



Emergency Room Skills Checklist

Name: _____

Date: _____

Please use the following key: A = Done Frequently; well skilled B = Occasionally done; moderately skilled
 C = Rarely done; skill limited D = Observed only; never done

GENERAL	A	B	C	D		A	B	C	D
Administration/Mixing of IV meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDICATIONS				
Administration of continuous fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		ACLS Drugs			
Blood/blood product administration/precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Atropine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autotransfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bretylium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculation of rates					Epinephrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mcg/min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lidocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mcg/kg/min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procainamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mg/min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sodium Bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hang IV Piggyback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Drugs				
Heparin Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adenosine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperalimentation					Amiodarone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Peripheral/Central Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aminophylline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Knowledge of solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bronkosol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Insertion of Central line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decadron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use of Broviac/Hickman/Groshong Catheters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digoxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Lab Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dilantin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Implanted venous access ports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diltiazem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dressing changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dobutamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insertion of peripheral line:					Dopamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dressing change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Esmolol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• d/c line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isuprel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Universal precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lasix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation procedures					Mannitol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Airborne isolations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nitroglycerine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Contact Isolation/Universal Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nipride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specimen Collection:					Thrombolytic therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Arterial line blood draw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phenobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Blood culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pavulon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Capillary blood draw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prednisone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Central line blood draw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pitressin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• PICC line blood draw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solu-Medrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sputum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Streptokinase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Urine Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Terbutaline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TPA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Venipuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verapamil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vasopressin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					CARDIOVASCULAR:				
					Arterial line/Swan-Ganz set up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					• Remove art line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					• Arterial blood gasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Zeroing Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- Assess heart sounds
- Assist with pacemaker insertion**
- Temporary/single/double/lumen
- Recognize pacemaker malfunction
- Paceport Swan-Ganz
- Arrhythmia recognition and intervention
- Assist with pericardiocentesis
- External pacemaker maintenance
- Blood pressure monitoring/auto cuff
- Assist in:**
- Arterial line insertion
- Swan/Ganz insertion with or without fluoro
- Obtain 12 lead EKG
- Normal Anatomy of the Heart**
- Left Side
- Right Side
- Normal Physiology of CV system
- Resuscitation**
- Team Member
- Perform defibrillation
- Perform/set up emergent cardioversion
- Prepare and administer meds
- Set up and interpret 12 lead EKG
- Use of Doppler
- Care of patients with:**
- Acute Aneurysm
- Acute MI
- Angina
- CHF
- Deep vein thrombosis
- Pulmonary edema
- Shock: Cardiogenic
- Shock: Hypovolemic
- Shock: Septic
- PULMONARY:**
- Care of patients with:**
- Acute respiratory distress
- AIDS
- Asthma
- COPD
- Hemothorax
- Pneumonia
- Pneumothorax
- Pulmonary embolism
- TB
- Transplant/Pulmonary
- ARDS

- ECMO
- Interpretation of labs
- Ambu bag techniques
- Administer oxygen
- Use of apnea monitor
- Assess lung sounds
- Assist in intubation/extubation**
- Oropharyngeal airway
- Nasopharyngeal airway
- Incentive spirometer
- Nebulizer
- Normal physiology of pulmonary vascular system
- Obtain arterial blood gas**
- Result interpretation
- Pavulonized patient
- Pulse oximetry
- Suctioning: Oral, NT, ETT
- Use of emergency equipment
- Thoracentesis
- Tracheostomy
- Trach tray set up
- Assist with emergency trach
- Changing of the trach or tube
- Skin care
- Dressing changes
- NEUROLOGICAL SYSTEM**
- Assessing sensory-motor function extremities
- Assist with lumbar puncture
- Cervical traction
- Cranial nerve assessment
- Crutchfield tongs
- Halo traction
- LOC assessment
- Monitoring of ICP**
- Appropriate interventions for changes in pressure
- Pre/post neuro surgical care
- Seizure precautions
- Use of Glasgow coma scale
- Visual acuity measurement
- Stryker Frame
- Care of patients with**
- Aphasia
- Closed head injury
- Craniotomy
- VP shunt
- Neuro Shunt
- CVA

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Care of the patient with— Cont.

- Multiple Sclerosis
- Multiple trauma patient
- Overdose patient
- Seizure disorder
- Spinal cord injury
- Insulin preparation and administration
- Blood glucose monitoring

Equipment used

- Jejunostomy care
- NG tube insertion/lavage
- Normal physiology of renal and GI system
- Ostomy/stoma care
- Peritoneal lavage
- Poison control
- Wound care irrigations

Care of the patient with:

- Acute cholecystitis
- Acute renal failure
- Bowel obstruction
- Diabetes
- ERCP
- GI bleed
- Hyper/hypoglycemia
- Multiple abdominal wounds
- Paralytic ileus
- Nephrectomy
- Pancreatitis
- Transplant/Kidney
- T.U.R.P.
- Whipple procedure

TRAUMA AND EMERGENCY SKILLS

- Air transport of trauma patient
- Triage procedures

Care of the patient with:

- Major trauma
- Minor trauma
- MAST suit
- Hyperthermia
- Heat stroke
- Heat exhaustion
- Snake bite
- Administration of antivenin
- Animal bite
- Human bite
- Poison index

PSYCH

- Adolescent patients
- Substance abuse
- Manic depressive
- Isolation

Psych —Cont.

- Procedure for patient signing AMA
- Disaster protocols
- Assist with peritoneal lavage

BASIC PROCEDURES AND EQUIPMENT

- Cut down tray
- CVP tray
- Culdocentesis tray
- Thoracentesis tray
- Unit dose medications
- Dosage calculations
- Initiate multiple drips
- Maintain multiple drip dosages
- Charge RN experience
- Team leader experience
- Primary care experience
- SOAP Charting
- Pouring from stock medications
- Narcotic administration
- PIC line insertion
- Restraints
- Initiating care plans
- Organ donor protocol
- Patient directives
- Patient rights/confidentiality

Areas of Expertise:

Procedures/Equipment/Drugs you have experience with that are not listed on this checklist.:
