CLOVER HEALTH SERVICES

SKILLS CHECKLIST

RN Ambulatory Surgery

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

	Proficiency				Frequency			
General Patient Care								
Admit and Assess Patients	1	2	3	4	1	2	3	4
Advance Directives	1	2	3	4	1	2	3	4
Collect Appropriate Data	1	2	3	4	1	2	3	4
Discharge Teaching	1	2	3	4	1	2	3	4
Preoperative Teaching	1	2	3	4	1	2	3	4
Patient Prep	1	2	3	4	1	2	3	4
Computerized Documentation	1	2	3	4	1	2	3	4
Cardiovascular								
Assess Heart Tones	1	2	3	4	1	2	3	4
Bedside Tele Monitoring	1	2	3	4	1	2	3	4
Interpretation of Coagulation Studies	1	2	3	4	1	2	3	4
Perform Pulses/ Circulation Checks	1	2	3	4	1	2	3	4
Pre/Post Op Care Pacemaker	1	2	3	4	1	2	3	4
Pulmonary								
Assess Breath Sounds	1	2	3	4	1	2	3	4
Apply Oxygen	1	2	3	4	1	2	3	4
Interpret ABGs	1	2	3	4	1	2	3	4
Thoracentesis	1	2	3	4	1	2	3	4
Oximetry	1	2	3	4	1	2	3	4
Neurology								
Assess Neurological Sounds	1	2	3	4	1	2	3	4
Epidurals	1	2	3	4	1	2	3	4
Selective Nerve Root Blocks	1	2	3	4	1	2	3	4
Level of Consciousness	1	2	3	4	1	2	3	4
GI								
Insertion/Monitoring NG Tubes	1	2	3	4	1	2	3	4
Assessment/Patient Care	1	2	3	4	1	2	3	4

Flexible Sigmoidoscopy	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Hemorrhoid Banding	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Liver Biopsy	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Paracentesis	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Lap Band Surgery	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
GU															
Bladder Biopsy	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Cystoscopy	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Urethral Dilation	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Nephrostomy	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Kidney Biopsy	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Suprapubic Catheter	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Prostrate Biopsy	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Endocrine															
Care of Diabetic Patient	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Diabetic Teaching	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
ENT and Mouth															
Prosthodontics – Restorative Dentistry	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Mouth Biopsy	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Myringotomy	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Maxillofacial Prosthetics	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Nose Biopsy	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Thyroid Aspirate Biopsy	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Fiberoptic Laryngoscopy	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Tonsillectomy	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Rhinoplasty	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Wounds/Integument															
Application of Burn Dressings	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Application of Dressings	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Debridement of Wonund	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4
Wound Care	○	1	○	2	○	3	○	4	○	1	○	2	○	3	○ 4

OB/GYN

Electrodessication and Curettage (ED&C)	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
Nipple Reconstruction	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		

Musculoskeletal

Arthrocentesis	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
External Hardware and Pin Care	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
Arthroscopy	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
Open Reduction and Internal Fixation	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
Closed Reduction and Internal Fixation	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
Trigger Point Injections	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		

Plastics

Liposuction	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
Plastic Surgery	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
Cosmetic	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		

Age Group Experience

0 - 30 Days	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
30 Days - 1 Year	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
1 - 3 Years	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
3 - 5 Years	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
5 - 12 Years	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
12 - 18 Years	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
18 - 39 Years	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
39 - 64 Years	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
64+ Years	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		

General Medications/Therapeutic Interventions

Administer IM and SQ Meds	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
Administer Inhalation Medications	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
Administer PO Medications	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
Bladder Irrigation and Instillation	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
Needless Systems	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
Chemotherapy	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		

EMR

Epic	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
Cerner	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
Eclipsys	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
McKesson	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		
Meditech	◯ 1	◯ 2	◯ 3	◯ 4		◯ 1	◯ 2	◯ 3	◯ 4		

Other Computerized System	◯ 1	◯ 2	◯ 3	◯ 4				◯ 1	◯ 2	◯ 3	◯ 4
Computerized Physician Order Entry	◯ 1	◯ 2	◯ 3	◯ 4				◯ 1	◯ 2	◯ 3	◯ 4
Bar Coding for Medication Administration	◯ 1	◯ 2	◯ 3	◯ 4				◯ 1	◯ 2	◯ 3	◯ 4

Do you speak any languages other than English? Yes ◯ No ◯ **If yes, which language(s)?** _____

☐ 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.