VANCOUVER ISLAND health authority

health match bc

Medical/Surgical Skills Checklist

Name: ____________________________ **Date:** _______________________

This tool will assist us to identify nursing opportunities that match your skills and nursing experience.

Please indicate your level of experience:

A: No theory or clinical
B: Theory only, no experience
C: Less than 1 year's experience
D: 1– 2 years experience
E: >2 years experience

A. CARDIOVASCULAR

Item	A	B	C	D	E
Assessment					
1. Auscultation (heart rate, rhythm)	☐	☐	☐	☐	☐
2. Blood pressure, non-invasive	☐	☐	☐	☐	☐
3. Doppler	☐	☐	☐	☐	☐
4. Pulses/circulation checks	☐	☐	☐	☐	☐
2. Care of the patient with:					
1. Aneurysm	☐	☐	☐	☐	☐
2. Angina	☐	☐	☐	☐	☐
3. Cardiac arrest	☐	☐	☐	☐	☐
4. Cardiomyopathy	☐	☐	☐	☐	☐
5. Carotid Endarterectomy	☐	☐	☐	☐	☐
6. Congestive heart failure (CHF)	☐	☐	☐	☐	☐
7. Femoral-popliteal bypass	☐	☐	☐	☐	☐
8. Myocarditis	☐	☐	☐	☐	☐
9. Pericaridtis	☐	☐	☐	☐	☐
10. Post-acute MI	☐	☐	☐	☐	☐
11. Post angioplasty	☐	☐	☐	☐	☐
12. Thrombophlebitis	☐	☐	☐	☐	☐
3. Medications					
1. Heparin drip	☐	☐	☐	☐	☐
2. Oral anticoagulants	☐	☐	☐	☐	☐
3. Oral antihypertensives	☐	☐	☐	☐	☐
4. Oral & topical nitrates	☐	☐	☐	☐	☐

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B. PULMONARY

1. Assessment
    1. Auscultate breath sounds — A ☐ B ☐ C ☐ D ☐ E ☐
    2. Rate of breathing — A ☐ B ☐ C ☐ D ☐ E ☐
    3. Work of breathing (accessory muscles, etc) — A ☐ B ☐ C ☐ D ☐ E ☐
2. Equipment & Procedures
    1. Airway management devices/suctioning
        - (1) Nasal airway/suctioning — A ☐ B ☐ C ☐ D ☐ E ☐
        - (2) Oralpharyngeal/suctioning — A ☐ B ☐ C ☐ D ☐ E ☐
        - (3) Sputum specimen collection — A ☐ B ☐ C ☐ D ☐ E ☐
        - (4) Tracheostomy/suctioning — A ☐ B ☐ C ☐ D ☐ E ☐
    2. Chest physiotherapy — A ☐ B ☐ C ☐ D ☐ E ☐
    3. Incentive Spiometry — A ☐ B ☐ C ☐ D ☐ E ☐
    4. O_2 therapy & medication delivery systems
        - (1) Face masks — A ☐ B ☐ C ☐ D ☐ E ☐
        - (2) Inhalers — A ☐ B ☐ C ☐ D ☐ E ☐
        - (3) Nasal cannula — A ☐ B ☐ C ☐ D ☐ E ☐
        - (4) Portable O_2 tank — A ☐ B ☐ C ☐ D ☐ E ☐
        - (5) Trach collar — A ☐ B ☐ C ☐ D ☐ E ☐
    5. Oximetry — A ☐ B ☐ C ☐ D ☐ E ☐
3. Care of the patient:
    1. Bronchoscopy — A ☐ B ☐ C ☐ D ☐ E ☐
    2. COPD — A ☐ B ☐ C ☐ D ☐ E ☐
    3. Fresh tracheostomy — A ☐ B ☐ C ☐ D ☐ E ☐
    4. Lobectomy — A ☐ B ☐ C ☐ D ☐ E ☐
    5. Pneumonectomy — A ☐ B ☐ C ☐ D ☐ E ☐
    6. Pneumonia — A ☐ B ☐ C ☐ D ☐ E ☐
    7. Pulmonary embolism — A ☐ B ☐ C ☐ D ☐ E ☐
    8. Thoractomy — A ☐ B ☐ C ☐ D ☐ E ☐
    9. Tuberculosis — A ☐ B ☐ C ☐ D ☐ E ☐

C. NEUROLOGICAL

1. Assessment
    1. Level of consciousness — A ☐ B ☐ C ☐ D ☐ E ☐
2. Equipment & Procedures
    1. Assist with lumbar puncture — A ☐ B ☐ C ☐ D ☐ E ☐
3. Care of the patient with:
    1. Aneurysm precautions — A ☐ B ☐ C ☐ D ☐ E ☐
    2. Basal skull fracture — A ☐ B ☐ C ☐ D ☐ E ☐

