



PSYCHIATRIC SKILLS CHECKLIST

Name _____ Date _____

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your **experience/expertise** in each area listed below.

1=Never Performed 2=Limited Experience 3=Comfortable Performing 4=Proficient

CARE OF PATIENTS WITH	1	2	3	4	PROCEDURES/SKILLS	1	2	3	4
Affective Disorders					c. IV site maintenance				
Alcohol Dependency					d. Hyperalimentation infusion				
Bipolar Disorder					e. Saline/Heparin Lock				
Delirium Tremens					f. Blood/Blood Product Infusions				
Detoxification					g. Venous Blood Draw				
Drug Dependency					Isolation Procedures				
Dual Diagnosis					Locked Unit Routine				
Eating Disorders					Lumbar Puncture - assist				
Electroconvulsive Therapy					Milieu Therapy				
Extrapyramial Syndrome					NG Tube Insertion/Care				
Hallucinations					Open Unit Routine				
Medical-Psychiatric Disorder					Oxygen Therapy Administration				
Necroleptic Malignant Syndrome					a. Face mask				
Obsessive-Compulsive Disorder					b. Nasal Cannula				
Organic Disorder					c. Bag & Mask				
Schizoaffective Disorder					d. Portable O ₂ tank				
Schizophrenia					Patient Teaching (Group)				
Seizure Disorder					a. Anger Management				
Suicidal Behavior					b. Cognitive Behavioral Therapy				
Tardive Dyskinesia					c. Depression Education				
Violent/Assaultive Behavior					d. Dialectical Behavioral Therapy				
MEDICATION ADMINISTRATION					e. Discharge Issues				
Antianxiety agents					f. Family Education				
Antidepressants					g. Medication Education				
Antipsychotics					h. Relapse Prevention				
CNS Stimulants					I. Relaxation Techniques				
Hypnotics					Psychotherapy				
Insulin					a. Group				
Mood Stablizers					b. Individual				
PROCEDURES/SKILLS					Rapid Tranquilization				
Assaultive Behavior Management					Restraints				
Behavior Modification Techniques					a. Wrist				
Contraband Search					b. Full (4 point)				
Diabetic Patient Care					c. Chemical				
Electroconvulsive Therapy - assist					d. Leather				
Elopement Precautions					Seclusion Procedures				
Foley Catheter Insertion/Care					Suctioning				
a. Male					a. oropharyngeal				
b. Female					b. nasopharyngeal				
Intravenous Therapy					Suicide Prevention				
a. Angiocath insertion					Time-Out/Quiet Time Management				
b. Butterfly insertion					Tube Feedings				

Name _____

ASSESSMENT/OTHER	1	2	3	4
Admission of patients to unit				
Care Planning				
Charge Nurse responsibilities				
Computerized Charting				
CPR				
Neurological Assessments				
Universal Precautions				
Vital Signs				
Pediatric Patients				
Adolescent Patients				
Adult Patients				
Geriatric Patients				

PAIN MANAGEMENT	1	2	3	4
Pain assessment using pain scales				
Narcotic Agents				
Non-narcotic agents				
Non-pharmacological measures				
EQUIPMENT				
Automated Med. Dispensing Systems				
Automatic BP cuffs				
Glucometer/Accucheck				
Pulse Oximetry				
IV Infusion Pumps (Specify Brands)				
-				
-				

Do you speak any languages other than English? (circle) YES NO

If yes, which language(s)? _____

Age Specific Skills	Neonates (0-30 days)	Infants (1 mo- 1 yr)	Toddlers (1-3 yrs)	Preschool (4-6 yrs)	School Age (7-12 yrs)	Adolescent (13-18 yrs)	Young Adult (19-39 yrs)	Middle Adults (40-64 yrs)	Older Adults (65+ yrs)
Check the box under EACH age group that you have experience with and are comfortable with for each skill below.									
Understands the different communications needs for the age group & changes communication methods and terminology accordingly									
Understands the different medications, dosages and possible side effects for the age group and administers medications appropriately									
Understands the different safety risks for the age group and alters the environment accordingly									
Understands the normal growth and development for the age group and adapts care accordingly									

I hereby certify that ALL information I have provided to Emerald, on this skills checklist and all other documentation, 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 _____

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