CLOVER HEALTH SERVICES

SKILLS CHECKLIST

LPN/LVN - Ambulatory Care

Name | Telephone | Who is your recruiter? | Date

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.

Proficiency : - 1 = Never Performed 2 = Limited Experience 3 = Comfortable Performing 4 = Proficient
Frequency :- 1 = Never 2 = Sometimes 3 = Often 4 = Always

General Assessment	Proficiency				Frequency			
Respiratory	1	2	3	4	1	2	3	4
Gastrointestinal	1	2	3	4	1	2	3	4
Cardiovascular	1	2	3	4	1	2	3	4
Endocrine	1	2	3	4	1	2	3	4
Neurological	1	2	3	4	1	2	3	4
Integumentary	1	2	3	4	1	2	3	4
Reproductive	1	2	3	4	1	2	3	4

Medication Administration	Proficiency				Frequency			
PO/Sublingual	1	2	3	4	1	2	3	4
IM/Z-track injections	1	2	3	4	1	2	3	4
SQ injections	1	2	3	4	1	2	3	4
Intradermal injections	1	2	3	4	1	2	3	4
Opthalmic drops/ointments	1	2	3	4	1	2	3	4
Rectal/Vaginal suppositories	1	2	3	4	1	2	3	4
Nasal drops/sprays	1	2	3	4	1	2	3	4
Topical ointments/sprays	1	2	3	4	1	2	3	4
Immunizations/vaccinations	1	2	3	4	1	2	3	4

Body Mechanics/Transfers	Proficiency				Frequency			
Turning and Repositioning	1	2	3	4	1	2	3	4
Transfer patient to/from exam table	1	2	3	4	1	2	3	4
Transfer patient to/from wheelchair	1	2	3	4	1	2	3	4
Assist with ambulation	1	2	3	4	1	2	3	4
Assist and transfer to/from toilet	1	2	3	4	1	2	3	4
Lift patient with/without assistance	1	2	3	4	1	2	3	4
Transfer patient to/from stretcher	1	2	3	4	1	2	3	4

Equipment	Proficiency				Frequency			
Hoyer lift	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Glucose monitor (point-of-care)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Wall suction	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Oxygen set up (nasal cannula, mask, non-rebreather, etc.)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Heating pads	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Chest tube drainage system	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Indwelling urinary catheter	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Feeding pump (enteral)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
IV pump/infusion device	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Incentive spirometer	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
TED hose (application)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Scale	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Slit lamp	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Exam table	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Personal protective equipment (PPE)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Crash cart/defibrillator	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
AED	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Thermometer	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Blood pressure cuff (manual, electronic)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Pulse oximetry	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Surgical drain devices	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Wound Vac	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Doppler	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Bladder scanner	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
TENS unit	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
EKG	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Nursing Process	Proficiency				Frequency			
Greet/admit patients to ambulatory setting	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Triage	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Initial assessment, including vital signs and pain	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Check-in process	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Check-out process	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Creation of nursing care plan	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Documentation of care	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Documentation of assessment findings	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Documentation of diagnostic tests/results	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Initiate order/order sets	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Review orders/chart checks	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Verbal and telephone and read-back process	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Prescription refills	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Patient education- Medications	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Patient education- Disease process	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Patient education- Follow-up and community resources	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Patient identification/identifiers	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Communication		**Proficiency**				**Frequency**		
Hand-off communication	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
SBAR	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Team huddles	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Electronic medication administration record (MAR)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Electronic medical record (EMR)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Notify provider of critical lab values	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Transfer of patient to hospital	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
HIPAA/Protected health information	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Specimen Collection		**Proficiency**				**Frequency**		
Blood	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Urine- Clean catch	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Urine- Straight cath	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Urine- Analysis/dipstick	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Stool	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Sputum	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Labeling of specimens	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Transporting of specimens	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Following chain of command	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Emergency/Safety	Proficiency				Frequency			
BLS protocol	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Safe handling of hazardous medications	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Medication exchange with pharmacy	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Waste of controlled substances	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Indications for 911	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Fire response	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Tornado response	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Disruptive patient/family	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
De-escalation techniques	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Infant abduction	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Institution of communicable disease precautions (contact, droplet, airborne)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Rapid response	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Code Blue /cardiopulmonary arrest	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Professional Issues	Proficiency				Frequency			
Advance directives	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
DNR orders	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Delegation to unlicensed assistive personnel	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Scope of practice	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Universal time-out procedure	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Use of communication boards	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Culturally diverse care considerations	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Evidence-based practice principles	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Age Specific	Proficiency				Frequency			
Infant (Birth to 1year)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Toddler (1-3 years)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Pre-school (3-6 years)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
School Age (6-12 years)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Adolescent (12-18 years)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Young Adult (18-30 years)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Mature Adult (30-60 years)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Elderly (>60 years)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Work History

Years Experience in Clinical Specialty:

Most recent facility worked at:

☐ I hereby certify that ALL information I have provided to Clover Health Services, on this skills checklist and all other documentation, is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.