



Hudson Staffing

* Denotes required field

This profile is for use by Emergency Room nurses with more than one year experience in their discipline and specialty. It will not be a determining factor for the Hudson Staffing program.

Please enter your full legal name as it appears on your **Social Security Card**.

First name*

Last name*

Email

Please indicate your level of experience

A. Theory, no practice

C. One - two years experience

B. Intermittent experience

D. Two plus years experience

A. CARDIOVASCULAR

1. Assessment

a. Auscultation (rate, rhythm)

A B C D

b. Doppler

A B C D

c. Heart sounds/murmurs

A B C D

2. Equipment & procedures

a. Assist with insertion and set up

(1) Arterial line

A B C D

(2) Central venous line

A B C D

(3) PA catheter/Swan-Ganz

A B C D

(4) Pacemaker

A B C D

b. Cardioversion

A B C D

c. Interpretation of waveforms & values

(1) A-line

A B C D

(2) CVP

A B C D

d. Monitoring

(1) Basic 12 lead interpretation

A B C D

(2) Basic arrhythmia interpretation

A B C D

3. Care of the patient with:

a. Acute MI

A B C D

b. Aneurysm

A B C D

c. Angina

A B C D

d. Cardiac arrest

A B C D

e. Congestive heart failure (CHF)

A B C D

f. Myocarditis

A B C D

4. Medications

a. ACLS drugs

(1) Atropine

A B C D

(2) Bretylium (Bretylol)

A B C D

(3) Epinephrine (Adrenalin)

A B C D

(4) Lidocaine (Xylocaine)

A B C D

(5) Procainamide (Pronestyl)

A B C D

(6) Sodium bicarbonate

A B C D

b. Other

(1) Adenosine (Adenocard)

A B C D

(2) Amiodarone (Cordarone)

A B C D

(3) Digoxin (Lanoxin)

A B C D

(4) Diltiazem (Cardizem)

A B C D

(5) Dobutamine (Dobutex)

A B C D

(6) Dopamine (Intropin)

A B C D

(7) Esmolol (Brevibloc)

A B C D

(8) Lasix (Furosemide)

A B C D

(9) Nitroglycerin (Tridil)

A B C D

(10) Nitroprusside (Nipride)

A B C D

(11) Thrombolytic therapy

A B C D

B. PULMONARY

1. Assessment

a. Breath sounds

A B C D

b. Rate and work of breathing

A B C D

2. Interpretation of lab results

a. Arterial blood gases

A B C D

3. Equipment & procedures

a. Airway management devices/suctioning

(1) Endotracheal tube/suctioning

A B C D

(2) Nasal airway/suctioning

A B C D

(3) Oropharyngeal/suctioning

A B C D

(4) Sputum specimen collection

A B C D

(5) Tracheostomy/suctioning

A B C D

b. Assist with extubation

A B C D

c. Assist with intubation

A B C D

- d. Assist with thoracentesis A B C D
- e. Care of the patient on a ventilator A B C D
- f. Care of the patient with a chest tube
(1) Assist with set-up & insertion A B C D

(2) Measuring A B C D

(3) Removal A B C D
- g. Measure peak flow A B C D
- h. Obtaining arterial blood gases
(1) Arterial line A B C D

(2) Femoral artery A B C D

(3) Radial artery A B C D
- i. O₂ therapy & medication delivery systems
(1) Bag and mask A B C D

(2) ET tube A B C D

(3) External CPAP A B C D

(4) Face masks A B C D

(5) Inhalers A B C D

(6) Nasal cannula A B C D

(7) Nebulizer A B C D

(8) Portable O₂ tank A B C D

(9) T-piece A B C D

(10) Trach collar A B C D
- j. Pulse oximetry A B C D
- k. Trouble shooting high pressure alarms A B C D

- 1. Trouble shooting low pressure alarms A B C D
- 4. Care of the patient with:
 - a. Aspiration A B C D
 - b. COPD A B C D
 - c. Hemopneumothorax A B C D
 - d. Laryngospasm A B C D
 - e. Pneumonia A B C D
 - f. Pneumothorax A B C D
 - g. Pulmonary edema A B C D
 - h. Pulmonary embolism A B C D
 - i. Tension pneumothorax A B C D
 - j. Tuberculosis A B C D
- 5. Medications
 - a. Aminophylline (Theophylline) A B C D
 - b. Bronkosol (Isoetharine hydrochloride) A B C D
 - c. Epinephrine (Adrenalin) A B C D
 - d. Isuprel (Isoproterenol hydrochloride) A B C D
 - e. Steroids A B C D
 - f. Terbutaline A B C D

C. NEUROLOGICAL

- 1. Assessment
 - a. Advanced neuro assessment
 - (1) Glasgow coma scale A B C D
 - (2) Reflex/motor deficits A B C D
 - (3) Visual or communications deficits A B C D
 - b. Level of consciousness A B C D
- 2. Equipment & procedures
 - a. Assist with lumbar puncture A B C D
 - b. Increased ICP management

