal Agents					
Drug Interactions, Incompatibilities, and Side Effects					
Interpretations of Blood Studies					
Assessment of Peripheral Pulses, Skin Color and Temperature					
Patient Stimulation and Stir-Up Regimen					
Pain Evaluation					
Insertion of IV Line					
Operation of Infusion Pumps					
Operation of PCA Pumps					
Management of the Infectious Patient					
Management of the Pediatric Patient					
Management of the Elderly Patient					
<b>Care and Management of Patients With:</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Chest Tubes					
Post Pacemaker Insertions					
GU Irrigations					
Post Transplant Patients					
CPM					
Post-Op Multiple Trauma					
<b>Check Proficiency</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Insertion / Management of Nasogastric Tube					
Dressing Change					
Operation of Gomco / Emerson Suction					
Cast Care and Observation					
Catheter Care					
Discharge of Patient					

**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 Post Anesthesia / Recovery Room Skills 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: \_\_\_\_\_