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3. Closed head injury A ☐ B ☐ C ☐ D ☐ E ☐
4. Coma A ☐ B ☐ C ☐ D ☐ E ☐
5. CVA A ☐ B ☐ C ☐ D ☐ E ☐
6. Delirium Tremens (DTs) A ☐ B ☐ C ☐ D ☐ E ☐
7. Encephalitis A ☐ B ☐ C ☐ D ☐ E ☐
8. Meningitis A ☐ B ☐ C ☐ D ☐ E ☐
9. Multiple Sclerosis A ☐ B ☐ C ☐ D ☐ E ☐
10. Neuromuscular disease A ☐ B ☐ C ☐ D ☐ E ☐
11. Post craniotomy A ☐ B ☐ C ☐ D ☐ E ☐
12. Seizures A ☐ B ☐ C ☐ D ☐ E ☐
13. Spinal cord injury A ☐ B ☐ C ☐ D ☐ E ☐

4. Administration of anticonvulsants A ☐ B ☐ C ☐ D ☐ E ☐

D. ORTHOPEDICS

1. Assessment
   1. Circulation checks A ☐ B ☐ C ☐ D ☐ E ☐
   2. Gait A ☐ B ☐ C ☐ D ☐ E ☐
   3. Range of motion A ☐ B ☐ C ☐ D ☐ E ☐
   4. Skin A ☐ B ☐ C ☐ D ☐ E ☐
   5. Support devices
      (1) Cane A ☐ B ☐ C ☐ D ☐ E ☐
      (2) Cervical collar A ☐ B ☐ C ☐ D ☐ E ☐
      (3) Gait belt A ☐ B ☐ C ☐ D ☐ E ☐
      (4) Prosthetic A ☐ B ☐ C ☐ D ☐ E ☐
      (5) Sling A ☐ B ☐ C ☐ D ☐ E ☐
      (6) Transfer boarders A ☐ B ☐ C ☐ D ☐ E ☐
      (7) Walker A ☐ B ☐ C ☐ D ☐ E ☐
      (8) Wheelchair A ☐ B ☐ C ☐ D ☐ E ☐
   6. Traction A ☐ B ☐ C ☐ D ☐ E ☐
2. Care of patient:
   1. Post surgical Amputation A ☐ B ☐ C ☐ D ☐ E ☐
   2. Arthroscopic surgery A ☐ B ☐ C ☐ D ☐ E ☐
   3. Cast assessment & care A ☐ B ☐ C ☐ D ☐ E ☐
   4. Osteoporosis A ☐ B ☐ C ☐ D ☐ E ☐
   5. Pinned fractures A ☐ B ☐ C ☐ D ☐ E ☐
   6. Rheumatic/Arthritic disease A ☐ B ☐ C ☐ D ☐ E ☐
   7. Total hip replacement A ☐ B ☐ C ☐ D ☐ E ☐
   8. Total knee replacement A ☐ B ☐ C ☐ D ☐ E ☐

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GASTROINTESTINAL

3. Assessment
   1. Bowel sounds — A ☐ B ☐ C ☐ D ☐ E ☐
   2. Distention — A ☐ B ☐ C ☐ D ☐ E ☐
   3. Fluid balance — A ☐ B ☐ C ☐ D ☐ E ☐
   4. Nutritional status — A ☐ B ☐ C ☐ D ☐ E ☐
4. Equipment & Procedures
   1. Administration of tube feeding — A ☐ B ☐ C ☐ D ☐ E ☐
      (1) Feeding pump — A ☐ B ☐ C ☐ D ☐ E ☐
      (2) Gravity feeding — A ☐ B ☐ C ☐ D ☐ E ☐
   2. Management of:
      (1) Gastrostomy tube — A ☐ B ☐ C ☐ D ☐ E ☐
      (2) Jejunostomy tube — A ☐ B ☐ C ☐ D ☐ E ☐
      (3) T-tube — A ☐ B ☐ C ☐ D ☐ E ☐
   3. Placement (insertion) of nasogastric tube — A ☐ B ☐ C ☐ D ☐ E ☐
   4. Salem sump (or similar) to suction — A ☐ B ☐ C ☐ D ☐ E ☐
5. Care of the patient with:
   1. Bowel obstruction — A ☐ B ☐ C ☐ D ☐ E ☐
   2. Colostomy/Ileostomy — A ☐ B ☐ C ☐ D ☐ E ☐
   3. GI bleeding — A ☐ B ☐ C ☐ D ☐ E ☐
   4. GI surgery — A ☐ B ☐ C ☐ D ☐ E ☐
   5. Hepatitis — A ☐ B ☐ C ☐ D ☐ E ☐
   6. Inflammatory bowel disease — A ☐ B ☐ C ☐ D ☐ E ☐
   7. Invasive diagnostic testing — A ☐ B ☐ C ☐ D ☐ E ☐
   8. Liver failure — A ☐ B ☐ C ☐ D ☐ E ☐
   9. Paralytic Ileus — A ☐ B ☐ C ☐ D ☐ E ☐

