

Nurse Provider Skills Checklist

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: _____