

SAN MATEO MEDICAL CENTER INPATIENT PSYCHIATRIC UNIT KNOWLEDGE AND SKILLS CHECKLIST REGISTERED NURSE

REGISTRY NURSE NAME**TITLE****DATE**

INSTRUCTIONS:

Please check the appropriate column that best describes your experience level for each knowledge competency and skill.
Choose 1 for Limited Experience through 4 for Very Experienced.
Evaluate yourself based on experiences within the last two years.

Name: _____

Self-Assessed Experience Rating Scale

Limited Experience 1 2 3 4 Very Experienced

	1	2	3	4
Assessment & Care Of Patient W/ Or Requiring:				
1. Angina				
2. Asthma				
3. Cardiac Arrest				
4. COPD				
5. Delirium Tremens				
6. Diabetes Insipidus				
7. Diabetes Mellitus				
8. GI Bleeding				
9. HIV/AIDS				
10. Hyperthyroidism				
11. Hypothyroidism				
12. Paralytic Ileus				
13. Pinned Fractures (Signs & Symptoms)				
14. Pneumonia (Signs & Symptoms)				
15. Seizures				
16. Tuberculosis				
17. Urinary Tract Infection				
18. Mood Disorders				
19. Thought Disorders				
20. Personality Disorders				
21. Behavior Disorders				
22. Organic Brain Disorders				
23. Substance Abuse and Detoxification Protocols				
24. Clozaril Bowel Protocol				
25. Extra pyramidal Symptoms				
26. Suicide/Self-harm Potential				
SKILLS				
1. Admission and Discharge Process				
2. Brace/Splint Application				
3. Cast Care				
4. Incentive Spirometry				
5. Interpretation of Lab Results				
a. Blood Chemistry				

Name: _____

Self-Assessed Experience Rating Scale

Limited Experience 1 2 3 4 Very Experienced

	1	2	3	4
b. CBC				
c. Cultures				
d. Electrolytes				
6. Isolation Procedures				
7. Neurological Assessment/Mental Status Exam				
8. Nursing Assessment Care Planning				
9. Oxygen Therapy Administration				
a. Bag & Mask				
b. External CPAP				
c. Nasal Cannula				
10. Physical Assessment				
11. Setting Therapeutic Limits, teaching				
12. Restraints				
a. Application of leather and Velcro Restraints				
b. Care of patient in Seclusion & Restraints				
c. The use of Least restrictive Measures in determining the need for S & R				
13. Specimen Collection				
a. Cultures				
b. Sputum				
c. Urine				
• Catheter				
• Clean Catch Mid-Stream				
14. Temperature				
a. Oral				
b. Axillary				
15. Vital Signs				
16. Wound/Ostomy Care				
a. Colostomy site care/bag change				
b. Decubitus Ulcers				
c. Ileostomy site care/bag change				
d. Sterile Dressing changes				
MEDICATIONS				
1. Albuterol (Ventolin)				
2. Antibiotics				
3. Anticoagulants				
4. Anticonvulsants				
5. Antihypertensive				
6. Corticosteroids				
7. Digoxin				
8. Heparin				
9. Insulin				
10. Lasix				
11. Nitroglycerine				
12. Oral Hypoglycemics				
13. Thyroid Replacement				
14. Anti-depressants (Prozac, Paxil, Lexapro, Wellbutrin, Effexor) general knowledge of SSRI's, MAOI's, tricyclics, Selective Serotonin Syndrome				
15. Anxiolitics (Ativan, Klonopin, Vistaril, Valium, Librium)				
16. Mood Stabilizers (Lithium, Depakote, Neurontin, Topamax, Lamicalat, Tegretol)				
17. Anti-side effect medication (Cogentin, Benadryl, Artane, Symmetrel, Inderal)				
18. Typical Antipsychotics and Side Effects (Thorazine, Haldol, Prolixin (and Decanoate)				
19. Atypical or Novel Antipsychotics (Risperidol, Zyprexa (& Zydys), Seroquel, Geodon, Clorazil, Abillify)				
20. Miscellaneous (Trazodone, Luvox, Sonata, Restoril)				
21. Delivery Method				

Name: _____

Self-Assessed Experience Rating Scale

Limited Experience 1 2 3 4 Very Experienced

	1	2	3	4
a. Eye/Ear instillations				
b. IM Injections				
c. Meter dosed inhalers				
d. Oral				
e. Subcutaneous injections				
f. Z track injections				
PAIN MANAGEMENT				
1. Pain Level Assessment				
2. Special Considerations in Pain Assessment in Psychiatric Patients				
3. Pain Management in the Addicted Patient				
4. Care of Patient with:				
a. Narcotic Agents				
b. Non-narcotic Agents				
EQUIPMENT				
1. Glucometer				
2. Dynamap				
3. Oxygen Flow Meter				
4. Pulse Oximetry				
5. Leather Restraints				
6. Chair and Bed Alarms				

AGE APPROPRIATE NURSING CARE

Please check the appropriate box(es) for each age group and activity for which you have had experience within the last year.

Age Specific Experiences	Young Adult (19-39 yrs)	Middle Adults (40-64 yrs)	Older Adults (65+ yrs)
1. Understands the normal growth and development for each age group and adapts care accordingly.			
2. Understands the different communication needs for each age group and changes communication methods and terminology accordingly.			
3. Understands the different safety risks for each age group and alters the environment accordingly.			
4. Understands the different medications, dosages and possible side effects for each age group and administers medications appropriately.			

The information I have provided in this knowledge and skills checklist is true and accurate to the best of my knowledge.

Signature

Date