



## HSI SKILLS ASSESSMENT - Medical/Surgical

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Answer the following questions indicating with a check mark ✓ the skill level that best applies:

**SKILL LEVEL KEY:** **0=No Experience;** never done or dealt with, **1=Minimal;** requires supervision, performed once, **2=Competent;** can perform safely and independently, **3=Expert;** able to teach skill

		0	1	2	3
<b>GENERAL</b>					
1)	Skin integrity/ protection of				
2)	Range of motion				
3)	Charting (Focus)				
4)	Use of patient lifting devices				
<b>PATIENT AND FAMILY TEACHING</b>					
1)	Diabetes				
2)	Colostomy/ Ileostomy				
3)	Nutrition				
4)	Skin Care				
<b>CARDIOVASCULAR</b>					
1)	Directing CPR Team				
2)	Cardio Pulmonary Arrests\ Management				
3)	Care of Pacemaker Patient				
4)	Pre/Post-op Angioplasty				
5)	Care of 48+hr Post-op Open Heart Patient				
6)	Post-op Vascular Patients (as in Aneurysms)				
7)	Angina (Acute or Chronic)				
8)	Ability to interpret Cardiac Rhythms				
9)	Patients with Central Lines				
10)	Assessing Abnormal Heart Sounds				
11)	Assessing and Treating Orthostatic Hypotension				
<b>PULMONARY</b>					
1)	Assessing Chest Sounds				
2)	Administering Oxygen (Nasal, Mask, Canula)				
3)	Assisting with Set-up and Maintentaning Chest Tubes				
4)	Using Oxygen Saturation Monitor				
5)	Using Chest Drainage Systems				
6)	Caring for Patients with Pulmonary Emboli				
7)	Caring for Patients with Tracheostomy				
8)	Changing Tracheostomy				
9)	Nasal Tracheal suctioning				

		0	1	2	3
<b>PULMONARY (continued)</b>					
10)	Pre/Post Thoracic Surgery				
11)	Instructing Patient in use of Incent. Spirometer				
12)	COPD				
13)	CHF				
14)	Asthma				
<b>ENDOCINE</b>					
1)	Caring for Diabetic Patient				
2)	Checking Capillary Blood Glucose				
3)	Hormone Therapy				
<b>ONCOLOGY</b>					
1)	Standard Precautions				
2)	Caring for AIDS Patient				
4)	Mixing and Administering Chemo Agents				
<b>GASTROINTESTINAL</b>					
1)	Inserting and Maintaining NG Feeding Tubes				
2)	Administering Feeding Tubes				
3)	Checking Tube Feeding and NG Tube Placement				
4)	Inserting and Maintaining Continuous Suction NG Tubes				
5)	Caring for Acute GI Bleed				
6)	Managing Abdominal Wounds				
7)	Pre/Post-Op GI Surgery				
8)	Stools Tests				
9)	Assessing Bowels Sounds				
10)	Ileostomy/Colostomy Care				
11)	Obtaining Culture Samples for Bacterial, Viral Studies				
12)	Nasal Washing for ILI				
13)	Caring for Patient on Total Parenteral Nutrition				
<b>GENTOURINARY/ RENAL</b>					
1)	Inserting/ Maintaining Urinary Catheters				
2)	Caring for Patient with Acute Renal Failure				
3)	Caring for Patient with Chronic Renal Failure				
4)	Caring for Post Renal/ Genitourinary Surgery				
5)	Caring for Patient with Post Peritoneal Dialysis				
6)	Caring for Patient with Post Hemodialysis				
7)	Collecting Urine Specimens				
8)	Managing Urostomy				
9)	Managing Suprapubic Catheter				

		0	1	2	3
<b>NUROLOGY</b>					
1)	Neuro Vital Assessment				
2)	Seizure Precations				
3)	Managing Halo Traction				
4)	Caring for Patients with Spinal Cord Injury				
5)	Pre/ Post Neurological Surgery				
6)	Caring for Patients with:				
7)	Degenerative Diseases of the Nervous System				
8)	Drug Overdoses				
9)	Head Injury				
10)	Cerebral aneurysm				
11)	Chronic CVA/ TIA				
12)	Managing Patient with Epidurl Catheter				
<b>MUSCULOSKELETAL</b>					
1)	Caring for Patients with:				
2)	Braces				
3)	Casts				
4)	Collars				
5)	Slings/Sprints				
6)	Skeletal and Skin Traction				
7)	Traction				
8)	Using TENS Unit				
9)	Crutch Walking/Walkers				
10)	Total Knee Replacement				
11)	Total Hip Replacement				
12)	Athroscopy/ Athrotomy				
13)	Amputation				
14)	Caring for Patient on Continuous Passive Motion				
<b>MISCELLANEOUS</b>					
1)	Administering Blood and Blood Products				
2)	Caring for Drains and Tubes (i.e. Hemovac)				
3)	Establishing IV's				
4)	Obtaining Peripheral Venous Blood				
5)	Monitoring and assessing I and O				
6)	Performing Complex Dressing Changes				
7)	Using PCA Systems				
8)	Using SCD or Venidyne Devices				
9)	Using PICC , Hickman Central Line				

		0	1	2	3
<b>CARING FOR PATIENTS RECEIVING THE FOLLOWING</b>					
1)	Acetaminophen (Tylenol)				
2)	Acetylsalicylic Acid (Aspirin, ASA)				
3)	Antibiotics				
4)	Beta Blockers				
5)	Calcium Channel Blockers				
6)	Cimetidine (Tagamet)				
7)	Codeine				
8)	Dexamethasone (Decadron)				
9)	Diazepam (Valium)				
10)	Digoxin (Lanoxin)				
11)	Duramorph				
12)	Furosemide (Lasix)				
13)	Heparin				
14)	Insulin				
15)	Lorazepam (Ativan)				
16)	Morphine				
17)	Naloxone (Narcan)				
18)	Nitroglycerine				
19)	Phenytoin (Dilantin)				
20)	Potassium Chloride				
21)	Theophylline				
22)	Verapamil (Calan)				
23)	Warfarin (Coumadin)				
<b>ADMINISTERING MEDICATION</b>					
1)	Inhalation Medications				
2)	Oral Medications				
3)	Topical Medications				
4)	Vaginal Suppositories				
5)	Rectal Suppositories				
6)	Intravenously				
7)	Subcutaneously				
8)	Intra Muscularly				
9)	Naso/ Gastric				
10)	Gastric J Tube				

Please check the box or boxes that corresponds with your expertise in age related care:

- |                                      |                          |                                |                          |
|--------------------------------------|--------------------------|--------------------------------|--------------------------|
| Newborn/ Neonate (birth to 30 days ) | <input type="checkbox"/> | Adolescent (12 to 18 years)    | <input type="checkbox"/> |
| Infant (30 days to 1 year            | <input type="checkbox"/> | Young Adult (18 to 39 years)   | <input type="checkbox"/> |
| Toddler (1 to 3 years)               | <input type="checkbox"/> | Middle Adult (39 to 64 years)  | <input type="checkbox"/> |
| Preschooler (3 to 5 years)           | <input type="checkbox"/> | Old Adult (64 years and older) | <input type="checkbox"/> |
| School age children (5 to 12 years)  | <input type="checkbox"/> |                                |                          |

I confirm that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date