

# Nurse Provider Skills Checklist

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Name: \_\_\_\_\_

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

Unit/Specialty: \_\_\_\_\_

Rating Key:

- 1 – Theory Only / No Experience
- 2 – Limited Experience / Needs Supervision
- 3 – Competent / Performs Independently
- 4 – Proficient / Can Teach Others

## **Assessment Skills**

Initial Patient Assessment [ ] 1 [ ] 2 [ ] 3 [ ] 4

Focused Physical Exam [ ] 1 [ ] 2 [ ] 3 [ ] 4

Neurological Assessment [ ] 1 [ ] 2 [ ] 3 [ ] 4

Cardiovascular Assessment [ ] 1 [ ] 2 [ ] 3 [ ] 4

Pulmonary Assessment [ ] 1 [ ] 2 [ ] 3 [ ] 4

GI/GU Assessment [ ] 1 [ ] 2 [ ] 3 [ ] 4

Skin and Wound Assessment [ ] 1 [ ] 2 [ ] 3 [ ] 4

Pain Assessment [ ] 1 [ ] 2 [ ] 3 [ ] 4

## **Clinical Procedures**

Central Line Care (PICC, Port, etc.) [ ] 1 [ ] 2 [ ] 3 [ ] 4

Wound Care/Dressing Changes [ ] 1 [ ] 2 [ ] 3 [ ] 4

Suture/Staple Removal [ ] 1 [ ] 2 [ ] 3 [ ] 4

Administering Injections (IM, SubQ) [ ] 1 [ ] 2 [ ] 3 [ ] 4

Specimen Collection (Blood, Urine, Swabs) [ ] 1 [ ] 2 [ ] 3 [ ] 4

## **Medication Administration**

Oral Medications [ ] 1 [ ] 2 [ ] 3 [ ] 4

IV Push Medications [ ] 1 [ ] 2 [ ] 3 [ ] 4

IV Infusions (Pumps and Gravity) [ ] 1 [ ] 2 [ ] 3 [ ] 4

Subcutaneous and IM Medications [ ] 1 [ ] 2 [ ] 3 [ ] 4

Vaccinations [ ] 1 [ ] 2 [ ] 3 [ ] 4

## **Emergency Skills**

Basic Life Support (BLS) [ ] 1 [ ] 2 [ ] 3 [ ] 4

Recognizing and Responding to Deteriorating Patients [ ] 1 [ ] 2 [ ] 3 [ ] 4

Oxygen Administration [ ] 1 [ ] 2 [ ] 3 [ ] 4

## **Documentation & Communication**

Electronic Health Record Documentation [ ] 1 [ ] 2 [ ] 3 [ ] 4

Reporting to Providers/Physicians [ ] 1 [ ] 2 [ ] 3 [ ] 4

Care Plan Development [ ] 1 [ ] 2 [ ] 3 [ ] 4

Patient and Family Education [ ] 1 [ ] 2 [ ] 3 [ ] 4

SBAR Communication [ ] 1 [ ] 2 [ ] 3 [ ] 4

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

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

Reviewed by: \_\_\_\_\_

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