



Hudson Staffing

* Denotes required field

This profile is for use by Medical/Surgical 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. Blood pressure/non-invasive A B C D
c. Doppler A B C D
d. Heart sounds/murmurs A B C D
e. Pulses/circulation checks A B C D

2. Equipment & procedures

- a. Telemetry
(1) Basic 12 lead interpretation A B C D
(2) Basic arrhythmia interpretation A B C D
(3) Lead placement A B C D
b. Pacemaker
(1) Permanent A B C D
(2) Temporary A B C D

3. Care of the patient with:

- a. Abdominal aortic bypass A B C D
b. Aneurysm A B C D
c. Angina A B C D
d. Cardiac arrest A B C D
e. Cardiomyopathy A B C D
f. Carotid endarterectomy A B C D
g. Congestive heart failure (CHF) A B C D
h. Femoral-popliteal bypass A B C D
i. Myocarditis A B C D
j. Post acute MI (24-48 hours) A B C D

- k. Post angioplasty A B C D
- l. Post cardiac cath A B C D
- m. Post cardiac surgery A B C D
- n. Thrombophlebitis A B C D
- 4. Medications
 - a. Heparin drip A B C D
 - b. Oral anticoagulants A B C D
 - c. Oral & IVP antihypertensives A B C D
 - d. Oral & topical nitrates 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. Blood chemistry A B C D
 - b. 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 intubation A B C D
 - c. Assist with thoracentesis A B C D
 - d. Care of the patient on a ventilator A B C D
 - e. Care of the patient with a chest tube
 - (1) Assist with set-up & insertion A B C D
 - (2) Measuring and emptying A B C D
 - (3) Removal A B C D
 - f. Chest physiotherapy A B C D
 - g. Incentive spirometry A B C D
 - h. O₂ therapy & medication delivery systems
 - (1) Bag and mask A B C D
 - (2) External CPAP A B C D
 - (3) Face masks A B C D
 - (4) Inhalers A B C D
 - (5) Nasal cannula A B C D
 - (6) Portable O₂ tank A B C D
 - (7) Trach collar A B C D
 - i. Oximetry A B C D
- 4. Care of the patient with:
 - a. Bronchoscopy A B C D
 - b. COPD A B C D
 - c. Fresh tracheostomy A B C D
 - d. Lobectomy A B C D
 - e. Pneumonectomy A B C D
 - f. Pneumonia A B C D
 - g. Pulmonary embolism A B C D

h. Thoracotomy

A B C D

i. Tuberculosis

A B C D

C. NEUROLOGICAL

1. Assessment

a. Glasgow coma scale

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. Use of hyper/hypothermia blanket

A B C D

3. Care of the patient with:

a. Aneurysm precautions

A B C D

b. Basal skull fracture

A B C D

c. Closed head injury

A B C D

d. Coma

A B C D

e. CVA

A B C D

f. DTs

A B C D

g. Encephalitis

A B C D

h. Externalized VP shunts

A B C D

i. Meningitis

A B C D

j. Neuromuscular disease

A B C D

k. Post craniotomy

A B C D

l. Seizures

A B C D

m. Spinal cord injury

A B C D

4. Administration of anticonvulsants

A B C D

D. ORTHOPEDICS

1. Assessment

A B C D

a. Circulation checks

b. Gait

A B C D

c. Range of motion

A B C D

d. Skin

A B C D

2. Equipment & procedures

a. Continuous passive motion devices

A B C D

b. Support devices

(1) Cane

A B C D

(2) Cervical collar

A B C D

(3) Gait belt

A B C D

(4) Prosthetic

A B C D

(5) Sling

A B C D

(6) Transfer boards

A B C D

(7) Walker

A B C D

(8) Wheelchair

A B C D

c. Traction

A B C D

3. Care of the patient with:

a. Amputation

A B C D

b. Arthroscopic surgery

A B C D

c. Cast

A B C D

d. Osteoporosis

A B C D

e. Pinned fractures

A B C D

f. Rheumatic/arthritis disease

A B C D

g. Total hip replacement

A B C D

h. Total knee replacement

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 A B C D
2. Interpretation of blood chemistry A B C D
3. Equipments & procedures
 - a. Administration of tube feeding
 - (1) Feeding pump A B C D
 - (2) Gravity feeding A B C D
 - (3) Saline lavage A B C D
 - b. Flexible feeding tube (i.e., Corpak, Dobhoff) A B C D
 - c. Management of
 - (1) Gastrostomy tube A B C D
 - (2) Jejunostomy tube A B C D
 - (3) T-tube A B C D
 - d. Placement of nasogastric tube A B C D
 - e. Salem sump to suction A B C D
4. Care of the patient with:
 - a. Bowel obstruction A B C D
 - b. Colostomy/ileostomy A B C D
 - c. GI bleeding A B C D
 - d. GI surgery A B C D
 - e. Hepatitis A B C D
 - f. Inflammatory bowel disease A B C D
 - g. Invasive diagnostic testing A B C D
 - h. Liver failure A B C D
 - i. Paralytic ileus A B C D

