



Please Complete and Fax to: 800-807-1963

Or mail to:

Medical Staffers, LLC  
910 Brooks St.  
Missoula, MT 59801

Questions? 800-393-1559

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

### PSYCHIATRIC NURSING SKILLS CHECKLIST

The following checklist is used to assess your experience and skills and help us place you in the proper assignment. Please provide an accurate self-assessment of your skills using the following guidelines:

1. No experience
2. Limited Experience
3. Experienced
4. Highly Skilled
5. Able to teach and supervise

PSYCHIATRIC	1	2	3	4	5
<b>ASSESSMENT</b>					
Admission					
Initial Nursing Assessment and Care Plan					
Initial Treatment Plan					
Neurological Vital Signs					
Nursing Diagnoses					
Nursing Reassessment and Care Planning					
Suicide Risk Assessment					
<b>EQUIPMENT AND PROCEDURES</b>					
Active Participation in Multi-Disciplinary Staffing					
Assist Physician in Administration of Electroconvulsive					
Assist with Lumbar Puncture					
Cardiopulmonary Resuscitation					
Charge Nurse Experience					
Charting					
Behavioristic					
Treatment/Goal Oriented					
Discharge Planning					
Electroconvulsive Therapy					
Group Therapy Leader					
Insertion & Care of Straight and Foley Catheter					
Female^					
Male					
Management of Drug/Alcohol Detox Symptoms					
Management of Assaultive Behavior					
Multi-Disciplinary Treatment Team					
O2 Therapy & Medication Delivery Systems					
Bag and Mask					
External Cpap					
Face Masks					
Inhalers					
Nasal Cannula					
Portable O2 Tank					
Trach Collar					
Oro-Naso-Pharynx Suctioning					
Participation in Milieu Therapy					
Patient Teaching					
Psychiatric Emergency Response Team					
Psychiatric Home Health					
Rapid Tranquilization					
Restraints, Application and Assessment of					
Ambulatory Cuffs					

PSYCHIATRIC - CONTINUED	1	2	3	4	5
<b>EQUIPMENT AND PROCEDURES</b>					
Full Restraints					
Wrist Restraints					
Telephonic Crisis Intervention					
Therapeutic Communication Skills					
Tube Feeding					
<b>CARE OF PATIENTS WITH</b>					
Alcohol Dependency					
Drug Dependency					
Electroconvulsive Therapy					
Hallucinations					
Manic Behavior					
Med-Psych Patient					
Organic Disorder					
Partial Hospital/Intensive Outpatient Program					
Seclusion and Restraints					
Seizure Disorder					
Suicidal Behavior					
Tracheostomy					
<b>MEDICATIONS</b>					
Oral Psychotropic Medications					
Heparin					
Intramuscular					
Management of Extrapyrimal Symptoms					
Oral					
Rectal.					
Sub-Q					
Unit Dose					
Z-Technique					

PHLEBOTOMY / IV THERAPY	1	2	3	4	5
<b>EQUIPMENT AND PROCEDURES</b>					
Administration of Blood/Blood Products					
Packed Red Blood Cells.					
Whole Blood					
Drawing Blood From Central Line					
Drawing Venous Blood					
Management of Patient w/ Hyperalimentionation					
Management of Patient w/IV					
Starting IVs					
Angiocath					
Butterfly					
Heparin Lock					

## PSYCHIATRIC NURSING SKILLS CHECKLIST

**Age Appropriate Care:** The ability to adapt care to incorporate normal growth and development, adapt method and terminology of client instructions as it relates to the age and comprehension level of the client, and to ensure a safe environment - reflecting specific needs of the client and various age groups.

AGE	1	2	3	4	5
Newborn (birth- 30 days)					
Infant (30 days-1 year)					
Toddler (1-3 years)					
Preschooler (3- 5 years)					
School Age (5 -12 years)					
Adolescents (12-18 years)					
Young Adults (18-39 years)					
Middle Adults (39-64 years)					
Older Adults (64+ years)					

The information I have provided above is true and accurate to the best of my knowledge, and I hereby authorize Medical Staffers, LLC to release this checklist to any potential employer that is contracted with Medical Staffers, LLC.

Employee Signature \_\_\_\_\_

Name and Title (please print) \_\_\_\_\_

Date \_\_\_\_\_