



PACU Skills Checklist

Name: _____

Date: _____

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (✓) in the appropriate box.

1 = No experience; Theory/observed only.

2 = Familiar with. You are familiar with the task, but you would need more experience and practice to feel comfortable and proficient in this type of skill.

3 = Experienced in. You have performed this task several times and feel comfortable functioning independently, but would require a resource person to be nearby.

4 = Expert. You have performed this skill frequently and feel comfortable and proficient. You would not require supervision or practice.

| Skill Level | 1 | 2 | 3 | 4 |
|---------------------------------|---|---|---|---|
| Airway Maintenance | | | | |
| Assist with extubation | | | | |
| Assist with intubation | | | | |
| Chin lift | | | | |
| Insertion of nasal airway | | | | |
| Insertion of oral airway | | | | |
| Jaw thrust | | | | |
| Removal of nasal or oral airway | | | | |
| Use of pulse oximeter | | | | |
| CARDIAC SYSTEM | | | | |
| Arrhythmia analysis | | | | |
| Auto blood pressure cuff | | | | |
| Cardiac monitors | | | | |
| Care of patient with pacemaker | | | | |
| CPR/Cardiac Arrest | | | | |
| Defibrillation/Cardioversion | | | | |
| Pulmonary artery catheter | | | | |
| Swan Ganz | | | | |
| Equipment Used | | | | |
| O2 setups | | | | |
| a. Cannulas | | | | |
| b. Face tents | | | | |
| c. Mask | | | | |
| 1. Aerosol | | | | |
| 2. Non-rebreather | | | | |
| 3. Venit | | | | |
| Suction setups | | | | |
| a. Continuous | | | | |
| b. Intermittent | | | | |
| Gastrointestinal System | | | | |
| Enterostomy care | | | | |
| Gastrostomy/Jejunostomy | | | | |
| Liver transplants | | | | |
| N/G tube insertion | | | | |

| Skill Level | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Genitourinary System | | | | |
| Electrolyte imbalance/replacement | | | | |
| Foley catheter insertion | | | | |
| GU irrigation | | | | |
| Nephrostomy/suprapubic tubes | | | | |
| Renal transplant | | | | |
| TURP | | | | |
| Neurological System | | | | |
| Administration of anticonvulsants meds | | | | |
| Administration of steroids | | | | |
| Assess level of consciousness | | | | |
| Care of post-op craniotomy | | | | |
| Intracranial pressure monitoring | | | | |
| Seizure precautions | | | | |
| Orthopedic System | | | | |
| Care of post-op total joint replacement | | | | |
| Cast care | | | | |
| Circulation assessment | | | | |
| CPM (Continuous passive motion) | | | | |
| Skeletal traction | | | | |
| Pulmonary System | | | | |
| Arterial line | | | | |
| D/C | | | | |
| Assist with arterial line insertion | | | | |
| Care of patients with: | | | | |
| a. Ambu bag | | | | |
| b. Chest tubes | | | | |
| c. ETT | | | | |
| d. NIT | | | | |
| e. Tracheostomy | | | | |
| f. Ventilator | | | | |
| Draw blood from arterial line | | | | |
| Interpret ABG results | | | | |
| Osculate lung sounds | | | | |

| Pulmonary System cont... | | | | |
|---|--|--|--|--|
| Suctioning | | | | |
| a. Oral | | | | |
| b. Nasal | | | | |
| c. Tracheal | | | | |
| Pain Management | | | | |
| Administration of IV sedation | | | | |
| a. Fentanyl | | | | |
| b. Meperidine | | | | |
| c. Morphine | | | | |
| Assess epidural anesthesia level | | | | |
| Assess spinal anesthesia level | | | | |
| Assist with epidural catheter insertion | | | | |
| Use of a PCA pump | | | | |
| Use of Pyxis | | | | |
| Vascular System | | | | |
| Administration of blood & blood products | | | | |
| Assist with central line insertion | | | | |
| Auto infusion pumps | | | | |
| Care of Hypovolemic patient | | | | |
| Care of post-op abdominal aortic aneurysm patient | | | | |
| Care of post-op vascular patient | | | | |
| Draw blood from central line | | | | |
| Interpret serum lab values | | | | |
| Maintenance of central line | | | | |
| Start IV's | | | | |
| Use of Doppler | | | | |
| a. Assess extremities for | | | | |
| 1. Color | | | | |
| 2. Sensory | | | | |
| 3. Temperature | | | | |
| b. Assess extremities for | | | | |

| Miscellaneous | | | | |
|---|--|--|--|--|
| Care of patient with: | | | | |
| a. HIV/AIDS | | | | |
| b. Hypothermic | | | | |
| c. Latex allergy | | | | |
| d. Malignant hyperthermia | | | | |
| Post-op multiple trauma | | | | |
| Use of: | | | | |
| a. Anti-emetic drugs | | | | |
| b. Reversal drugs | | | | |
| c. Warming blankets | | | | |
| Age Appropriate Care | | | | |
| Newborn (Birth-30days) | | | | |
| Infant (30 Days – 1 year) | | | | |
| Toddler (1-3 years) | | | | |
| Preschooler (3-5 years) | | | | |
| School Age (5-12 years) | | | | |
| Adolescents (12-18 years) | | | | |
| Young Adult (18-39 years) | | | | |
| Middle Adult (39-64 years) | | | | |
| Older Adult (64 + years) | | | | |
| EMR | | | | |
| Allscripts | | | | |
| Cerner | | | | |
| Epic | | | | |
| HomeCare Home Base | | | | |
| McKesson | | | | |
| Meditech | | | | |
| Other Computerized Documentation System | | | | |

Please list any areas of expertise below:

I hereby certify that ALL information I have provided to Wellspring Nurse Source on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature: _____ Date: _____