

NURSING SKILLS CHECKLIST

General Competencies

Date: _____ **Facility:** _____

Nurse's Name: _____ **has demonstrated competency performing the following procedures as designated by the facility, and as allowed by state regulations.**

PROCEDURE	YES	NO	N/A
1. Inserting a peripheral IV catheter.			
2. Flushing peripheral and central venous access devices.			
3. Central line/midline dressing change.			
4. Needleless Connector change.			
5. Extension set change.			
6. Peripheral catheter removal.			
7. Midline catheter removal.			
8. PICC removal.			
9. Implanted port access.			
10. Blood draw from a CVAD.			
11. Loading the tubing and programming the pump for a primary infusion.			
12. Initiating a primary infusion.			
13. Discontinuing a primary infusion.			
14. Connecting the tubing and programming the pump for a secondary infusion.			
15. Initiating a secondary infusion.			
16. Discontinuing a secondary infusion.			
17. Administering an IV push medication.			
18. Other:			

Signature of Instructor: _____