



## PACU/Recovery Room Competency Self Assessment

**Directions**

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professional.

| Experience   |
|--|
| 0 Not Applicable                                   |
| 1 No Experience                                    |
| 2 Some Experience (Require Assistance)             |
| 3 Intermittent Experience (May Require Assistance) |
| 4 Experienced (Performs without Assistance)        |
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**Print Name**

**Last 4 Digits of SS#**

**Date**

| General Skills  | Experience |   |   |   |   |   |
|---|------------|---|---|---|---|---|
| Advanced directives   | 0          | 1 | 2 | 3 | 4 | 5 |
| Awareness of HCAHPS   | 0          | 1 | 2 | 3 | 4 | 5 |
| Patient/family teaching   | 0          | 1 | 2 | 3 | 4 | 5 |
| Lift/transfer devices   | 0          | 1 | 2 | 3 | 4 | 5 |
| Specialty beds  | 0          | 1 | 2 | 3 | 4 | 5 |
| Restrictive devices (restraints)                                  | 0          | 1 | 2 | 3 | 4 | 5 |
| End of life care/palliative care                                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Wound assessment & care   | 0          | 1 | 2 | 3 | 4 | 5 |
| Automated Medication Dispensing System, Pyxis, Omnicell, or other | 0          | 1 | 2 | 3 | 4 | 5 |
| Bar coding for medication administration                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Diabetic care & education   | 0          | 1 | 2 | 3 | 4 | 5 |
| Blood Glucose Monitoring (BGM)                                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Insulin administration  | 0          | 1 | 2 | 3 | 4 | 5 |
| National Patient Safety Goals                                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Accurate patient identification                                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Effective communication   | 0          | 1 | 2 | 3 | 4 | 5 |
| Interpretation & communication of lab values                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Medication administration   | 0          | 1 | 2 | 3 | 4 | 5 |
| Labeling (medications & specimens)                                | 0          | 1 | 2 | 3 | 4 | 5 |
| Medication reconciliation   | 0          | 1 | 2 | 3 | 4 | 5 |
| Anticoagulation therapy   | 0          | 1 | 2 | 3 | 4 | 5 |
| Pain assessment & management                                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Monitoring conscious sedation                                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Infection control   | 0          | 1 | 2 | 3 | 4 | 5 |
| Universal precautions   | 0          | 1 | 2 | 3 | 4 | 5 |
| Isolation   | 0          | 1 | 2 | 3 | 4 | 5 |
| Minimize risk for falls   | 0          | 1 | 2 | 3 | 4 | 5 |
| Prevention of pressure ulcers                                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Universal protocol (site/side verification)                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Normothermia  | 0          | 1 | 2 | 3 | 4 | 5 |
| Beta blocker (preop)  | 0          | 1 | 2 | 3 | 4 | 5 |



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| Anesthesia: General Knowledge   | Experience |   |   |   |   |   |
|---|------------|---|---|---|---|---|
| Moderate sedation/protocols & procedures  | 0          | 1 | 2 | 3 | 4 | 5 |
| Local anesthetics   | 0          | 1 | 2 | 3 | 4 | 5 |
| Regional blocks (intrathecal/epidural/spinal)                                   | 0          | 1 | 2 | 3 | 4 | 5 |
| General anesthesia (IV anesthetic agents/inhalation anesthesia agents)          | 0          | 1 | 2 | 3 | 4 | 5 |
| Administer & monitor paralytic agents   | 0          | 1 | 2 | 3 | 4 | 5 |
| Administer & monitor reversal agents  | 0          | 1 | 2 | 3 | 4 | 5 |
| Assessment of dermatomes  | 0          | 1 | 2 | 3 | 4 | 5 |
| Neuromuscular blocking agents (depolarizing, non-depolarizing, reversal agents) | 0          | 1 | 2 | 3 | 4 | 5 |
| Benzodiazepines/reversal  | 0          | 1 | 2 | 3 | 4 | 5 |
| Opioids/reversal  | 0          | 1 | 2 | 3 | 4 | 5 |

