

# Perioperative Skills Checklist



First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Social Security number: \_\_\_\_\_

This profile is for use by Perioperative nurses with more than one year of experience in their discipline and specialty. It will not be a determining factor for the program. Return this checklist to us by mail or fax it to the office nearest you.

USA (866) 620-9680 (Toll free in USA & Canada)  
USA (954) 377-6595 (Outside USA & Canada)  
Australia 02 9250 3001 South Africa 021 851 3178  
UK 0870 700 0141

## Please mark your level of experience

**A**

Theory, no practice

**C**

Two plus years experience

**B**

One - two years experience

EAR, NOSE & THROAT	SCRUB			CIRCULATE		
	A	B	C	A	B	C
1. Adenoidectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Caldwell - Luc.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cleft lip/palate repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Closed reduction nasal fracture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ethmoidectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Excision of salivary gland tumor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fenestration procedure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Frontal flap sinus procedure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Glossectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Laryngectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Mandibulectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Mastoidectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Maxillary advancement with hip graft.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Maxillectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Myringoplasty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Myringotomy/with PE tube insertion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Nasal polypectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Open reduction facial fractures.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Open reduction nasal fracture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Parotidectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Pharyngeal flap procedure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Radical neck dissection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Ranulectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Rhinoplasty/septoplasty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Selective osteotomy of maxilla/ mandible.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Sinus endoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Sinusotomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Stapedectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Submucous resection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Tonsillectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Tracheostomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. ENDOSCOPIC PROCEDURES	SCRUB			CIRCULATE		
	A	B	C	A	B	C
32. Tympanoplasty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Bronchoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Colonoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Culdoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cystoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Esophagoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Gastroscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Hysteroscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Laparoscopic procedures						
a. Appendectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cholecystectomy/ choangiogram.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Colon resection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hernia repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Nissen fundoplication.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Salpingo-oophorectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tubal ligation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Vaginal hysterectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Laryngoscopy & microlaryngoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Mediastinoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Pelviscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sigmoidoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Thoracoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. GENERAL SURGERY						
1. Abdominal perineal resection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Adrenalectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Anal fissurectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Appendectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Breast biopsy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Colectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Colostomy/ileostomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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First name: \_\_\_\_\_

**SCRUB**

**CIRCULATE**

A B C

A B C

8. Gastrectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
9. Gastropasty\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
10. Hemorrhoidectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
11. Hepatic resection\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
12. Herniorrhaphy - femoral,  
inguinal, umbilical\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
13. Hiatal herniorrhaphy,  
transabdominal/trans thoracic\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
14. Hickman/Groshong/  
Portacath insertion\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
15. Hydrocelectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
16. Imperforate anus reconstruction\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
17. Lumbar sympathectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
18. Omphalocele repair\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
19. Pancreatectomy/pancreatogram\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
20. Pilonidal cystectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
21. Portal caval shunt\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
22. Pyloric stenosis\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
23. Radical mastectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
24. Saphenous vein ligation and  
stripping\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
25. Sentinel node biopsy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
26. Splenectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
27. Tenckhoff catheter placement\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
28. Thyroglossal duct cyst excision\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
29. Thyroidectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
30. Tracheostomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
31. Vagotomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐

**G. GYNECOLOGY**

1. Cesarean section\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
2. Colpotomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
3. Dilatation and curettage (D&C)\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
4. Hysterectomy, abdominal\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
5. Hysterectomy, vaginal\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
6. Marshall - Marchetti\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
7. Marsupialization, Bartholin cyst\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
8. Ovarian cystectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
9. Radium insertion\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
10. Sacral spinus fixation\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
11. Shirodkar procedure\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
12. Suction curettage\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
13. Vaginal reconstruction\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
14. Vaginectomy/vulvectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐

**H. NEUROLOGY**

1. A-V malformation\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
2. Anterior cervical fusion\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
3. Anterior laparoscopic  
spine procedures\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐

Last name: \_\_\_\_\_

**SCRUB**

**CIRCULATE**

A B C

A B C

4. Anterior lumbar interbody  
fusion (ALIF)\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
5. Burr holes for subdural  
hematoma\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
6. Carotid ligation\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
7. Cervical sympathectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
8. Craniectomy for decompression  
fracture\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
9. Cranioplasty/craniotomy  
a. Clipping of aneurysm\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
- b. Tumor excision\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
- c. Using stealth equipment  
(stealth craniotomy)\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
10. Discectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
11. Hypophysectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
12. Insertion nerve stimulators/  
medication pumps\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
13. Laminectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
14. Myelomeningocele repair\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
15. Pedicle screw insertion\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
16. Posterior lumbar interbody  
fusion (PLIF)\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
17. Shunt procedure/VP, VA/LP\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
18. Spine fusion - list systems you have  
used \_\_\_\_\_
19. Ulnar nerve transfer\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
20. Ventriculography procedure/  
ventriculoscopy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
21. Ventriculostomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐

**I. OPHTHALMOLOGY**

1. Cataract extraction with IOL\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
2. Corneal transplant\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
3. Dacryocystectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
4. Dacryocystorhinostomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
5. Iridectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
6. Lid and muscle procedures\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
7. Orbital implant\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
8. Phaco emulsification\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
9. Pterygium repair\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
10. Recession resection\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
11. Repair orbital blowout fracture\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
12. Scleral buckle\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
13. Vitrectomy\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐

**J. ORAL**

1. Closed reduction facial  
fractures/wiring\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
2. Excision odontoma\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐
3. Extraction of deciduous teeth\_\_\_\_\_ ☐ ☐ ☐ ☐ ☐ ☐

