

OR Nursing Skills Checklist

Please Print Name: _____ Date: _____

DIRECTIONS: By completing this checklist to the best of your ability, you will help us match your skills and areas of interest with our available assignments. Please circle the number, 1, 2, 3, or 4, that most accurately describes your level of experience with each skill. Please circle either 'S' or 'C' to indicate Scrub or Circulation experience. Print and fax your list to 707/265-9182

Years as RN? _____ Years as OR Nurse? _____ Strongest Areas of expertise: _____
 _____ Least strong area of expertise: _____

EXPERIENCE LEVELS

- 4 = VERY EXPERIENCED (can perform well independently)
- 3 = EXPERIENCED (Need initial review, then can perform independently)
- 2 = SOME EXPERIENCE (Require assistance/supervision)
- 1 = NO EXPERIENCE

	Experience Level		
GENERAL SURGERY		Abdominal Aortic Aneurysm	1 2 3 4 S C
AKA/BKA (amputation)	1 2 3 4 S C	Femoral-Popliteal By-pass Graft:	
Radical Mastectomy	1 2 3 4 S C	-(Insitu)	1 2 3 4 S C
Abdominal-Perineal Resection	1 2 3 4 S C	-(Graph)	1 2 3 4 S C
Cholecystectomy (Open)	1 2 3 4 S C	Portacath, Tesio, Hickman	1 2 3 4 S C
Exploratory Laparotomy	1 2 3 4 S C	AV Shunt	1 2 3 4 S C
Appendectomy	1 2 3 4 S C	Thrombecomy	1 2 3 4 S C
Laparoscopic Procedure-Cholecystectomy	1 2 3 4 S C	Pacemaker Insertion	1 2 3 4 S C
Laparoscopic Procedure-Appendectomy	1 2 3 4 S C	Arterial Stenting/Intra-Operative	
Laparoscopic Procedure-Hernia	1 2 3 4 S C	Angioplasty	1 2 3 4 S C
Laparoscopic Procedure-Nissan	1 2 3 4 S C	Subclavin/Carotid By-pass	1 2 3 4 S C
Laparoscopic Procedure-Colectomy	1 2 3 4 S C		
Gastrectomy	1 2 3 4 S C	CARDIAC/THORACIC/VASCULAR	
Inguinal/Ventral Hernia Repair	1 2 3 4 S C	Coronary Artery By-pass	1 2 3 4 S C
Splinctomy	1 2 3 4 S C	Mitral Valve Repair/Replacement	1 2 3 4 S C
Bowel Resection/Colostomy	1 2 3 4 S C	Aortic Valve Replacement	1 2 3 4 S C
Thyroidectomy	1 2 3 4 S C	Multiple Valve Transposition	1 2 3 4 S C
Rectal Procedures	1 2 3 4 S C	Septal Defects	1 2 3 4 S C
Esophagascopy/Gastroscopy	1 2 3 4 S C	Ventricular Aneurysm Repair	1 2 3 4 S C
Pediatric Case-Inguinal Hernia Repair	1 2 3 4 S C	Bring Back Heart	1 2 3 4 S C
Pediatric Case-Pyloric Stenosis	1 2 3 4 S C	Pericardial Window	1 2 3 4 S C
Pediatric Case-Circumcision	1 2 3 4 S C	Intra-Aortic Balloon Insertion	1 2 3 4 S C
Pediatric Case-Exploratory Laparotomy	1 2 3 4 S C	Heartport or Similar CABG	1 2 3 4 S C
VASCULAR SURGERY		Thoraco approach Mid-Cab	1 2 3 4 S C
Carotid Endarterectomy	1 2 3 4 S C	Aortic Arch Replacement/Valve Conduit	
		Mechanical Heart/LVAD	1 2 3 4 S C
		Pediatric Hearts	1 2 3 4 S C
		Tetrology of Fallot	1 2 3 4 S C

SurgiStaff

Subsidiary of HiTech Searches, Inc.