| Pulmonary  | Experience |   |   |   |   |   |
|--|------------|---|---|---|---|---|
| Assessment of breath sounds/rate/effort                  | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Airway Management, Care &amp; Maintenance</b>         |            |   |   |   |   |   |
| Head positioning to ensure airway patency                | 0          | 1 | 2 | 3 | 4 | 5 |
| Oral/NT airway   | 0          | 1 | 2 | 3 | 4 | 5 |
| Laryngeal Mask Airway (LMA)                              | 0          | 1 | 2 | 3 | 4 | 5 |
| Endotracheal tube  | 0          | 1 | 2 | 3 | 4 | 5 |
| Tracheostomy   | 0          | 1 | 2 | 3 | 4 | 5 |
| Use of ambu bag  | 0          | 1 | 2 | 3 | 4 | 5 |
| O2 therapy (NC/mask)                                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Use of CO2 monitoring devices                            | 0          | 1 | 2 | 3 | 4 | 5 |
| SVO2 monitoring  | 0          | 1 | 2 | 3 | 4 | 5 |
| Oral/NT suctioning                                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Assisting with intubation                                | 0          | 1 | 2 | 3 | 4 | 5 |
| Assisting with extubation                                | 0          | 1 | 2 | 3 | 4 | 5 |
| Measuring tidal volume                                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Arterial blood gas interpretation/analysis               | 0          | 1 | 2 | 3 | 4 | 5 |
| Obtaining ABG blood sample (art line, arterial puncture) | 0          | 1 | 2 | 3 | 4 | 5 |
| Pulse oximetry   | 0          | 1 | 2 | 3 | 4 | 5 |
| Mechanical ventilation                                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Pleural chest tubes                                      | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Postoperative Care (Respiratory)</b>                  |            |   |   |   |   |   |
| Tracheostomy   | 0          | 1 | 2 | 3 | 4 | 5 |
| Laryngeal procedures/laryngectomy                        | 0          | 1 | 2 | 3 | 4 | 5 |
| Lung transplant  | 0          | 1 | 2 | 3 | 4 | 5 |
| Video-assisted thoracoscopic surgery (VATS)              | 0          | 1 | 2 | 3 | 4 | 5 |
| Radical neck dissection                                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Penetrating/open chest trauma                            | 0          | 1 | 2 | 3 | 4 | 5 |



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| Pulmonary - cont.                   | Experience |   |   |   |   |   |
|-------------------------------------|------------|---|---|---|---|---|
| Sinus surgery                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Adenotonsillectomy (T&A)            | 0          | 1 | 2 | 3 | 4 | 5 |
| Thoracotomy/lobectomy/pneumonectomy | 0          | 1 | 2 | 3 | 4 | 5 |

| Cardiovascular                                       | Experience |   |   |   |   |   |
|--|------------|---|---|---|---|---|
| Cardiovascular assessment                            | 0          | 1 | 2 | 3 | 4 | 5 |
| Interpretation of arrhythmias                        | 0          | 1 | 2 | 3 | 4 | 5 |
| Performing 12 lead EKG's                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Care of patient with VAD (ventricular assist device) | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Set Up &amp; Interpretation of:</b>               |            |   |   |   |   |   |
| Hemodynamic monitoring (CVC/aline/PA catheter)       | 0          | 1 | 2 | 3 | 4 | 5 |
| External/temporary pacemaker                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Cardiac arrest/CPR                                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Cardioversion/defibrillation                         | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Postoperative Care (Cardiovascular)</b>           |            |   |   |   |   |   |
| Permanent pacemaker/AICD insertion                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Vascular bypass/grafting                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Embolectomy/thrombectomy                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Abdominal aortic aneurysm (AAA) repair               | 0          | 1 | 2 | 3 | 4 | 5 |
| Thoracic aortic aneurysm repair                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Endoluminal stenting                                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Vena cava filter                                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Postoperative myocardial infarction                  | 0          | 1 | 2 | 3 | 4 | 5 |

| Neurology                                   | Experience |   |   |   |   |   |
|---|------------|---|---|---|---|---|
| Baseline neurological assessment            | 0          | 1 | 2 | 3 | 4 | 5 |
| Glasgow coma scale                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Cranial nerve assessment                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Seizure precautions                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Cervical spine precautions                  | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Postoperative Care (Neuro Surgery)</b>   |            |   |   |   |   |   |
| Craniotomy                                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Burr holes                                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Aneurysm clipping/coiling                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Evacuation of hematoma (subdural, epidural) | 0          | 1 | 2 | 3 | 4 | 5 |
| Carotid endarterectomy                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Intracranial tumor excision                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Spinal tumor excision                       | 0          | 1 | 2 | 3 | 4 | 5 |



