

# MILLENNIUM MEDICAL STAFFING INC.

P: (718) 364-7250

F: (718) 364-7355

## PACU SKILLS COMPETENCY CHECKLIST

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Total years of PACU nursing experience: \_\_\_\_\_

**Please rate your Skill Level:**

**0** – NO Experience. Theory only.

**1** – Limited competency / proficiency.  
Supervision required.

**2** – Acceptable competency / proficiency.

**3** – Competent / proficient. Performed frequently and independently during the past 2 years.

SKILL	0	1	2	3
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**I. GENERAL SKILLS:**

Respirations				
Blood Pressure				
Auscultation				
Non-Invasive				
Arterial				
Pulses				
Carotid				
Apical				
Peripheral				
Temperature				
Oral				
Tympani				
Axillary				
Neurovascular checks				
Level of consciousness				
Breath sounds, clear				
Breath sounds, diminished				
Condition of dressing changes				
Drainage tubes & catheters				
Muscular responses & strengths				
Fluid therapy				
Location of lines				
Type & amount of solution infusing				
Aldrete scoring system				
Application of monitors / Leads (EKG)				
Nurses notes / PACU Documentation				
Implementation of M.D. orders				
PACU Hospital Protocol				

SKILL	0	1	2	3
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**II. GENERAL SKILLS (contd):**

Signs & symptoms of airway obstruction				
Chin lift / jaw thrust				
Suctioning of airway				
Administration of O2				
Administration of O2 via ETT				
Knowledge of O2 equipment				
Monitoring O2 saturation / Pulse oxymetry				
Application of Ambu bag w/oral airway				
Endotrach tube extubation				
Cardiac Arrhythmias				
Ventricular fibrillation				
Ventricular achcardia				
Ventricular bigeminy				
Sinus Bradycardia				
Asystole				
Premature ventricular contraction				
Third degree heart block				
Knowledge of malignant hyperthermia				
Cart content				
Complete M.H. exam				
Knowledge of crash cart & contents				
Anesthesia				
Bier Block				
Epidural				
Spinal				
Able to verbalize S/S of marcaine toxicity				
Able to verbalize & demonstrate spinal level using Dermatone				

List type of recovery room(s) you have experience in: \_\_\_\_\_

\_\_\_\_\_

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Do you speak any other language(s) besides English? Yes / No If YES, please list other language(s): \_\_\_\_\_  
\_\_\_\_\_

Are you familiar with computer charting? Yes / No If YES, what system(s) have you used: \_\_\_\_\_  
\_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all information I have provided to Mill Med Staffing on this skills checklist 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: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_