

**RECOVERY ROOM  
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** = 1 year constant experience
- C** = Intermittent experience
- D** = No experience

|  | A | B | C | D |
|--|---|---|---|---|
| <b>Respiratory Assessment</b>                          |   |   |   |   |
| <b>Insertion and Removal of Nasal and Oral Airways</b> |   |   |   |   |
| <b>Administer O<sup>2</sup>:</b>                       |   |   |   |   |
| <b>Nasal Prongs</b>                                    |   |   |   |   |
| <b>Mask With and Without Mist</b>                      |   |   |   |   |
| <b>Trach Collar</b>                                    |   |   |   |   |
| <b>Face Tent</b>                                       |   |   |   |   |
| <b>Regulate O<sup>2</sup> Percentage for Nasal</b>     |   |   |   |   |
| <b>Mask</b>  |   |   |   |   |
| <b>Ambu bag</b>  |   |   |   |   |
| <b>Face Tent</b>                                       |   |   |   |   |
| <b>Ambu Bag Use</b>                                    |   |   |   |   |
| <b>Ventilators(Types Used)</b>                         |   |   |   |   |
| <b>a)</b>  |   |   |   |   |
| <b>b)</b>  |   |   |   |   |
| <b>Weaning From Ventilator</b>                         |   |   |   |   |
| <b>Troubleshooting Alarms</b>                          |   |   |   |   |
| <b>Charting Respirations with Ventilator</b>           |   |   |   |   |
| <b>Suctioning:</b>                                     |   |   |   |   |
| <b>Endotracheal Tube</b>                               |   |   |   |   |
| <b>Trach</b>   |   |   |   |   |
| <b>Nasotracheal</b>                                    |   |   |   |   |
| <b>Oropharyngeal</b>                                   |   |   |   |   |
| <b>Ability to Measure Cuff Pressure</b>                |   |   |   |   |
| <b>Ability to Determine Air Leaks</b>                  |   |   |   |   |
| <b>Ability to Determine Placement</b>                  |   |   |   |   |

*Recovery Room Skills Checklist*

|  | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--|----------|----------|----------|----------|
| <b>Identify and Troubleshoot Airways Problems:</b> |          |          |          |          |
| Upper Airways Obstruction                          |          |          |          |          |
| Bronchospasm                                       |          |          |          |          |
| Aspiration   |          |          |          |          |
| Pneumothorax                                       |          |          |          |          |
| Breath Sounds                                      |          |          |          |          |
| ABG Interpretation                                 |          |          |          |          |
| Pulse Oximetry                                     |          |          |          |          |
| Measure Vital Signs                                |          |          |          |          |
| Use of Doppler                                     |          |          |          |          |
| Use of Datascope                                   |          |          |          |          |
| Arterial Line                                      |          |          |          |          |
| Swan-Ganz  |          |          |          |          |
| CVP Monitoring                                     |          |          |          |          |
| Chest Tube   |          |          |          |          |
| Administration of Blood                            |          |          |          |          |
| Recognition of Transfusion Reactions               |          |          |          |          |
| Medication and IV's                                |          |          |          |          |
| Dosage Calculations                                |          |          |          |          |
| Calculations of IV                                 |          |          |          |          |
| Insertion of IV                                    |          |          |          |          |
| IV Push  |          |          |          |          |
| IV Piggyback                                       |          |          |          |          |
| Catherization:                                     |          |          |          |          |
| Male   |          |          |          |          |
| Female   |          |          |          |          |
| Catheter Irrigation                                |          |          |          |          |
| Isolation Procedures                               |          |          |          |          |
| Sterile Dressing Change                            |          |          |          |          |
| EKG Monitoring                                     |          |          |          |          |
| Care of Patient With:                              |          |          |          |          |
| Hypovolemic Shock                                  |          |          |          |          |
| Cardiogenic  |          |          |          |          |
| Hypothermia  |          |          |          |          |
| Hyperthermia                                       |          |          |          |          |
| Positioning of the Post-OP Patient                 |          |          |          |          |
| Pre-OP Procedures                                  |          |          |          |          |

*Recovery Room Skills Checklist*

|  | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--|----------|----------|----------|----------|
| <b>Post Op Assessment and Monitoring</b> |          |          |          |          |
| <b>Knowledge of Anesthetic Agents</b>    |          |          |          |          |
| <b>Complication and Treatment:</b>       |          |          |          |          |
| <b>Inhalants</b>                         |          |          |          |          |
| <b>Injectables</b>                       |          |          |          |          |
| <b>Narcotics</b>                         |          |          |          |          |
| <b>Muscle Relaxants</b>                  |          |          |          |          |
| <b>Reversal Agents</b>                   |          |          |          |          |
| <b>Spinal Anesthesia</b>                 |          |          |          |          |
| <b>Epidural Anesthesia</b>               |          |          |          |          |
| <b>Local Anesthesia</b>                  |          |          |          |          |
| <b>Reginal Anesthesia</b>                |          |          |          |          |
| <b>Intrathecal Analgesia</b>             |          |          |          |          |
| <b>Epidural Analgesia</b>                |          |          |          |          |

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 Be Well Nursing, LLC relating to my contract employment with that facility.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*