Registered Nurse (RN) Skills Checklist

Electronic Signature Click here to enter text. Date Click here to enter text.

Rank each skill correspond to your level of experience.

1. No experience
2. Minimal experience – requires supervision/assistance
3. Moderately experienced – requires initial review, then performs independently
4. Very experienced
5. Physical Assessment Skills

Vital signs Choose an item.

Auscultation heart/lungs Choose an item.

Peripheral pulse check Choose an item.

Bowel sounds Choose an item.

Neuro check Choose an item.

1. Medication Administration

PO Choose an item.

IV Choose an item.
IM Choose an item.

Topical Choose an item.

SQ Choose an item.

Intradermal Choose an item.

First line emergency medications Choose an item.

Cardiac Medications Choose an item.

Antibiotic therapy Choose an item.

Pulmonary Medications Choose an item.

Neurological Medications Choose an item.

Blood/Blood products Choose an item.

Chemotherapy Choose an item.

PICC lines Choose an item.

IV catheters Choose an item.

1. Phletobotmy/IV therapy

Administration of blood/blood products Choose an item.

Drawing blood from central line Choose an item.

Drawing venous blood Choose an item.

Starting IVs Choose an item.

Central Line/Catheter/Dressing Choose an item.

Peripheral Line/Dressing Choose an item.

1. Pain Management

Assessment of pain level/tolerance Choose an item.

Assessment, care of the patient with:

 Epidural anesthesia/analgesia Choose an item.

 IV conscious sedation Choose an item.

 Narcotic analgesia Choose an item.

 Patient controlled analgesia Choose an item.

1. Interpretation of Lab Results

Blood chemistry Choose an item.

Blood Gases Choose an item.

Culture/Sensitivity Reports Choose an item.

Urinalysis Choose an item.

1. Equipment and Procedures

Isolation techniques Choose an item.

Restraints Choose an item.

Safety Choose an item.

Infusion Pumps Choose an item.

Blood Glucose Monitoring Choose an item.

Suctioning – oral Choose an item.

Suctioning – nasotracheal Choose an item.

O2 Therapy Choose an item.

EKG Choose an item.

Feeding Pumps Choose an item.

Catheters – foley Choose an item.

Doppler Choose an item.

Dressing Changes Choose an item.

Wet to Dry Dressing Choose an item.

Surgical Wound Choose an item.

Burn Care Choose an item.

Crash Carts Choose an item.

How many years of experience you have had working with the following age groups?

 Newborns/infants Click here to enter text.

 Children/adolescents Click here to enter text.

 Young Adults Click here to enter text.

 Adults Click here to enter text.

 Older Adults Click here to enter text.

How many years have you been a nurse? Click here to enter text.

Do you have any areas of expertise? Click here to enter text.