E. RENAL/GENITOURINARY

1. Assessment ☐
   1. Fluid status — A ☐ B ☐ C ☐ D ☐ E ☐
2. Equipment & Procedures
   1. Insertion & care of straight & Foley catheter
      (1) Female — A ☐ B ☐ C ☐ D ☐ E ☐
      (2) Male — A ☐ B ☐ C ☐ D ☐ E ☐
   2. Catheter care
      (1) 3-way Foley — A ☐ B ☐ C ☐ D ☐ E ☐
      (2) Supra-pubic — A ☐ B ☐ C ☐ D ☐ E ☐
      (3) Basic indwelling catheter care — A ☐ B ☐ C ☐ D ☐ E ☐

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Bladder irrigations

Item	A	B	C	D	E
(4) Continuous	☐	☐	☐	☐	☐
(5) Intermittent	☐	☐	☐	☐	☐
3. Specimen collection					
(1) Routine	☐	☐	☐	☐	☐
(2) 24 hour	☐	☐	☐	☐	☐
3. Care of the patient with:					
1. Hemodialysis shunt	☐	☐	☐	☐	☐
2. Post Nephrectomy	☐	☐	☐	☐	☐
3. Peritoneal dialysis	☐	☐	☐	☐	☐
4. Renal failure	☐	☐	☐	☐	☐
5. Renal transplant	☐	☐	☐	☐	☐
6. TURP	☐	☐	☐	☐	☐
7. Urinary diversion (ileal conduit nephrostomy)	☐	☐	☐	☐	☐
8. Urinary tract infection	☐	☐	☐	☐	☐

F. ENDOCRINE/METABOLIC

Item	A	B	C	D	E
1. Assessment					
1. Signs/Simptoms diabetic coma	☐	☐	☐	☐	☐
2. Signs/Symptoms insulin reaction	☐	☐	☐	☐	☐
2. Equipment & Procedures					
1. Blood glucose monitoring					
(1) Electronic measuring device: Type / Name:					
(2) Performing finger stick	☐	☐	☐	☐	☐
(3) Visual blood glucose strips	☐	☐	☐	☐	☐
2. Indwelling insulin pump	☐	☐	☐	☐	☐
3. Care of the patient with:					
1. Diabetes mellitus	☐	☐	☐	☐	☐
2. Disorders of adrenal gland (e.g. – Addison's disease)	☐	☐	☐	☐	☐
3. Disorders of pituitary gland (e.g. – Diabetes Insipidus)	☐	☐	☐	☐	☐
4. Hyperthyroidism (Graves disease)	☐	☐	☐	☐	☐
5. Hypothyroidism	☐	☐	☐	☐	☐
6. Thyroidectomy	☐	☐	☐	☐	☐
4. Medications (administration & teaching of patient/family):					
1. Insulin	☐	☐	☐	☐	☐
2. Oral hypoglycemics	☐	☐	☐	☐	☐
3. Steroids	☐	☐	☐	☐	☐
4. Thyroid medications	☐	☐	☐	☐	☐

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WOUND MANAGEMENT

5. Assessment
   1. Skin for impending breakdown — A ☐ B ☐ C ☐ D ☐ E ☐
   2. Stasis ulcers — A ☐ B ☐ C ☐ D ☐ E ☐
   3. Surgical wound healing — A ☐ B ☐ C ☐ D ☐ E ☐
6. Equipment & Procedures
   1. Air or fluidized low loss air beds — A ☐ B ☐ C ☐ D ☐ E ☐
7. Care of the patient with:
   1. Burns — A ☐ B ☐ C ☐ D ☐ E ☐
   2. Pressure sores — A ☐ B ☐ C ☐ D ☐ E ☐
   3. Decubitus ulcers — A ☐ B ☐ C ☐ D ☐ E ☐
   4. Surgical wounds with drain(s) — A ☐ B ☐ C ☐ D ☐ E ☐
   5. Traumatic wounds — A ☐ B ☐ C ☐ D ☐ E ☐

