

**POST ANESTHESIA CARE UNIT
SKILLS CHECKLIST**

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** = At least 1 year constant experience
- C** = Intermittent experience
- D** = No experience

	A	B	C	D
RESPIRATORY				
Respiratory assessment				
Insertion and removal of nasal and oral airways				
Administer O2				
Nasal prongs				
Mask with and without mist				
Trach collar				
Face tent				
Regulate O2 percentages for:				
Nasal cannula				
Mask				
Ambu bag				
Face tent				
Ambu bag use				
VENTILATORS				
Weaning from ventilator				
Troubleshoot alarms				
Charting respirations with ventilator				
SUCTIONING				
Endotracheal tube				
Trach				
Nasotracheal				
Oropharyngeal				

P.A.C.U. Skills Checklist

	A	B	C	D
ENDOTRACHEAL TUBE				
Ability to measure cuff pressure				
Ability to determine air leaks				
Ability to determine placement				
AIRWAY PROBLEMS				
Upper airway obstruction				
Bronchospasm				
Aspiration				
Pneumothorax				
Hemothorax				
Breath sounds				
Assisting with intubation				
Use/Selection of mask with ambu				
Extubation				
CARDIOVASCULAR				
Cardiac monitoring				
Interpretation of arrhythmias				
Arterial pressure monitoring				
Recognition of normal waveform				
Central venous pressure monitoring				
Recognition of abnormal measurements				
Blood pressure monitoring				
Manual and Doppler device				
MEDICATIONS AND IVs				
Dosage calculations				
Calculation of IV				
Insertion of IV				
IV push				
IV piggyback				
Operation of infusion pumps				
Operation of PCA pumps				
Administration of blood				
Recognition of transfusion reactions				
CATHETERIZATION				
Male				
Female				
Insertion management of nasogastric tube				

P.A.C.U. Skills Checklist

	A	B	C	D
OTHER				
Universal precautions				
Physical assessment/Admission of patient				
Post Operative documentation				
Care of patient with:				
Hypovolemic shock				
Cardiogenic				
Hypothermia				
Hyperthermia				
Patient etimulation and stir up regimen				
Pain evaluation				
Post-op assessment and monitoring				
Discharge of patient				
KNOWLEDGE OF ANESTHETIC AGENTS, COMPLICATIONS, AND TREATMENT				
Inhalants				
Injectables				
Narcotics				
Muscle relaxants				
Reversal agents				
Spinal anesthesia				
Epidural anesthesia				
Local anesthesia				
Regional anesthesia				
Intrathecal analgesia				
Epidura analgesia				
DO YOU HAVE CERTIFICATION IN:	Yes		No	
CPR				
BLS				
ACLS				
CCRN				
HAVE YOU TAKEN A FORMAL CRITICAL CARE COURSE				
Where: East & West Coast				
Did you receive a certificate				
How many hours was the course: 150 hours				
ARE YOU IV CERTIFIED				

P.A.C.U. Skills Checklist

YEARS OF EXPERIENCE:	
Ambulatory/Outpatient (OP):	Refer to work experience
Private Surgeon's Office:	
Recovery Room (PACU):	
Pre Op Holding:	

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)