

ATC Healthcare Associate Name _____

Date _____



SKILLS/COMPETENCY SELF-APPRAISAL
SPECIALTY AREA: GENERAL NURSING (MEDICAL/SURGICAL AND LONG TERM CARE)

Please Check Occupation: RN LPN/LVN

Applicant, please indicate your current level of proficiency in **column A** for each type of equipment or situation using the following codes.
 (Columns Year 1, Year 2 and Year 3 will be used for annual update).

LEVEL OF PROFICIENCY CODES

0 = NEVER DONE 1 = NOT DONE REGULARLY 2 = 1 YEAR OR MORE REGULAR EXPERIENCE 3 = 2 YEARS OR MORE REGULAR EXPERIENCE

SKILLS	A	SKILLS	A
▪ BCLS, ACLS		▪ Blood/Blood Product Administration	
▪ IV Certified		▪ Total Parenteral Nutrition/Lipids	
▪ Other Certification:		▪ Central Venous Lines (Access, Samples, Complications, etc.), PICC	
1. PATIENT GROUPS:		▪ Central Venous Pressure Readings	
▪ Infant		▪ Patient Positioning, Ambulation, ROM	
▪ Pediatric		▪ Pain Management, Patient Controlled Analgesia (PCA)	
▪ Adolescent		▪ Ordering/Preparing Patient for Diagnostics	
▪ Adult		▪ Labwork (Ordering/Values), Specimen Collection	
▪ Geriatric		▪ Pulse Oximetry	
2. LEADERSHIP:		▪ Patient With Epidural Catheter	
▪ Charge Nurse		▪ General Patient Assessment, History & Physical	
▪ Team Leader		▪ Post-Mortem Care & Arrangements	
▪ Primary Nurse		▪ Isolation Criteria/Methods	
▪ Other:		▪ Surgical Tubes/Drains (e.g., Jackson-Pratt)	
3. BASIC SKILLS:		4. CARDIOVASCULAR SYSTEM:	
▪ Admission/Discharge/Transfer		▪ Auscultation/Assessment of Heart Sounds	
▪ Charting/Documentation/Consents/Care Plans		▪ Post-Myocardial Infarction	
▪ Confidentiality of Information		▪ Congestive Heart Failure (CHF)	
▪ Advance Directives		▪ Bypass (Fem-Pop, etc.)	
▪ Teaching: Pre & Post-Operative Teaching, etc.		▪ Angina Pectoris	
▪ Medicaid/Medicare, JCAHO & Other Regulations		▪ Hypertension	
▪ Bathing, Skin Care, Oral & Peri Care		▪ Arterial Disease	
▪ Decubitus Care/Prevention		▪ Post-Open Heart Surgery	
▪ Wound Care		▪ Aneurysm	
▪ Dressing Changes		5. ENDOCRINE SYSTEM:	
▪ Universal Precautions & Infection Control		▪ Diabetes: Glucose Monitoring, Insulin	
▪ Elastic (TED) Hose/Stockings		▪ Diabetic Complications/Emergencies	
▪ Restraint Application/Safeguards		▪ Post-Thyroidectomy	
▪ Ordering Medications/Supplies		6. GASTROINTESTINAL SYSTEM:	
▪ Drug Administration/Unit Dose System		▪ Assessment of Bowel Sounds	

▪ IV Cannulation, INT (Hep Locks), IV Pump Set-Up		▪ Post-Abdominal Surgery	
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SKILLS	A	SKILLS	A
▪ Liver Failure		▪ Neuromuscular Diseases (e.g., MS)	
▪ Gallbladder Disease, Cholecystectomy		▪ Post-Myelogram	
▪ Hepatitis		▪ Meningitis	
▪ Appendectomy		10. SKELETAL SYSTEM:	
▪ GI Bleeding		▪ Fractures/Complications: Fat Embolus, etc.	
▪ Post GI Surgery (e.g., Bowel Resection)		▪ Casts & Splints	
▪ Colostomy Care/Pouch Systems		▪ Traction	
▪ Insertion NG Tube		▪ Open/Closed Reductions	
▪ NG Medication Administration, Feedings		▪ Arthroscopic Surgery	
▪ PEG, PEJ Feedings, Gastrostomy Tubes		▪ Hip Replacement/Patient Positioning	
▪ Gastric Decompression, Levin Tube, Gomco		▪ Lumbar Laminectomy /Patient Positioning	
7. GENITOURINARY SYSTEM:		▪ Post-Amputation	
▪ Kidney Stones, Straining Urine		▪ Sports Injuries	
▪ TURP, Continuous Bladder Irrigation		▪ Continuous Passive Movement (CPM)	
▪ Post-Renal Surgery		▪ Trans Epidermal Nerve Stimulator (TENS)	
▪ Nephrostomy Tubes		11. PULMONARY SYSTEM :	
▪ Nephrectomy		▪ Assessment of Breath Sounds	
▪ Patient Undergoing Dialysis		▪ Oxygen Administration: Masks/Nasal Prongs	
▪ A & P Repair		▪ Suctioning	
▪ Hysterectomy		▪ Tracheostomy Care	
▪ UTI, Bladder Infection		▪ Chest Tube/Complications	
▪ Intermittent/Indwelling Catheterization & Care		▪ ARDS	
▪ Ileal Conduit, Suprapubic Catheter		▪ Obstructive Disease: Asthma, Emphysema	
8. MEDICAL:		▪ Pneumothorax	
▪ Fluid & Electrolyte Imbalance, Dehydration		▪ Pneumonia	
▪ Oncological Crisis		▪ Tuberculosis	
▪ Patient Undergoing Chemotherapy/Radiation		▪ Pulmonary Edema	
▪ Post-Tumor Resection		▪ Post-Thoracic Surgery (e.g., Thoracotomy)	
▪ Hickman, Broviac, Groshong Catheters		▪ Lobectomy	
9. NEUROLOGICAL SYSTEM:		▪ Lung Resection	
▪ Neurological Assessment/Checks		12. EYE, EAR, NOSE, THROAT:	
▪ Cerebral Vascular Accident/Complications		▪ Tonsillectomy & Adenoidectomy	
▪ Seizure Disorders/Precautions		▪ Nose Bleeds	

▪ Dementia (e.g., Alzheimer Disease)		▪ Ear Infections, Ear Tubes	
▪ Post-Craniotomy		▪ Radical Neck	
▪ Post-Head Injury (e.g., Concussion)		▪ Cataract Surgery	
▪ Spinal Cord Injury		▪ Glaucoma	
▪ Paralysis		13. COSMETIC/RECONSTRUCTIVE:	
▪ Halo Traction, Crutchfield Tongs		▪ Facelift, Rhinoplasty, etc.	

Signed: _____

Date: _____

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