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| Neurology - cont.  | Experience |   |   |   |   |   |
|--|------------|---|---|---|---|---|
| Laminectomy  | 0          | 1 | 2 | 3 | 4 | 5 |
| Spinal fusion  | 0          | 1 | 2 | 3 | 4 | 5 |
| Ventricular peritoneal shunt   | 0          | 1 | 2 | 3 | 4 | 5 |
| Tether Cords   | 0          | 1 | 2 | 3 | 4 | 5 |
| Set Up & Care of Intracranial/Cerebral Perfusion Pressure Monitoring (ICP/ CPP) via: |            |   |   |   |   |   |
| Ventriculostomy  | 0          | 1 | 2 | 3 | 4 | 5 |
| Subarachnoid screw/bolt  | 0          | 1 | 2 | 3 | 4 | 5 |

| Gastrointestinal   | Experience |   |   |   |   |   |
|--|------------|---|---|---|---|---|
| Care of Patient with:  |            |   |   |   |   |   |
| Gastric tubes (NG/G)   | 0          | 1 | 2 | 3 | 4 | 5 |
| Jejunostomy tube   | 0          | 1 | 2 | 3 | 4 | 5 |
| Assessment & management of wound drains (self-suction/irrigation/drainage) | 0          | 1 | 2 | 3 | 4 | 5 |
| Endoscopic procedures  | 0          | 1 | 2 | 3 | 4 | 5 |
| Postoperative Care (GI)  |            |   |   |   |   |   |
| Laparoscopic   | 0          | 1 | 2 | 3 | 4 | 5 |
| Exploratory laparotomy   | 0          | 1 | 2 | 3 | 4 | 5 |
| Nissen fundoplication  | 0          | 1 | 2 | 3 | 4 | 5 |
| Esophageal procedures  | 0          | 1 | 2 | 3 | 4 | 5 |
| Abdominal trauma   | 0          | 1 | 2 | 3 | 4 | 5 |
| Gastroplasty/bypass (bariatric surgery)                                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Gastrectomy (partial/complete)   | 0          | 1 | 2 | 3 | 4 | 5 |
| Whipple procedure  | 0          | 1 | 2 | 3 | 4 | 5 |
| Pyloroplasty   | 0          | 1 | 2 | 3 | 4 | 5 |
| Vagotomy   | 0          | 1 | 2 | 3 | 4 | 5 |
| Appendectomy   | 0          | 1 | 2 | 3 | 4 | 5 |
| Bowel/colon resection  | 0          | 1 | 2 | 3 | 4 | 5 |
| Colostomy/ileostomy  | 0          | 1 | 2 | 3 | 4 | 5 |
| Hernia repair  | 0          | 1 | 2 | 3 | 4 | 5 |

| Endocrine                     | Experience |   |   |   |   |   |
|-------------------------------|------------|---|---|---|---|---|
| Transphenoidal hypophysectomy | 0          | 1 | 2 | 3 | 4 | 5 |
| Adrenalectomy                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Thyroidectomy                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Parathyroidectomy             | 0          | 1 | 2 | 3 | 4 | 5 |



