

Psychiatric RN Skills Checklist

First Name

Last Name

Social Security number

Date

Email

Please indicate your level of experience (0, 1, 2, or 3)

0 = Theory, no practice

1 = Limited

2 = Confident

3 = Very Confident

A. MEDICATIONS

- | | | | | |
|--|---|---|---|---|
| 1. IV addictives, IVPB, IV push | | | | |
| Dilantin | 0 | 1 | 2 | 3 |
| Librium | 0 | 1 | 2 | 3 |
| Valium | 0 | 1 | 2 | 3 |
| 2. Administration of anti-psychotic drugs | 0 | 1 | 2 | 3 |
| 3. Management of adverse effects and adverse reaction of anti-psychotic drugs | 0 | 1 | 2 | 3 |
| 4. Administration of anti-cholinergic drugs | 0 | 1 | 2 | 3 |
| 5. Assessment for possible misuse or abuse of anti-cholinergic drugs | 0 | 1 | 2 | 3 |
| 6. Administration of anti-depressant drugs | 0 | 1 | 2 | 3 |
| 7. Management of side effects and adverse reactions from anti-depressants | 0 | 1 | 2 | 3 |
| 8. Administration of MAO inhibitors | 0 | 1 | 2 | 3 |
| 9. Knowledge of adverse response to MAO inhibitors, dietary restrictions and management of hypertensive crisis | 0 | 1 | 2 | 3 |
| 10. Administration of lithium | 0 | 1 | 2 | 3 |
| 11. Knowledge of lithium side effects | 0 | 1 | 2 | 3 |
| 12. Stabilizing lithium levels | 0 | 1 | 2 | 3 |
| 13. Management of patients who are noncompliant with medications and instituting appropriate interventions | 0 | 1 | 2 | 3 |

B. ACUTE CARE INTERVENTIONS

- | | | | | |
|---|---|---|---|---|
| 1. Knowledge of progressive containment | | | | |
| Medications | 0 | 1 | 2 | 3 |
| Seclusions | 0 | 1 | 2 | 3 |
| Restraints | 0 | 1 | 2 | 3 |
| 2. Knowledge of legal responsibility regarding use of restraint and seclusion | 0 | 1 | 2 | 3 |
| 2. Use of interventions with acute suicidal | 0 | 1 | 2 | 3 |

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|---|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 3. Use of interventions with Alzheimer's | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 4. Use of interventions with delusional patient | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 5. Use of interventions with hallucinating patient | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 6. Use of interventions with organic brain syndrome | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 7. Use of interventions with physically aggressive | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 8. Use of interventions with self-abusive | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 9. Use of interventions with severe to panic level of anxiety | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |

C. MANAGEMENT OF SUICIDAL PATIENT

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|---|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 1. Crisis intervention on phone | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 2. Suicidal precautions | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 3. Knowledge of patients that are high risk | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |

D. CHILD PSYCHIATRIC

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|---|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 1. Knowledge of child psychiatric disorders and treatments | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 2. Knowledge of effective child rearing practice | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 3. Use of PRN medication for behavioral management | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 4. Family interventions | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 5. Effects of locked door seclusion on child psychiatric patients | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 6. Curative factors of the milieu of child psychiatric patient | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |

E. ADOLESCENT PSYCHIATRIC

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|--|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 1. Knowledge of technique used to promote an alliance with adolescent | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 2. Knowledge of effectiveness of limit setting interventions | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 3. Knowledge of indications, actions and possible side effects of psychotropic drugs on adolescent | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 4. Knowledge of intake screening | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |

F. GERONTOLOGIC PSYCHIATRIC

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|---|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 1. Differentiating depression from dementia | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 2. Factors contribute to Sun down Syndrome | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 3. Factors that contribute to withdrawal of elderly | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 4. Interventions with agitating elderly | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 5. Interventions with confused elderly | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 6. Preventive measures for disoriented elderly | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |

G. LEGAL ASPECTS

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|---|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 1. Knowledge of patient's right | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 2. Confidentiality | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 3. Voluntary and involuntary commitment | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 4. Discharge AMA | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |

H. GENERAL PSYCHIATRIC NURSING

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|--|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 1. Use of milieu to enhance patient care | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 2. Use of milieu to decrease confusion and tension | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |

- | | | | | | | | | |
|--|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 3. Initiate treatment plans | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 4. Complete nursing assessment | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 5. Seizure precautions | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 6. Knowledge of somatic therapies | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 7. Knowledge of major categories of abused substances | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 8. Knowledge of experimental behavioral responses, behavior related to withdrawal syndrome | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 9. Isolation procedures | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |

I. Age specific practice criteria

Please check the box corresponding to each age group for which you have expertise in providing age-appropriate nursing care.

- Pediatric (1-12years)
- Adolescents (12 - 18 years)
- Adult (18-65 years)
- Older Adult (older than 65)

J. EXPERIENCE WITH AGE GROUPS

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- | | | | | | | | | |
|--|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 1. Calculate body weight to verify correct dosing of medication | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 2. Assess immunization status for pediatric, and adolescent | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 3. Set age-appropriate short-term and long-term goals in care planning | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 4. Provide age-appropriate education, considering possible vision and hearing impairment for Older than 65years. | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Professional Nursing, Inc. to release this Psychiatric RN Skills Checklist to Client facilities of Professional Nursing, Inc. in consideration of my assignment to work at those facilities.

Signature

Date