

# Nurses with Pride and Promise, Inc.

Nursing Staffing Agency

## Psychiatric Nurses Skills Checklist

**\* Denotes required field**

This profile is for use by Psychiatric nurses with more than one year experience in their discipline and specialty. It will not be a determining factor for employment but it may aid in promoting yourself at the Interview.

Please enter your full legal name as it appears on your **Social Security Card**.

**First name\*** \_\_\_\_\_

**Last name\*** \_\_\_\_\_

**Social Security number:**

**Date:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Email:** \_\_\_\_\_

**Please indicate your level of experience**

A. Theory, no practice

C. One - two years experience

B. Intermittent experience

D. Two plus years experience

### A. PSYCHIATRIC

#### 1. Assessment

- |  |   |   |   |   |
|--|---|---|---|---|
| a. Admission                                     | A | B | C | D |
| b. Initial nursing assessment and care plan      | A | B | C | D |
| c. Initial treatment plan                        | A | B | C | D |
| d. Neurological vital signs                      | A | B | C | D |
| e. Nursing diagnoses                             | A | B | C | D |
| f. Nursing reassessment and care planning update | A | B | C | D |
| g. Suicide risk assessment                       | A | B | C | D |

#### 2. Equipment & procedures

- |   |   |   |   |   |
|---|---|---|---|---|
| a. Active participation in multi-disciplinary staffing                | A | B | C | D |
| b. Assist physician in administration of<br>electroconvulsive therapy | A | B | C | D |
| c. Assist with lumbar puncture  | A | B | C | D |
| d. Cardiopulmonary resuscitation                                      | A | B | C | D |
| e. Charge nurse experience  | A | B | C | D |

f. Charting				
(1) Behavioristic	A	B	C	D
(2) Treatment/goal oriented	A	B	C	D
g. Discharge planning	A	B	C	D
h. Electroconvulsive therapy	A	B	C	D
i. Group therapy leader	A	B	C	D
j. Insertion & care of straight and Foley catheter				
(1) Female	A	B	C	D
(2) Male	A	B	C	D
k. Management of drug/alcohol detox symptoms	A	B	C	D
l. Management of assaultive behavior	A	B	C	D
m. Multi-disciplinary treatment team participation	A	B	C	D
n. O <sub>2</sub> therapy & medication delivery systems				
(1) Bag and mask	A	B	C	D
(2) External CPAP	A	B	C	D
(3) Face masks	A	B	C	D
(4) Inhalers	A	B	C	D
(5) Nasal cannula	A	B	C	D
(6) Portable O <sub>2</sub> tank	A	B	C	D
(7) Trach collar	A	B	C	D
o. Oro-naso-pharynx suctioning	A	B	C	D
p. Participation in milieu therapy	A	B	C	D
q. Patient teaching	A	B	C	D
r. Psychiatric emergency response team	A	B	C	D
s. Psychiatric home health	A	B	C	D
t. Rapid tranquilization	A	B	C	D
u. Restraints, application and assessment of				
(1) Ambulatory cuffs	A	B	C	D
(2) Full restraints	A	B	C	D
(3) Wrist restraints	A	B	C	D
v. Telephonic crisis intervention	A	B	C	D
w. Therapeutic communication skills	A	B	C	D
x. Tube feeding	A	B	C	D
3. Care of the patient with:				
a. Alcohol dependency	A	B	C	D
b. Drug dependency	A	B	C	D
c. Electroconvulsive therapy	A	B	C	D
d. Hallucinations	A	B	C	D
e. Manic behavior	A	B	C	D
f. Med-psych patient	A	B	C	D
g. Organic disorder	A	B	C	D
h. Partial hospital/intensive outpatient program patient	A	B	C	D
i. Seclusion and restraints	A	B	C	D
j. Seizure disorder	A	B	C	D
k. Suicidal behavior	A	B	C	D
l. Tracheostomy	A	B	C	D
4. Medications				
a. Administration of oral psychotropic medications	A	B	C	D



**My experience is primarily in:** (Please indicate number of years.)

- Adolescent \_\_\_\_\_ year(s)
- Adult \_\_\_\_\_ year(s)
- Chemical dependency/detox \_\_\_\_\_ year(s)

**Certification:**

Please check the boxes below and indicate the expiration date for each certificate that you have. If you do not know the exact date, please use the last date of the specific month (e.g., 08/31/2003).

- BCLS Exp. date: \_\_\_\_\_ (mm/dd/yyyy)
- MAB Exp. date: \_\_\_\_\_ (mm/dd/yyyy)
- Other (type): \_\_\_\_\_ Exp. date: \_\_\_\_\_ (mm/dd/yyyy)
- Computerized charting system: \_\_\_\_\_ date: \_\_\_\_\_ (mm/dd/yyyy)
- Medication administration system: \_\_\_\_\_ date: \_\_\_\_\_ (mm/dd/yyyy)

The information I have given is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_