

TAWAM HOSPITAL – DEPARTMENT OF NURSING
SKILLS CHECKLIST FOR SMU

Name of Candidate: _____ Date: _____

SKILL	No Experience	Novice	Advanced Beginner	Competent	Proficient	Expert
5. The preparation/administration of Cytotoxic medications for:						
» IV use						
» IM use						
6. The action, contraindications and side effects of medications in common use.						
7. Calculation of drug dosage						
8. Medical terminology, e.g. atineoplastic, oxytoxic, hypnotic etc						
9. Universal precautions						
10. Care of the Patient with:						
» Decubitus Ulcer						
» External urinary drainage						
» Indwelling urinary catheter						
» Bladder irrigation						
» Colostomy, ileostomy						
» Casts						
» Nasogastric and gastrostomy feeding tubes						
» Tracheostomy						
» Wound drainage						
» Humidification mask						
» Underwater seal or suction chest drainage						
» O ₂ by mask, catheter						
» Ventolin inhalations						
» Sterile dressings:						
▪ Abdominal						
▪ Ear, nose						
▪ Eye						
▪ Vaginal, rectal						
» Central Venous line						
» Hickman, portacath						
» Total parenteral nutrition						
» I.V infusion via volumetric and eristaltic pumps (Ivac)						
11. Psychological assessment						
12. Physical assessment						
13. Neurological assessment						
14. Teaching of patient, relative						
15. Isolation technique						
16. Removal of sutures, clips						

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SKILL	No Experience	Novice	Advanced Beginner	Competent	Proficient	Expert
17. Collection of specimens						
» Urine						
» Blood						
» Stool						
18. Insertion of feeding tubes						
19. Insertion of urinary catheters						
20. Assisting with the insertion and removal of:						
» Chest tubes						
» Lumbar puncture devises						
» Central venous lines						
» Bone marrow biopsy						
» Endotracheal tubes						
21. Cardio pulmonary resuscitation						

This skills list is part of the successful applicant’s orientation package within the unit. False representation of information WILL result in a review of the applicant’s contractual status.

I certify that the information given above is an accurate account of my proficiency.

Signed _____

Date _____

Print name _____