G. ONCOLOGY

1. Assessment
   1. Nutritional status — A ☐ B ☐ C ☐ D ☐ E ☐
   2. Pain control — A ☐ B ☐ C ☐ D ☐ E ☐
2. Equipment & Procedures:
   1. Reverse isolation — A ☐ B ☐ C ☐ D ☐ E ☐
3. Care of the patient with:
   1. Bone marrow transplant — A ☐ B ☐ C ☐ D ☐ E ☐
   2. Oncologic surgery — A ☐ B ☐ C ☐ D ☐ E ☐
   3. Inpatient chemotherapy — A ☐ B ☐ C ☐ D ☐ E ☐
   4. Inpatient Hospice — A ☐ B ☐ C ☐ D ☐ E ☐
   5. Leukemia — A ☐ B ☐ C ☐ D ☐ E ☐
   6. Radiation implant — A ☐ B ☐ C ☐ D ☐ E ☐
4. Medications: Chemotherapy certification? — Yes ☐ No ☐

INFECTIOUS DISEASES

Equipment & Procedures

1. Fever management — A ☐ B ☐ C ☐ D ☐ E ☐
2. Isolation — A ☐ B ☐ C ☐ D ☐ E ☐

Care of the patient with:

3. HIV / AIDS — A ☐ B ☐ C ☐ D ☐ E ☐
4. Hepatitis — A ☐ B ☐ C ☐ D ☐ E ☐
5. Lyme disease — A ☐ B ☐ C ☐ D ☐ E ☐

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H. PHELBOTOMY/IV THERAPY

Item	A	B	C	D	E
1. Equipment & Procedures					
1. Administration of blood/blood products					
(1) Albumin	☐	☐	☐	☐	☐
(2) Cryoprecipitate	☐	☐	☐	☐	☐
(3) Packed red blood cells	☐	☐	☐	☐	☐
(4) Plasma	☐	☐	☐	☐	☐
(5) Whole blood	☐	☐	☐	☐	☐
2. Drawing venous blood	☐	☐	☐	☐	☐
3. Starting IVs					
(1) Angiocath	☐	☐	☐	☐	☐
(2) Butterfly	☐	☐	☐	☐	☐
(3) Heparin lock	☐	☐	☐	☐	☐
2. Care of the patient with:					
(1) Hickman	☐	☐	☐	☐	☐
(2) Portacath	☐	☐	☐	☐	☐
(3) Quinton	☐	☐	☐	☐	☐
Care of patient with Peripheral line/dressing	☐	☐	☐	☐	☐

I. PAIN MANAGEMENT

Item	A	B	C	D	E
1. Assessment of pain level/tolerance	☐	☐	☐	☐	☐
2. Care of the patient with:					
1. Epidural anesthesia/analgesia	☐	☐	☐	☐	☐
2. IV conscious sedation	☐	☐	☐	☐	☐
3. Narcotic analgesia	☐	☐	☐	☐	☐
4. Patient controlled analgesia (PCA pump)	☐	☐	☐	☐	☐

See next page … Continued…

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AGE SPECIFIC PRACTISE CRITERIA

Please indicate which age group(s) you have expertise in providing age-appropriate nursing care:

A: Newborn/Neonate (birth – 30 days)
B: Infant (30 days – 1 year)
C: Toddler (1 – 3 years)
D: Preschooler (3 – 5 years)
E: School age children (5 – 12 years)
F: Adolescent (12 – 18 years)
G: Young Adult (18 – 39)
H: Middle Adults (39 – 64)
I: Older Adults (64+)

Able to adapt care to incorporate normal growth & development	A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐
Able to adapt method & terminology of patient instructions to their age, comprehension & maturity level.	A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐
Can ensure a safe environment reflecting specific needs of various age groups.	A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐

My experience is primarily in: (please indicate number of years)

☐ Medical	year(s)	☐ Neurology	year(s)
☐ Surgical	year(s)	☐ Pediatrics	year(s)
☐ Telemetry	year(s)	☐ OB/GYN	year(s)
☐ Orthopedics	year(s)	☐ Psychiatry	year(s)
☐ Oncology	year(s)	☐ Rehabilitation	year(s)
☐ Other (Please specify)	year(s)		

Number of Hospital Beds: ________________

Number of beds in unit: ________________

Patient Acuity: ________________

Describe current duties: ________________

CERTIFICATION

M/D/YR

Basic Cardiac Life Support: expiry ________________

Other: ________________

The information I have given is true and accurate, to the best of my knowledge I hereby authorize the use of this Checklist to accompany my resume for the sole purpose of consideration for employment.

☐ AGREE ☐ DISAGREE

Name: ______________________________ Date: ______________________________

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