

Skills Self Assessment  
**EMERGENCY DEPARTMENT**



Please indicate your level of experience (1, 2, or 3.) One year experience in profiled specialty required.

**1. Limited** - Less than one year    **2. Experienced** - One to Two years    **3. Independent** - Two or more years

<b>CARDIOVASCULAR</b>	1	2	3
Acute MI, Angina,			
Arrhythmia assess / treat			
Arterial /CVP			
Bacterial Endocarditis			
Cardiac / Monitoring asses			
Cardiac Arrest resuscitation			
Cardioversion/Defibrillation			
CHF			
EKG 12 lead_obtain/interpret			
Open Chest Heart Massage			
PA Cath/Swan Ganz			
Pacemaker (assist)			
Thrombosis therapy			
<b>GASTROINTESTINAL</b>	1	2	3
Abdominal Trauma			
Abdominal/GI Tubes			
Acute Abdominal Pain/Disorders			
Gastric Lavage			
GI Bleed			
Hepatitis			
Liver Cirrhosis Failure			
NG Tube			
Pancreatitis			
<b>NEUROLOGICAL</b>	1	2	3
Aneurysm			
Coma			
CVA			
DT's / Overdose			
Encephalitis			
ICP Monitoring			
Lumbar Punctures			
Meningitis			
Neuro Injuries Trauma			
Neuro Muscular Illness			
Seizures			
Shunts			
Skull Fractures			
Spinal Cord Injuries			
<b>WOMEN'S HEALTH</b>			
Abruptio Placenta			
Hemorrhage			
Placenta Previa			
Precipitous Delivery			
Preeclampsia Eclampsia			
Rape			
Spontaneous Abortion			

<b>ORTHOPEDICS</b>	1	2	3
Appliances application			
Fracture/Dislocation Care			
Amputation			
Osteoporosis			
<b>PEDIATRICS</b>	1	2	3
Abuse recognize/report			
Burns Pediatric			
Consent to treat			
Epiglottitis			
Lab Values / obtaining			
Medications / Calculations			
Near Drowning			
Ped arrest / resuscitation			
Poison Ingestion / Overdose			
Sexual Abuse			
Status asthmaticus			
Status epilepticus			
Violent Neglect			
<b>PSYCHIATRIC</b>	1	2	3
Crisis Intervention			
Medications			
Overdose Patients			
Patient's Rights / Restraints			
Suicide Patients/Precautions			
<b>RENAL/GU</b>	1	2	3
Acute/Chronic Renal Failure			
Peritoneal Lavage			
Renal trauma			
Urinary tract infection			
<b>RESPIRATORY</b>	1	2	3
Asphyxiation /Near drowning			
C.O.P.D.			
Chest Tube/Drains			
Drainage Systems			
Inhalation Injuries			
Intubation / Extubation			
O2, Ambu, Cylinders,			
Oral Airway			
Pneumothorax			
Pulmonary Edema			
Pulmonary Embolism			
Suction_ Oral, Nasal, Trach			
Tracheostomy			
Ventilator			
Tuberculosis			
Status Asthmaticus			

<b>TRAUMA</b>	1	2	3
Air Transportation trauma			
Amputation traumatic			
Bites_Animal/Human			
Burns Adult			
Champion Trauma Score			
Electrocution			
Ground transportation			
Gunshot / Stab wounds			
Hazardous Material Exposure			
Heat Exhaustion/Stroke			
Hypothermia			
MAST suit			
Poison Index			
Radiation Exposure			
Shock_Anaphylactic			
Shock_Cardiogenic			
Shock_Hypovolemic			
Shock_Neurogenic			
Shock_Septic			
Triage			
<b>OTHER</b>	1	2	3
Abuse / Neglect			
AIDS Care			
Communicable Disease			
Conscious Sedation			
Diabetes / Care			
Infectious Disease			
Ketoacidosis, Coma			
Level 1 Trauma Center			
Level II Trauma Center			
Medications / Calculations			
Pain Assess / Manage			
Sterile Technique			
Teaching Institution			
Teaching Pt/Others			
Wound / Dressing Care			
<b>PROCEDURES</b>	1	2	3
ABG (Artery & A line)			
Alarm resolution			
AMA procedures			
Blood/Blood Products Admin			
Catheter Care/Insertion			
Consent treatment all ages			
Disasters			
Isolation / Reverse Isolation			
IV's, Hep Locks			
Lab_Obtain/Interpret			
Latex Allergy Guidelines/Procedure			
O2 Saturations / Oxygen Therapy			
Restraints			
Specimen collection			
Surgery Pre / Post			
System assessment			
Universal Precautions			

I attest the information submitted is true and accurate to the best of my knowledge.

Date: \_\_\_\_\_

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_