F. RENAL/GENITOURINARY

1. Assessment
 - a. Arterio venous fistula/shunt A B C D
 - b. 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. Equipments & procedures
 - a. Insertion & care of straight and Foley catheter
 - (1) Female A B C D
 - (2) Male A B C D
 - b. Catheter care
 - (1) 3-way Foley A B C D
 - (2) Supra-pubic A B C D
 - c. Bladder irrigations
 - (1) Continuous A B C D
 - (2) Intermittent A B C D
 - d. Specimen collection
 - (1) Routine A B C D
 - (2) 24 hour A B C D
4. Care of the patient with:
 - a. Hemodialysis A B C D

- b. Nephrectomy A B C D
- c. Peritoneal dialysis A B C D
- d. Renal failure A B C D
- e. Renal transplant A B C D
- f. TURP A B C D
- g. Urinary diversion/ileal conduit nephrostomy A B C D
- h. 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
 - (2) Performing finger stick A B C D
 - (3) Visual blood glucose strips A B C D
 - b. Indwelling insulin pump A B C D
3. Care of the patient with:
 - a. Diabetes mellitus A B C D
 - b. Disorders of adrenal gland (Addison's disease) A B C D
 - c. Disorders of pituitary gland (Diabetes insipidus) A B C D
 - d. Hyperthyroidism (Grave's disease) A B C D
 - e. Hypothyroidism A B C D
 - f. Thyroidectomy A B C D
4. Medications (administration and teaching)
 - a. Insulin A B C D
 - b. Oral hypoglycemics A B C D
 - c. Steroids A B C D
 - d. Thyroid A B C D

H. WOUND MANAGEMENT

1. Assessment
 - a. Skin for impending breakdown A B C D
 - b. Stasis ulcers A B C D
 - c. Surgical wound healing A B C D
2. Equipment & procedures
 - a. Air fluidized, low airloss beds A B C D
 - b. Sterile dressing changes A B C D
 - c. Wound care/irrigations A B C D
3. Care of the patient with:
 - a. Burns A B C D
 - b. Pressure sores A B C D
 - c. Staged decubitus ulcers A B C D
 - d. Surgical wounds with drain(s) A B C D
 - e. Traumatic wounds A B C D

I. ONCOLOGY

1. Assessment
 - a. Nutritional status A B C D

- b. Pain control A B C D
- 2. Interpretation of lab results
 - a. Blood chemistry A B C D
 - b. Blood counts A B C D
- 3. Equipment & procedures
 - a. Reverse isolation A B C D
- 4. Care of the patient with:
 - a. Bone marrow transplant A B C D
 - b. Fresh oncologic surgery A B C D
 - c. Inpatient chemotherapy A B C D
 - d. Inpatient hospice A B C D
 - e. Leukemia A B C D
 - f. Radiation implant A B C D
- 5. Medications: Chemotherapy certification? Yes No

J. INFECTIOUS DISEASES

- 1. Interpretation of lab results:
 - a. Blood count 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:
 - a. AIDS A B C D
 - b. Hepatitis A B C D
 - c. Lyme disease A B C D

K. PHLEBOTOMY / IV THERAPY

- 1. Equipment & procedures
 - a. Administration of blood/blood products
 - (1) Albumin A B C D
 - (2) Cryoprecipitate A B C D
 - (3) Packed red blood cells A B C D
 - (4) Plasma A B C D
 - (5) Whole blood A B C D
 - b. Drawing blood from central line 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. Central line/catheter/dressing
 - (1) Broviac A B C D
 - (2) Groshong A B C D
 - (3) Hickman A B C D
 - (4) Portacath A B C D
 - (5) Quinton A B C D
 - b. Peripheral line/dressing A B C D

L. 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
- c. Narcotic analgesia A B C D
- d. Patient controlled analgesia (PCA pump) 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.

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.

Can ensure a safe environment reflecting specific needs of various age groups.

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

- | | | | |
|---------------------------------------|---------------|---|---------------|
| <input type="checkbox"/> Medical | _____ year(s) | <input type="checkbox"/> Neurology | _____ year(s) |
| <input type="checkbox"/> Surgical | _____ year(s) | <input type="checkbox"/> Pediatrics | _____ year(s) |
| <input type="checkbox"/> Telemetry | _____ year(s) | <input type="checkbox"/> OB/GYN | _____ year(s) |
| <input type="checkbox"/> Orthopedics | _____ year(s) | <input type="checkbox"/> Psychiatry | _____ year(s) |
| <input type="checkbox"/> Oncology | _____ year(s) | <input type="checkbox"/> Rehabilitation | _____ year(s) |
| <input type="checkbox"/> Other (type) | _____ 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).

- BCLS Exp. date: _____ (mm/dd/yyyy)
- Other (type): _____ Exp. date: _____ (mm/dd/yyyy)
- Computerized charting system: _____ date: _____ (mm/dd/yyyy)
- 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 Medical/Surgical Care Checklist to the Client facilities in relation to consideration of employment as a Traveler with those facilities.