

**Proficiency Skills Checklist**

**ENDOSCOPY / GI - RN**

**NAME: DATE:** Directions:Check the column **S** = Strong skill: at least one (1) year of work can perform without assistance

that best describes your skill level **A** = Adequate skill: at least six (6) months work may require some assistance

in each area. **L**= Limited skill: less than six (6) months work will require assistance

**N**= No skill

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Procedures** |  |  | **S A L N** | | | |
| **Assist with EGD’s** |  |  |  |  |  |  |
| **Assist with endoscopic ultrasound** |  |  |  |  |  |  |
| **Assist with active GI bleed** |  |  |  |  |  |  |
| **Cautery devices** |  |  |  |  |  |  |
| **Assist with manometry studies** |  |  |  |  |  |  |
| **Assist with variceal banding** |  |  |  |  |  |  |
| **Assist with esophageal dilatations** |  |  |  |  |  |  |
| **Assist with esophageal ballooning** |  |  |  |  |  |  |
| **Assist with scelrotherapy** |  |  |  |  |  |  |
| **Assist with TEE** |  |  |  |  |  |  |
| **Assist with bronchoscopy** |  |  |  |  |  |  |
| **Assist with colonoscopy** |  |  |  |  |  |  |
| **Assist with polypectomy** |  |  |  |  |  |  |
| **Assist with ERCP’s** |  |  |  |  |  |  |
| **Assist with PEG placements** |  |  |  |  |  |  |
| **Assist with liver BX** |  |  |  |  |  |  |
| **Assist with collection of hot & cold BX’s** |  |  |  |  |  |  |
| **Specimen collection & labeling** |  |  |  |  |  |  |
| **Set up of scopes & video equipment** |  |  |  |  |  |  |
| **Apply external abdominal pressure to assist with scope movement** |  |  |  |  |  |  |
| **Scope cleaning** |  |  |  |  |  |  |
| **Assist with mobile cases, ICU, ER, etc.** |  |  |  |  |  |  |
| **Radiation safety** |  |  |  |  |  |  |
| **Automated Medication Dispensing System, Pyxis, Omnicell, or other** |  |  |  |  |  |  |
| **Takes call for emergency cases** |  |  |  |  |  |  |
| **National Patient Safety Goals** |  |  |  |  |  |  |
| **Awareness of HCAHPS** |  |  |  |  |  |  |
| **Accurate patient identification** |  |  |  |  |  |  |
| **Effective communication** |  |  |  |  |  |  |
| **Interpretation & communication of lab values** |  |  |  |  |  |  |
| **Medication administration** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Procedures - cont.** |  |  | **S A L N** | | | |
| **Labeling (medications & specimens)** |  |  |  |  |  |  |
| **Anticoagulation therapy** |  |  |  |  |  |  |
| **Monitoring conscious sedation** |  |  |  |  |  |  |
| **Pain assessment & management** |  |  |  |  |  |  |
| **Infection control** |  |  |  |  |  |  |
| **Universal precautions** |  |  |  |  |  |  |
| **Isolation** |  |  |  |  |  |  |
| **Minimize risk for falls** |  |  |  |  |  |  |
| **Prevention of pressure ulcers** |  |  |  |  |  |  |
| **Use of rapid response teams** |  |  |  |  |  |  |
| **Administer Conscious Sedation** | | | | | | |
| **Fentanyl** |  |  |  |  |  |  |
| **Propofol** |  |  |  |  |  |  |
| **Demerol** |  |  |  |  |  |  |
| **Presedex** |  |  |  |  |  |  |
| **Versed** |  |  |  |  |  |  |
| **Reversal agents** |  |  |  |  |  |  |
| **Pre Procedure** | | | | | | |
| **Pre procedure phone calls** |  |  |  |  |  |  |
| **Electronic documentation** |  |  |  |  |  |  |
| **Patient assessment** |  |  |  |  |  |  |
| **Colon prep or re-prep** |  |  |  |  |  |  |
| **Pre procedure checklist/consent** |  |  |  |  |  |  |
| **IV start, med admin** |  |  |  |  |  |  |
| **Post Procedure** | | | | | | |
| **Assess for air movement post colonoscopy** |  |  |  |  |  |  |
| **Assess for pain** |  |  |  |  |  |  |
| **Assess for bowel sounds** |  |  |  |  |  |  |
| **Assess for gag reflex post EGD** |  |  |  |  |  |  |
| **Assess for gag reflex post bronchoscopy** |  |  |  |  |  |  |
| **Recover from MAC** |  |  |  |  |  |  |
| **Recover from (moderate) conscious sedation** |  |  |  |  |  |  |
| **Discharge outpatients to home** |  |  |  |  |  |  |
| **Post procedure phone calls** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Age Specific Competencies** |  |  | **S A L N** | | | |
| **Newborn/neonate (birth-30 days)** |  |  |  |  |  |  |
| **Infant (31 days-1 year)** |  |  |  |  |  |  |
| **Toddler (ages 2-3 years)** |  |  |  |  |  |  |
| **Preschool (ages 4-5 years)** |  |  |  |  |  |  |
| **School age (ages 6-12 years)** |  |  |  |  |  |  |
| **Adolescent (ages 13-21 years)** |  |  |  |  |  |  |
| **Young adult (ages 22-39 years)** |  |  |  |  |  |  |
| **Adult (ages 40-64 years)** |  |  |  |  |  |  |
| **Older adult (ages 65-79 years)** |  |  |  |  |  |  |
| **Elderly (ages 80+ years)** |  |  |  |  |  |  |

# Fax to: 1-305-266-3242

**The information on this and all preceding pages is true and correct.**

**Signature**

**Date**