- (1) Medications A B C D
- (2) Positioning A B C D
- (3) Regulation of ICP A B C D
- (4) Temperature control A B C D
- (5) Ventilation A B C D
- c. Intracranial pressure monitoring A B C D
- 3. Care of the patient with:
 - a. Basal skull fracture A B C D
 - b. Closed head injury A B C D
 - c. CVA A B C D
 - d. DTs A B C D
 - e. Encephalitis A B C D
 - f. Externalized VP shunts A B C D
 - g. Meningitis A B C D
 - h. Neuromuscular disease A B C D
 - i. Overdose A B C D
 - j. Seizures A B C D
 - k. Spinal cord injury A B C D
- 4. Medications
 - a. Decadron (Dexamethasone) A B C D
 - b. Dilantin (Phenytoin) A B C D
 - c. Mannitol (Osmitol) A B C D
 - d. Phenobarbital A B C D
 - e. Solu-Medrol (Methylprednisolone sodium succinate) A B C D

D. ORTHOPEDICS

- 1. Assessment
 - a. Circulation checks A B C D
 - b. Gait A B C D
 - c. Range of motion A B C D
 - d. Skin A B C D
- 2. Equipment & procedures
 - a. Assist with placement of cast A B C D
 - b. Support devices
 - (1) Cane/crutch A B C D
 - (2) Cervical collar A B C D
 - (3) Sling A B C D
 - (4) Transfer boards A B C D
- 3. Care of the patient with:
 - a. Ankle brace A B C D
 - b. Ankle splint A B C D
 - c. Cast A B C D
 - d. Knee immobilizer A B C D
 - e. Pinned fractures A B C D

f. Wrist splint

A B C D

E. GASTROINTESTINAL

1. Assessment

a. Abdominal/bowel sounds

A B C D

b. Fluid balance

A B C D

c. Nutritional status

A B C D

2. Interpretation of blood chemistry

A B C D

3. Equipment & procedures

a. Placement of nasogastric tube

A B C D

b. Salem sump to suction

A B C D

c. Saline lavage

A B C D

4. Care of the patient with:

a. Abdominal trauma

A B C D

b. Bowel obstruction

A B C D

c. GI bleeding

A B C D

d. Hepatitis

A B C D

e. Liver failure

A B C D

5. Medications

a. Antiemetics

A B C D

b. Antispasmodic

A B C D

c. Charcoal

A B C D

d. Ipecac

A B C D

F. RENAL/GENITOURINARY

1. Assessment - Fluid balance

A B C D

2. Interpretation of lab results

a. BUN & creatinine

A B C D

b. Electrolytes

A B C D

3. Equipment & procedures

a. Insertion & care of straight and Foley catheter

(1) Female

A B C D

(2) Male

A B C D

b. Urine specimen collection

A B C D

4. Care of the patient with:

a. Acute renal failure

A B C D

b. Peritoneal lavage

A B C D

c. Renal trauma

A B C D

d. Urinary tract infection

A B C D

G. ENDOCRINE/METABOLIC

1. Assessment

a. S/S diabetic coma

A B C D

b. S/S insulin reaction

A B C D

2. Equipment & procedures

- a. Blood glucose monitoring
 - (1) Electronic measuring device: type
 - A B C D
 - (2) Performing finger stick
 - A B C D
- 3. Care of the patient with:
 - a. Diabetic ketoacidosis
 - A B C D
- 4. Medications
 - a. Insulin
 - A B C D
 - b. Oral hypoglycemics
 - A B C D

H. WOUND MANAGEMENT/SURGICAL

- 1. Equipment & procedures
 - a. Application of Steristrips
 - A B C D
 - b. Assist with staples
 - A B C D
 - c. Assist with sutures
 - A B C D
 - d. Culdocentesis tray
 - A B C D
 - e. Set up suture tray
 - A B C D
 - f. Staple removal
 - A B C D
 - g. Suture removal
 - A B C D

I. EENT

- 1. Assessment
 - a. Set up fluorescent/Woods lamp exam
 - A B C D
 - b. Visual acuity
 - A B C D
- 2. Equipment & procedures
 - a. Application of eye patch
 - A B C D
 - b. Ear irrigation
 - A B C D
 - c. Eye irrigation
 - A B C D
 - d. Morgan lens irrigation
 - A B C D
 - e. Nasal packing
 - A B C D
 - f. Removal of contact lens
 - A B C D

J. TRAUMA/SHOCK

- 1. Assessment
 - a. Champion trauma score
 - A B C D
 - b. Poison index
 - A B C D
 - c. Triage
 - A B C D
- 2. Equipment & procedures
 - a. Air transport of trauma patient
 - A B C D
 - b. Application of mast suit
 - A B C D
 - c. Ground transport
 - A B C D
- 3. Care of the patient with:
 - a. Bites, animal
 - A B C D
 - b. Bites, human
 - A B C D
 - c. Bites, venomous snake
 - A B C D
 - d. Bites, venomous spider
 - A B C D

