

Post-Anesthesia Care Unit Skills Self-Assessment

This profile is for use by **PACU** Nurses with more than one year's experience in his/her discipline and specialty. Please return this checklist by mail or **FAX it to (800) 661-9303**.

Name _____ Signature _____ Date _____

Directions: Indicate your level of experience by circling the numbers below as follows:	1 = Can Function Independently 2 = Experienced, but May Need Review 3 = Limited or No Experience
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Cardiovascular			
Arterial Pressure Monitoring	1	2	3
Calibration	1	2	3
Recognition of wave form	1	2	3
Withdrawal of arterial blood	1	2	3
Discontinuation	1	2	3
Cardiac Monitoring:			
Troubleshooting	1	2	3
Central Venous Pressure Monitoring:			
Set up line	1	2	3
Care of line	1	2	3
CVP readings	1	2	3
Discontinuation	1	2	3
Hypotensive Crisis	1	2	3
Hypertensive Crisis	1	2	3
Shock	1	2	3

Pulmonary			
Airway Management Needs/Complications:			
Assessment of end tidal volumes	1	2	3
Respiratory obstruction	1	2	3
Hypoventilation	1	2	3
Laryngospasm/Bronchospasm	1	2	3
Aspiration	1	2	3
Atelectasis	1	2	3
Endotracheal Tube:			
Assist with intubation	1	2	3
Ventilator management	1	2	3
T tube oxygenation	1	2	3
Independently extubate	1	2	3
Tracheostomy	1	2	3
Neurological			
Intracranial pressure monitoring	1	2	3
Anesthesia:			
Patient Stimulation regimen	1	2	3

Orthopaedics			
Cast (Cast Care)	1	2	3
Discontinuing Dialysis			
NG Tube	1	2	3
Operation of Gomco suction	1	2	3
Renal/Genitourinary			
Foley, care of	1	2	3
Wound Management			
Sterile dressings	1	2	3
Abdominal binders	1	2	3
Intravenous Therapy			
Cardiac Drug Administration	1	2	3
PCA Pump, set up	1	2	3
Vasoactive Drug Administration	1	2	3