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**RN SKILLS ASSESSMENT**

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| --- | --- |
| 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 | |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_