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| Intravenous Management  | Experience |   |   |   |   |   |
|---|------------|---|---|---|---|---|
| Starting peripheral IV's  | 0          | 1 | 2 | 3 | 4 | 5 |
| Care of patient with peripherally-inserted central catheter (PICC) Groshong/Hickman | 0          | 1 | 2 | 3 | 4 | 5 |
| Administration of blood/blood products  | 0          | 1 | 2 | 3 | 4 | 5 |
| Autotransfusion of blood/blood products   | 0          | 1 | 2 | 3 | 4 | 5 |
| Administration of volume expanders (albumin, dextran, etc)                          | 0          | 1 | 2 | 3 | 4 | 5 |

| Miscellaneous  | Experience |   |   |   |   |   |
|--|------------|---|---|---|---|---|
| Aldrette scoring   | 0          | 1 | 2 | 3 | 4 | 5 |
| Experience with level 1 trauma patients                            | 0          | 1 | 2 | 3 | 4 | 5 |
| Management of patient with malignant hyperthermia                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Anaphylaxis  | 0          | 1 | 2 | 3 | 4 | 5 |
| Care of patients with latex allergies                              | 0          | 1 | 2 | 3 | 4 | 5 |
| Phlebotomy: peripheral   | 0          | 1 | 2 | 3 | 4 | 5 |
| Drawing blood from invasive lines                                  | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Pharmacology - Use &amp; Administration of:</b>                 |            |   |   |   |   |   |
| H2 receptor antagonists: (Zantac, Pepcid, Carafate)                | 0          | 1 | 2 | 3 | 4 | 5 |
| Antiemetics (Zofran, Phenergan, Reglan)                            | 0          | 1 | 2 | 3 | 4 | 5 |
| Steroids: (decadron, Solu-Medrol)                                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Emergency meds (ACLS protocols)                                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Anticonvulsants: (Dilantin, phenobarbital)                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Inotropes/vasoactive drips   | 0          | 1 | 2 | 3 | 4 | 5 |
| Calcium channel blockers: (Cardizem)                               | 0          | 1 | 2 | 3 | 4 | 5 |
| Antihypertensives: (nipride)                                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Antiarrhythmics: (amiodarone, lidocaine, procain)                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Diuretics: (Lasix, edecrin sodium, Bumex)                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Fibrinolytics  | 0          | 1 | 2 | 3 | 4 | 5 |
| Glycoprotein IIb/IIIa receptor inhibitors: (Integrilin, Aggrastat) | 0          | 1 | 2 | 3 | 4 | 5 |
| Nebulizer treatments: (Ventolin, Atrovent, racemic, ephinephrine)  | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Other Procedures</b>  |            |   |   |   |   |   |
| Post orthopedic/musculoskeletal procedures                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Post ENT procedures  | 0          | 1 | 2 | 3 | 4 | 5 |
| Post breast procedures (mastectomy/lumpectomy)                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Post GYN procedures  | 0          | 1 | 2 | 3 | 4 | 5 |
| Post prostate procedures   | 0          | 1 | 2 | 3 | 4 | 5 |
| Post wound care (I&D/debridement)                                  | 0          | 1 | 2 | 3 | 4 | 5 |



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Initials \_\_\_\_\_

| Age Specific Competencies       | Experience |   |   |   |   |   |
|---------------------------------|------------|---|---|---|---|---|
| Newborn/neonate (birth-30 days) | 0          | 1 | 2 | 3 | 4 | 5 |
| Infant (31 days-1 year)         | 0          | 1 | 2 | 3 | 4 | 5 |
| Toddler (2-3 years)             | 0          | 1 | 2 | 3 | 4 | 5 |
| Preschool (ages 4-5 years)      | 0          | 1 | 2 | 3 | 4 | 5 |
| School age (ages 6-12 years)    | 0          | 1 | 2 | 3 | 4 | 5 |
| Adolescents (ages 13-21 years)  | 0          | 1 | 2 | 3 | 4 | 5 |
| Young adult (ages 22-39 years)  | 0          | 1 | 2 | 3 | 4 | 5 |
| Adults (ages 40-64 years)       | 0          | 1 | 2 | 3 | 4 | 5 |
| Older adult (ages 65-79 years)  | 0          | 1 | 2 | 3 | 4 | 5 |
| Elderly (ages 80+ years)        | 0          | 1 | 2 | 3 | 4 | 5 |

| Please list any Additional Skills: |    |
|------------------------------------|----|
| 1.                                 | 2. |
| 3.                                 | 4. |
| Additional training:               |    |
| 1.                                 | 2. |
| 3.                                 | 4. |
| Additional equipment:              |    |
| 1.                                 | 2. |
| 3.                                 | 4. |

The information on this and all preceding pages is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date