

Shamrock Medical Staffing, Inc.

Geriatric Skills Checklist

Name _____ Date _____

MEDICATION ADMINISTRATION

- Unit Dose
- Pouring from stock medications
- Controlled substance administration
- Controlled substance count and security
- Syringe count
- IV antibiotics
- IV additives
- Medications
 - Ophthalmic
 - Otic
 - Rectal
 - Vaginal
 - Topical

Highly Skilled	Skilled	Limited	With Assistance	No Experience

IV THERAPY

- Inserting IV's
- Mixing IV's
- Regulating IV's
- Discontinuing Peripheral IV's
- IV Infusion pumps
- Heparin locks

INFECTION CONTROL

- Aseptic technique
- Universal precautions
- Hazardous waste - sharps disposal
- Enteric precautions
- Respiratory precautions
- Genitourinary precautions

RESIDENTS WITH DERMATOLOGICAL PROBLEMS

- Recognizing normal skin changes in the elderly
- Identifying common skin problems in elderly
- Prevention and treatment of dermal ulcers
 - Internal causes (i. e. poor nutrition)
 - External causes (i. e. pressure, friction)

Highly Skilled	Skilled	Limited	With Assistance	No Experience

Initials _____

- Use of special pressure relief devices
 - Air fluidizer
 - Low airloss beds
 - Pressure relief mattress/ seat cushion

- Wound care
 - Dressing changes
 - Irrigations

RESIDENTS WITH RESPIRATORY PROBLEMS

- Chest physiotherapy
- Incentive spirometry
- Administering intermittent positive pressure breathing treatments
- Suctioning
 - Oropharyngeal
 - Nasotracheal
 - Tracheal
- Oxygen delivery devices
- Inserting an oral airway
- Care of the resident with a Tracheostomy
- Collection of sputum specimens

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RESIDENTS WITH CARDIOVASCULAR PROBLEMS

- Recognizing basic & life-threatening Dysrhythmias
- Cardiopulmonary resuscitation (CPR)
- Heimlich maneuver
- Care of resident with internal pacemaker
- Assessment of peripheral pulses
- Administration of nitrates
 - Oral
 - Topical
- Administration of Antiarrhythmics
 - Oral
 - Intramusclar
 - Intravenous
- Administration of Antihypertensives
 - Oral
 - Intravenous
- Pacemaker check - telecommunication

RESIDENTS WITH NEUROLOGICAL PROBLEMS

- Assessing levels of consciousness
- Reality orientation
- Care of resident with behaviors of
 - Wandering
 - Combativeness

Highly Skilled	Skilled	Limited	With Assistance	No Experience

- Agitation
- Anxiousness
- Suicidal ideation's
- Hallucinations (auditory, olfactory, visual)

Care of resident with a stroke
 Suicide precautions
 Seizure precautions
 Administration of anticonvulsant

RESIDENTS WITH GENITOURINARY PROBLEMS

Bladder retraining
 Incontinence management
 Insertion of
 Catheter - female
 Catheter - male
 Catheter - suprapubic

Bladder irrigation's
 Continuous
 Intermittent

Care of residents with
 Dialysis treatments
 A-V shunt/Fistula care
 Urinary diversion (i.e. Ileal Conduit)
 Nephrostomy tube

Collection of urine specimens
 Collection of vaginal cultures
 Removal of a pessary

RESIDENTS WITH MUSCULOSKELETAL PROBLEMS

Cast care
 Circulation checks
 Range of motion exercise
 Use of Hoyer lift
 Use of Assistive devices (i.e. walker, quad cane)
 Transfer techniques
 Gait retraining
 Application of prosthetic devices
 Application of Orthotic devices (splints, handrolls)
 Care of resident with

 total joint replacement
 Amputation
 Arthritic/Rheumatic disease
 Neuromuscular disease

RESIDENTS WITH SENSORY PROBLEMS

Care of resident with
 Cataracts

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 Macular degeneration
 Blindness
 Care of contact lens
 Prosthetic eye care
 Care of resident with hearing loss
 Application of hearing aid devices

Highly Skilled	Skilled	Limited	With Assistance	No Experience

Denture care

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RESIDENTS WITH ENDOCRINE PROBLEMS

Insulin Administration

Single type

Mixed insulin's

Blood Glucose Monitoring

Performing fingersticks

Use of blood glucose meter device

Use of visual blood glucose strips

OBRA GUIDELINES

Resident Rights

Use of Antipsychotic meds

Use of restraints

Interdisciplinary care planning

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

Medical _____

Surgical _____

Telemetry _____

Orthopedics _____

Oncology _____

Neurology _____

Pediatrics _____

OB-GYN _____

Psychiatry _____

Rehabilitation _____

Other _____

The information I have given is true and accurate to the best of my knowledge, I hereby authorize Richards Healthcare, Inc. to release this Geriatric Skills Checklist to Client facilities of Richards Healthcare, Inc. in relation to consideration of employment as a Traveler to those facilities.

Name _____

Date _____