

OPERATING ROOM SKILLS CHECKLIST
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NAME: _____ **DATE:** _____

Please check the appropriate letter of proficiency for the following types of clinical situations and equipment.

LEVEL OF PROFICIENCY

- A** = Able to teach & supervise
- B** = 1 year constant experience
- C** = Intermittent experience
- D** = No experience

	A	B	C	D
Accessing surgeon preference cards				
Picking cases				
Scrubbing technique				
Standard case set-up				
Locating and accessing supply carts and refrigerators				
Gowning self with closed technique				
Gowning & gloving surgeons				
Sponge & needle instrument counts				
Correct disposal of waste i.e., sharp, clean/contaminated waste				
Draping of patient				
Sterile technique				
Passing off specimens to circulator				
OB call				
C-sections				
Positioning OR table; EG trendelenburg flex; Lithotomy				
Set up C Arm table				
Set up Fx table				
Electro surgery Unit Safety				
Acceptable ground pad sites				
Use of roller for transfer of patient				
Ordering special equipment/supplies from CS				
Documentation				
Processing instruments for Sterilization:				
Cleaning endoscopes				
Heat sealer unit				
Ultrasonic				
Instrument tray inventories				
Gas				
Steam				
Cidex				

OR Tech Skills Checklist

	A	B	C	D
Light Sources				
Headlight				
Bronchoscope				
Cystoscopy				
Suction D & C				
Stackhouse Smoke Evaluator				
Lasers				
CO2				
Yag				
Flash Autoclave				
Suction				
Sequential Compression Drive				
Crash Cart				
Ortho power				
Midas Rex				
Spotlight				
Laminar Flow				
Padliette dermatome				
Mesh Craft				
Simpulse irrigator				
CUSA				
Choledocoscope				
Lithroriptor				
Balloon prostate dilator				
Cysto table				
Automatic tourniquet				
Microscope				
Blood warmer				
Cyrotherapy machine				
Phaco-Emulsification aspirator				
Vitrectomy				
Doppler				

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Be Well Nursing, LLC. to release checklist to client health care facilities of Be Well Nursing, LLC. relating to my contract employment with that facility.

(Signature)

(Date)