- e. Burns
 - (1) Rule of nines A B C D
 - (2) First degree A B C D
 - (3) Second degree A B C D
 - (4) Third degree A B C D
- f. Dehydration A B C D
- g. Electrocution A B C D
- h. Gunshot/stab wound A B C D
- i. Hazardous material exposure A B C D
- j. Heat exhaustion/stroke A B C D
- k. Hypothermia A B C D
- l. Major trauma A B C D
- m. Minor trauma A B C D
- n. Radiation exposure A B C D
- o. Shock
 - (1) Anaphylactic A B C D
 - (2) Cardiogenic A B C D
 - (3) Hypovolemic A B C D
 - (4) Neurogenic A B C D
 - (5) Septic A B C D
- p. Traumatic amputation A B C D

K. INFECTIOUS DISEASES

- 1. Interpretation of lab values - CBC, SMA 7 A B C D
- 2. Equipment & procedures
 - a. Fever management A B C D
 - b. Isolation A B C D
- 3. Care of the patient with AIDS A B C D

L. PHLEBOTOMY/IV THERAPY/INVASIVE PROCEDURES

- 1. Equipment & procedures
 - a. Administration of blood/blood products
 - (1) Autotransfusion A B C D
 - (2) Cryoprecipitate A B C D
 - (3) Packed red blood cells A B C D
 - (4) Plasma/albumin A B C D
 - (5) Whole blood A B C D
 - b. Assist with cutdown A B C D
 - c. Drawing venous blood A B C D
 - d. Starting IVs
 - (1) Angiocath A B C D
 - (2) Butterfly A B C D
 - (3) Heparin lock A B C D
- 2. Care of the patient with:
 - a. Angiography A B C D

b. Central line/catheter/dressing

(1) Broviac/Hickman

A B C D

(2) Groshong

A B C D

(3) PICC

A B C D

(4) Portacath

A B C D

c. Pericardiocentesis

A B C D

M. PAIN MANAGEMENT

1. Assessment of pain level/tolerance

A B C D

2. Care of the patient with:

a. Epidural anesthesia/analgesia

A B C D

b. IV conscious sedation

A B C D

N. PEDIATRICS

1. Equipment & procedures

a. Child abuse/recognition/reporting

A B C D

b. Obtaining consent to treat

A B C D

c. Pediatric arrest

A B C D

2. Care of the patient with:

a. Epiglottitis

A B C D

b. Near drowning

A B C D

c. Overdose/poison ingestion

A B C D

d. Status asthmaticus

A B C D

e. Status epilepticus

A B C D

O. WOMEN'S HEALTH

1. Assessment - Assist with pelvic exam

A B C D

2. Equipment & procedures

a. Pelvic tray

A B C D

b. Rape kit

A B C D

c. Reporting acts of violence

A B C D

3. Care of the patient with:

a. Abruption placenta

A B C D

b. DIC

A B C D

c. Hemorrhage

A B C D

d. Placenta previa

A B C D

e. Precipitous delivery

A B C D

f. Preeclampsia/eclampsia

A B C D

g. Spontaneous abortion

A B C D

P. MISCELLANEOUS

1. AMA procedures

A B C D

2. Suicide precautions

A B C D

Age Specific Practice Criteria

Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.

- A. Newborn/Neonate (birth - 30 days)
- B. Infant (30 days - 1 year)
- C. Toddler (1 - 3 years)
- D. Preschooler (3 - 5 years)
- E. School age children (5 - 12 years)

- F. Adolescents (12 - 18 years)
- G. Young adults (18 - 39 years)
- H. Middle adults (39 - 64 years)
- I. Older adults (64+)

Experience with Age Groups:

| | A | B | C | D | E | F | G | H | I |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Able to adapt care to incorporate normal growth and development. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can ensure a safe environment reflecting specific needs of various age groups. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

My experience is primarily in: (Please indicate number of years.)

- Trauma referral center (Level I ER) _____ year(s)
- Community ER (Level II ER) _____ year(s)
- Rural ER _____ year(s)

Certification:

Please check the boxes below and indicate the expiration date for each certificate that you have. If you do not know the exact date, please use the last date of the specific month (e.g., 08/31/2003).

| | | |
|--|------------------|--------------|
| <input type="checkbox"/> BCLS | Exp. date: _____ | (mm/dd/yyyy) |
| <input type="checkbox"/> CEN | Exp. date: _____ | (mm/dd/yyyy) |
| <input type="checkbox"/> TNCC | Exp. date: _____ | (mm/dd/yyyy) |
| <input type="checkbox"/> ACLS | Exp. date: _____ | (mm/dd/yyyy) |
| <input type="checkbox"/> CCRN | Exp. date: _____ | (mm/dd/yyyy) |
| <input type="checkbox"/> Other (type): _____ | Exp. date: _____ | (mm/dd/yyyy) |
| <input type="checkbox"/> Computerized charting system: | Date: _____ | (mm/dd/yyyy) |
| <input type="checkbox"/> Medication administration system: | Date: _____ | (mm/dd/yyyy) |

Please read and agree to the statements below by marking the checkbox.

* I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Emergency Room Checklist to the Client facilities in relation to consideration of employment as a Traveler with those facilities.