

Re-Entry Nursing
Nursing Skills Completion Checklist

Name _____

TX Board of Nursing OBJECTIVES	DIDACTIC	SKILLS	Demonstrated in Skill Lab Initials / Date	Demonstrated in Clinical Setting Initials / Date
Role of the Nurse	Standard precautions Personal protective equipment (PPE)	Hand washing Donning/Removing PPE	____ / ____ ____ / ____	____ / ____ ____ / ____
Nursing Process assessment plan implement evaluation	Patient Assessment	Vitals Specimen collection Pain assessment	____ / ____ ____ / ____ ____ / ____	____ / ____ ____ / ____ ____ / ____
Documentation-QA, legal	Documentation SOAP Focus Narrative Kardex Meds charting Med errors Computer Assisted End-of-shift reporting Infection control principles Use of sharp safety devices Fall protection TPAPN	Patient mobility & safety Body mechanics Patient positioning Lifting/repositioning equipment Sharps container management Patient Safety/Restraint use	____ / ____ ____ / ____ ____ / ____	____ / ____ ____ / ____ ____ / ____
Meds Administration	Blood administration TPN administration Central line therapy	IV infusion IV meds administration Parenteral IM,SQ meds Oral meds Enteral meds Topical meds PCA therapy-pain control analgesia	____ / ____ ____ / ____ ____ / ____ ____ / ____ ____ / ____ ____ / ____ ____ / ____	____ / ____ ____ / ____ ____ / ____ ____ / ____ ____ / ____ ____ / ____ ____ / ____

TX Board of Nursing OBJECTIVES	DIDACTIC	SKILLS	Demonstrated in Skill Lab	Demonstrated in Clinical Setting
			Initials / Date	Initials / Date
Preceptorship-RN supervised, direct patient care	Chest tube management Glucose monitoring	Basic Wound care	____ / ____	____ / ____
		Oxygen therapy	____ / ____	____ / ____
		NG intubation	____ / ____	____ / ____
		Phlebotomy	____ / ____	____ / ____
		Catheterization	____ / ____	____ / ____
		Suctioning Upper airway Trach Endotracheal	____ / ____	____ / ____
		Enteral nutrition	____ / ____	____ / ____
		Sutures/staples/steri-strips	____ / ____	____ / ____
Pharmacology	Medication test (pass by 80%)		DATE: _____	Instructor/ Coordinator initials _____
Current CPR		(see Clinical Placement Requirement Checklist)	Expires: _____	Instructor/ Coordinator initials _____

Student Signature _____ Initials _____ Date _____

Preceptor Signature _____ Initials _____ Date _____

Preceptor Signature _____ Initials _____ Date _____

Preceptor Signature _____ Initials _____ Date _____

Instructor Signature _____ Initials _____ Date _____