



Peri-Operative Nurse Skills Checklist

Name: _____

Date: _____

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (✓) in the appropriate box.

- 1 = No experience; Theory/observed only
- 2 = Intermittent experience; < 5 times per year; Needs review
- 3 = Moderate experience; > 5 times per year; May need minimal resource
- 4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
<i>Cardiac Surgery</i>				
Aortic Valve Replacement				
Coronary Artery By-Pass				
Mitral Valve Replacement				
<i>ENT Surgery</i>				
Bronchoscopy				
Esophagoscopy				
Laryngoscopy				
Endoscopy Sinus Surgery				
Ethmoidectomy				
Laryngectomy				
Mastoidectomy				
Parotidectomy				
Radical Neck Dissection				
Septoplasty				
Caldwell-Luc				
Stapedectomy				
T & A				
Tracheotomy				
Myringotomy				
Tympanoplasty				
Arch-Bars				
ORIF Facial Fractures				
<i>Urology</i>				
Bladder Suspension				
Cystectomy with Iliac Conduit				
Penile Prosthesis				
PUL				
Pubo Vaginal Sling				
TURP / TURBT				
Ureteroscopy / Cystoscopy				
Vasectomy				
Vasovasotomy				

Skill Level	1	2	3	4
<i>General Surgery</i>				
Abdominal Perineal Resection				
Appendectomy				
Laparoscopic Appendectomy				
Cholecystectomy				
Laparoscopic Cholecystectomy				
Common Bile Duct Exploratory				
Colon Resection				
Laparoscopic Colon				
Hernia Repair				
Laparoscopic Hernia				
Mastectomy				
Breast Biopsy				
Access Catheter Placement				
Rectal Surgery				
Splenectomy				
Gastric-By-Pass Surgery				
Ileo-Anal Pull Through				
Vein Stripping				
Liver Resections				
<i>Orthopedic Surgery</i>				
Arthroscopy				
ACL / PCL Reconstruction				
Total Knee Replacement				
Foot Surgeries				
ORIF Hip / Femur				
ORIF with Synthetic Instruments				
ORIF with DHS Instruments				
Acromioplasty				
Hemi-arthroplasty				
Rotator Cuff Repair				
Amputations				
Total Hip Replacement				

Neuro Surgery				
Anterior Cervical Lami				
Posterior Cervical Lemi				
Lumbar Lami				
Craniotomy for Aneurysm				
Craniotomy for Tumor				
Transphenodial				
Hypophysectomy				
Rhizotomy				
Sterotatic Procedure				
Harrington Rods				
Lumbar Fusion				
Microdisectomy				
Steffe Plates				
V - P Shunt				
Eye / Ophthalmology				
Cataract Extractions				
Corneal Transplant				
Intraocular Lens Implant				
Scleral Buckles				
Vitrectomy				
Vitrectomy with Argon Laser				
Retinal Detachment Repair				
Gynecology				
Abdominal Hysterectomy				
Anterior / Posterior Repairs				
Gynecology Laparoscopic Cases				
C-Section				
Tubal Ligation				
Tuboplasty				
LAVH-Lap Assisted				
Laparoscopy with Laser				

Plastic Surgery				
Abdominoplasty				
TRAM Flap				
Cleft Lip / Palate				
Blepharoplasty				
Breast Augmentation				
Breast Reconstruction				
Coronal Brow Lift				
Face Lift				
Suction Lipectomy				
Otoplasty				
Rhinoplasty				
Skin Graft				
Scar Revision				
Thoracic / Vascular				
A - V Fistula / Gortex Graft				
AAA Repair				
Aorto-Iliac By-Pass				
Bronchoscopy				
Carotid Endarterectomy				
Insertion of Pacemaker				
AICD Insertion				
Thoracotomy / Lobectomy				
Thoracoscopy				
Mediastinoscopy				
Hiatal Hernia / Lap Nissan				
Transplants				
Eyes				
Heart				
Lung				
Kidney				
Liver				

The preceding information I have checked is **true and correct**.

Signature: _____ Date: _____