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**RN SKILLS ASSESSMENT**

|  |  |
| --- | --- |
| 1 | = Unable to Perform Skill Independently |
| 2 | = Requires Assistance to Perform Skill |
| 3 | = Performs Skill Independently |
| 4 | = Validated through Observation by Preceptor |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * Universal Precautions
 | 1 | 2 | 3 |

|  |
| --- |
|  4 / Date |

 |
| * IV Site Care
* Peripheral
* Midline
* PICC
* Central Lines
* Port/Passport
* External Epidural Catheters
 | 1 | 2 | 3 |

|  |
| --- |
|  4 / Date |

 |
| * IV pumps
* CADD
* Curlin
* Other
 | 1 | 2 | 3 |

|  |
| --- |
| 4 / Date |

 |
| * Venous Access
* Peripheral IV
* Midline
* Access port
 | 1 | 2 | 3 |

|  |
| --- |
| 4 / Date |

 |
| * Venipuncture
 | 1 | 2 | 3 |

|  |
| --- |
| 4 / Date |

 |
| * Blood Sampling from Central Lines
 | 1 | 2 | 3 |

|  |
| --- |
| 4 / Date |

 |
| * Refill Epidural Implanted Pumps
 | 1 | 2 | 3 |

|  |
| --- |
| 4 / Date |

 |
| * Method of IV Administration
* Pumps
* Gravity Controller
* IV Push
 | 1 | 2 | 3 |

|  |
| --- |
| 4 / Date |

 |
| * Medication Administration
* Anti-infectives
* Narcotics
* 5FU
* Other Chemotherapy
* TPN
* Hydration
* IVIG
* Other Medication
 | 1 | 2 | 3 |

|  |
| --- |
| 4 / Date |

 |
| * Patient / Caregiver Teaching
 | 1 | 2 | 3 |

|  |
| --- |
| 4 / Date |

 |
| * Demonstrates knowledge in proper identification and reporting of medical/health care errors
 | 1 | 2 | 3 |

|  |
| --- |
| 4 / Date |

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Note: Skills must be validated at least once before independently performing on client. Central IV site care/maintenance must be reviewed annually.

**Comments:**

RN Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_