

CONTINENTAL NURSES

(888) 894-2900 (phone)

(888) 894-2073 (fax)

WORK EXPERIENCE CHECKLIST- RN/LPN

Adult ICU: ___ yes ___ no _____ dates of experience (include month/year)
Neuro ICU: ___ yes ___ no _____ dates of experience
Trauma ICU: ___ yes ___ no _____ dates of experience
CVICU: ___ yes ___ no _____ dates of experience
Dialysis Inpt: ___ yes ___ no _____ dates of experience
Dialysis Outpt: ___ yes ___ no _____ dates of experience
ER: ___ yes ___ no _____ dates of experience
Pediatrics ER: ___ yes ___ no _____ dates of experience
Tele Med: ___ yes ___ no _____ dates of experience
Tele Cardiac: ___ yes ___ no _____ dates of experience
Med/Surg: ___ yes ___ no _____ dates of experience
Rehab: ___ yes ___ no _____ dates of experience
Psych: ___ yes ___ no _____ dates of experience
Burn Unit: ___ yes ___ no _____ dates of experience
OR: ___ yes ___ no _____ dates of experience
PACU: ___ yes ___ no _____ dates of experience
Oncology: ___ yes ___ no _____ dates of experience
PICU: ___ yes ___ no _____ dates of experience
NICU: ___ yes ___ no _____ dates of experience
Pediatrics: ___ yes ___ no _____ dates of experience
Psych Peds: ___ yes ___ no _____ dates of experience
OB: ___ yes ___ no _____ dates of experience
Nursery: ___ yes ___ no _____ dates of experience
L&D: ___ yes ___ no _____ dates of experience
Level II Nursery ___ yes ___ no _____ dates of experience
Ortho: ___ yes ___ no _____ dates of experience
Hospice: ___ yes ___ no _____ dates of experience
LTC: ___ yes ___ no _____ dates of experience
Private Duty: ___ yes ___ no _____ dates of experience
Home Health: ___ yes ___ no _____ dates of experience
H/H Infusion: ___ yes ___ no _____ dates of experience
Intermittent Skilled Visit: ___ yes ___ no _____ dates of experience
Computer Charting: ___ yes ___ no _____ dates of experience
Proper use of restraints: _____ ___ yes ___ no
Pain assessment/management: _____ ___ yes ___ no
Blood Glucose Monitor Type: _____
OSHA TB Fit Test Mask Type: _____

The parenteral administration of electrolytes and fluids: ___ yes ___ no

The prevention of contamination and cross-infection as covered in the Universal Precautions annual in-service: ___ yes ___ no

The exercise of appropriate safety precautions in the use of electrical and electronic equipment as covered in fire/electrical safety annual in-service: ___ yes ___ no

The recognition of need for psychological and social services for patients and their families: ___ yes ___ no

Critical Care: Nurses assigned to critical care must possess the ability to manage patient care without supervision. This includes, but is not limited to managing patient care in intensive care units, emergency department and specialty units such as high risk obstetric unit. The scope of practice includes, but is not limited to identification of cardiac dysrhythmias, setting up and managing hemodynamic monitoring equipment such as Swan-Ganz catheters, central lines, arterial lines, caring for mechanically ventilated patients, managing the care of patients with specialty equipment such as intra-aortic balloon pumps, epidurals, the use and titration of parenterally administered cardio-tonic drugs, and the use of resuscitation equipment. _____ yes _____ no

Name (employee signature)

Date

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Agency Name

Authorized Agency Representative Signature

Date

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