

CCM RECRUITMENT INTERNATIONAL

SKILLS CHECKLIST FOR EMERGENCY DEPARTMENT

NAME OF APPLICANT: _____ DATE: _____

<p>HOW TO COMPLETE THIS FORM:</p> <p>A thorough evaluation of your skill level in various specialty areas will enable us to locate assignments that are suitable to your skills and the needs of our patients. Please place an "X" in the box that most accurately describes your level of expertise for the skills listed.</p>	<p>LEVELS OF PROFICIENCY:</p> <p>A = Perform Well (as least one year of current experience, very comfortable performing without supervision). B = Limited Experience (six months to one year of experience, would require some assistance). C = Perform Infrequently (less than three months of experience, need more experience and practice, assistance required). D = No Experience (have never performed this task, willing to learn).</p>
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SKILL	A	B	C	D	COMMENTS (IF ANY)
PHYSICAL ASSESSMENT:					
Basic Adult					
Critically Ill Adult					
Basic Pediatric					
Critically Ill Pediatric					
MEDICATION/I.V. THERAPY:					
Central line management					
Venous Access Device use					
Titration of Vasoactive Medications					
I.V. Pumps					
I.V. Cannulation -					
Adult					
Pediatric					
Venipuncture					
Administration of Blood and Blood Products					
Administration of thrombolytics					
EMERGENCY PATIENT MANAGEMENT:					
Triage					
Cardiac Arrest					
Trauma Management					
Anaphylaxis					
Respiratory distress					
Metabolic Disorders					
Seizures					
CARDIOVASCULAR:					
Arrhythmia Interpretation:					
Basic					
Complex					
External Cardiac Pacing					
Defibrillation					
Dinamap B/P Monitor					
12 Lead EKG:					
Performing					
Interpreting					
Transvenous Pacemakers					
Insertion					
Management					
Cardioversion					
Acute MI					
Septic Shock					

SKILL	A	B	C	D	COMMENTS (IF ANY)
RESPIRATORY:					
Blood Gas Interpretation					
O ₂ Therapy/Pulse Oximetry					
Suctioning					
Nasopharangeal Airway					
Oralpharangeal Airway					
Intubation/Extubation					
Chest tube insertion/management					
Peak Flow Meters					
Nebulizer Therapy					
NEUROLOGICAL:					
Neurological Assessment					
Glasgow Coma Scale					
Lumbar Puncture					
GENITO-URINARY:					
Urethral Catheter Insertion					
C.A.P.D. (Continuous Ambulatory Peritoneal Dialysis)					
METABOLIC:					
Diabetic Assessment					
Glucometers					
INFECTION CONTROL:					
Universal Precautions					
Isolation Procedures					
MUSCULOSKELETAL:					
Casting					
Elastic Bandage					
Splinting					
OB/GYN:					
PV Exams					
Precipitous Delivery					
Fetal Doppler					
Care of Newborn					
GASTROINTESTINAL:					
NG Tube Insertion					
NG Suction					
G-tube/Mickey tube					
EYE, EAR, NOSE AND THROAT:					
Visual Acuity					
Nasal Packing					
Eye Irrigations					
PEDIATRICS:					
Pediatric Resuscitation					
Neonate Experience					
Interosseous needle management					
Infant Warmers					
MISCELLANEOUS:					
Oncological emergencies					
Conscious Sedation					
Administration					
Monitoring					
Hospital Computer Systems					

Signature of the Applicant: _____

Date: _____