Phone 707-265-9180

Fax 707-265-9182

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		GYNECOLOGY	
		D&C	1 2 3 4 S C
Chamberlain Procedure	1 2 3 4 S C	Diagnostic Laparoscope	1 2 3 4 S C
Femoral Artery Cannulation	1 2 3 4 S C	Laparoscopic Assisted Vaginal Hysterectomy	1 2 3 4 S C
AICD Insertion	1 2 3 4 S C		1 2 3 4 S C
Saphenous Vein Harvest	1 2 3 4 S C	Abdominal Hysterectomy	1 2 3 4 S C
Endoscopic Vein Harvest	1 2 3 4 S C	Varinal Hysterectomy	1 2 3 4 S C
Gastric Artery Harvest	1 2 3 4 S C	Anterior/Posterior Repair	1 2 3 4 S C
Radial Vein Harvest	1 2 3 4 S C	MMK(Marshall Marchetti Krantz)	1 2 3 4 S C
Carotid Endarterectomy	1 2 3 4 S C	Tuboplasty	1 2 3 4 S C
Abdominal Aortic Aneurysm	1 2 3 4 S C	BTL(Bilateral Tubal Ligation)	1 2 3 4 S C
Femoral-Popliteal By-pass Graft	1 2 3 4 S C	C-Sections	1 2 3 4 S C
Thrombectomy	1 2 3 4 S C		
AV Shunt	1 2 3 4 S C	UROLOGY	
Pacemaker Insertion	1 2 3 4 S C	Radical Prostatectomy	1 2 3 4 S C
Insertion Vena cava Filter	1 2 3 4 S C	Radical Lymph Node Dissection	1 2 3 4 S C
Portacath, Tesio, Hickman Placement	1 2 3 4 S C	Insertion Penile Prosthesis	1 2 3 4 S C
Thoracotomy	1 2 3 4 S C	Hydrocelectomy	1 2 3 4 S C
Thoracoscopy	1 2 3 4 S C	Cystoscopy	1 2 3 4 S C
Insertion Chest Tubes	1 2 3 4 S C	Ureteroscopy	1 2 3 4 S C
Esophageal Repair	1 2 3 4 S C	TURP/TURST	1 2 3 4 S C
Pneumonectomy/Lobectomy	1 2 3 4 S C	Ultrasonic Lithotripsy	1 2 3 4 S C
Mediastinectomy	1 2 3 4 S C		
Descending Aortic Repair	1 2 3 4 S C	NEUROLOGY	
Arterial Stenting/Intra-Operative Angioplasty	1 2 3 4 S C	Cervical Laminectomy(Anterior)	1 2 3 4 S C
		Cervical Laminectomy(Posterior)	1 2 3 4 S C
		Lumbar Laminectomy, Discectomy	1 2 3 4 S C
		Percutaneous Micro Discectomy	1 2 3 4 S C
ORTHOPEDICS		Craniotomy For Tumor	1 2 3 4 S C
Total Hip Replacement	1 2 3 4 S C	Craniotomy For Aneurysm	1 2 3 4 S C
Bipolar Hip	1 2 3 4 S C	Burr Holes	1 2 3 4 S C
Compression Hip Screw	1 2 3 4 S C	VP Shunts	1 2 3 4 S C
Total Knee Replacement	1 2 3 4 S C	Transphenoidal Hypophysectomy	1 2 3 4 S C
Knee Arthroscopy	1 2 3 4 S C	Carpal Tunnel Repair	1 2 3 4 S C
ACL Knee Repair	1 2 3 4 S C	Harrington Rod or Similar	1 2 3 4 S C
Harrington Rod or Similar	1 2 3 4 S C		
I.M. Rodding	1 2 3 4 S C	PLASTICS	
Hand & Foot Procedures	1 2 3 4 S C	Mammoplasty	1 2 3 4 S C
Mini, Standard, Large Fragment Screws & Plates	1 2 3 4 S C	Facelifts	1 2 3 4 S C
		Skin Grafts	1 2 3 4 S C
External Fixation	1 2 3 4 S C	Rhinoplasty	1 2 3 4 S C
Shoulder Repair	1 2 3 4 S C	Cleft Lip Repair	1 2 3 4 S C
Shoulder Arthroscopy	1 2 3 4 S C	Abdominalplasty	1 2 3 4 S C
Spinal Fusion	1 2 3 4 S C	Blepharoplasty	1 2 3 4 S C
Cast Application	1 2 3 4 S C	Otoplasty	1 2 3 4 S C
Fracture Table Set-up	1 2 3 4 S C	Muscle Flaps	1 2 3 4 S C
Drills, Saws and Reamers	1 2 3 4 S C		

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E.N.T.

Middle Ear Cases 1 2 3 4 S C
T&A 1 2 3 4 S C
Myringotomy 1 2 3 4 S C
Tympanoplasty 1 2 3 4 S C
Radical Neck Dissection 1 2 3 4 S C
Septoplasty 1 2 3 4 S C
Sinus Endoscopy 1 2 3 4 S C

TRAUMA SURGERY

Transplant Surgery 1 2 3 4 S C
Organ Procurement(Harvest) 1 2 3 4 S C

THORACIC SURGERY

Thoracotomy 1 2 3 4 S C
Thoracoscopy 1 2 3 4 S C
Insertion Chest Tubes 1 2 3 4 S C
Esophageal Repair 1 2 3 4 S C
Pneumonectomy/Lobectomy 1 2 3 4 S C

The information I have given is true and accurate to the best of my knowledge.

Signed: _____ Date: _____

Name (Please Print)

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