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A B C

A B C

4. Extraction of impacted molars. ☐ ☐ ☐ ☐ ☐ ☐
5. Fractured jaws, mandibular and zygomatic. ☐ ☐ ☐ ☐ ☐ ☐
6. LeFort osteotomies. ☐ ☐ ☐ ☐ ☐ ☐
7. Maxillary procedure with graft. ☐ ☐ ☐ ☐ ☐ ☐
8. Pediatric dentistry. ☐ ☐ ☐ ☐ ☐ ☐
9. Sagittal osteotomy. ☐ ☐ ☐ ☐ ☐ ☐
10. Temporomandibular joint (TMJ) with arthroplasty. ☐ ☐ ☐ ☐ ☐ ☐
11. TMJ exploration. ☐ ☐ ☐ ☐ ☐ ☐

#### I. ORTHOPEDICS

1. Acetabular/pelvic ORIF. ☐ ☐ ☐ ☐ ☐ ☐
2. Achilles tendon repair. ☐ ☐ ☐ ☐ ☐ ☐
3. Amputation - leg, arm. ☐ ☐ ☐ ☐ ☐ ☐
4. Anterior cruciate ligament repair. ☐ ☐ ☐ ☐ ☐ ☐
5. Application of external fixators
  - a. Extremities. ☐ ☐ ☐ ☐ ☐ ☐
  - b. Pelvis. ☐ ☐ ☐ ☐ ☐ ☐
6. Application of halo traction. ☐ ☐ ☐ ☐ ☐ ☐
7. Arthroscopy
  - a. Ankle. ☐ ☐ ☐ ☐ ☐ ☐
  - b. Elbow. ☐ ☐ ☐ ☐ ☐ ☐
  - c. Knee. ☐ ☐ ☐ ☐ ☐ ☐
  - d. Shoulder. ☐ ☐ ☐ ☐ ☐ ☐
8. Arthrotomy. ☐ ☐ ☐ ☐ ☐ ☐
9. Bipolar/unipolar hips. ☐ ☐ ☐ ☐ ☐ ☐
10. Bunionectomy. ☐ ☐ ☐ ☐ ☐ ☐
11. Calcaneal reconstruction. ☐ ☐ ☐ ☐ ☐ ☐
12. Capsulorrhaphy. ☐ ☐ ☐ ☐ ☐ ☐
13. Carpal tunnel release. ☐ ☐ ☐ ☐ ☐ ☐
14. Closed reduction fracture. ☐ ☐ ☐ ☐ ☐ ☐
15. Hand surgery with implants. ☐ ☐ ☐ ☐ ☐ ☐
16. Harrington rod instrumentation and/or Dwyer procedure. ☐ ☐ ☐ ☐ ☐ ☐
17. Heel cord lengthening. ☐ ☐ ☐ ☐ ☐ ☐
18. Hip compression nails & lag screws
  - a. Jewett. ☐ ☐ ☐ ☐ ☐ ☐
  - b. Kuntscher rod. ☐ ☐ ☐ ☐ ☐ ☐
  - c. Lottes. ☐ ☐ ☐ ☐ ☐ ☐
  - d. Rush. ☐ ☐ ☐ ☐ ☐ ☐
  - e. Schneider. ☐ ☐ ☐ ☐ ☐ ☐
  - f. Zimmer. ☐ ☐ ☐ ☐ ☐ ☐
  - g. Others - list \_\_\_\_\_
19. Iliac crest bone graft. ☐ ☐ ☐ ☐ ☐ ☐
20. Insertion Austin Moor hip prosthesis. ☐ ☐ ☐ ☐ ☐ ☐
21. Intramedullary rods
  - a. Extraction. ☐ ☐ ☐ ☐ ☐ ☐
  - b. Femoral. ☐ ☐ ☐ ☐ ☐ ☐

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A B C

A B C

- c. Humeral. ☐ ☐ ☐ ☐ ☐ ☐
- d. Insertion. ☐ ☐ ☐ ☐ ☐ ☐
- e. Supracondylar. ☐ ☐ ☐ ☐ ☐ ☐
- f. Tibial. ☐ ☐ ☐ ☐ ☐ ☐
22. Laminectomy. ☐ ☐ ☐ ☐ ☐ ☐
23. Olecranon bursa, excision of. ☐ ☐ ☐ ☐ ☐ ☐
24. Open reduction of fracture, internal fixation with compression set. ☐ ☐ ☐ ☐ ☐ ☐
25. Patellectomy. ☐ ☐ ☐ ☐ ☐ ☐
26. Putti Platt/Bankart procedure/rotator cuff repair. ☐ ☐ ☐ ☐ ☐ ☐
27. Reduction with compression sets. ☐ ☐ ☐ ☐ ☐ ☐
28. Reimplantation of digits. ☐ ☐ ☐ ☐ ☐ ☐
29. Repair hammer toes. ☐ ☐ ☐ ☐ ☐ ☐
30. Sacro-iliac (SI) joint screws. ☐ ☐ ☐ ☐ ☐ ☐
31. Sharrard procedure. ☐ ☐ ☐ ☐ ☐ ☐
32. Spica cast, application of. ☐ ☐ ☐ ☐ ☐ ☐
33. Spinal fusion. ☐ ☐ ☐ ☐ ☐ ☐
34. Tendon transplants (hand and foot). ☐ ☐ ☐ ☐ ☐ ☐
35. Total joint replacements/revisions
  - a. Total hip. ☐ ☐ ☐ ☐ ☐ ☐
  - b. Total knee. ☐ ☐ ☐ ☐ ☐ ☐
  - c. Total shoulder. ☐ ☐ ☐ ☐ ☐ ☐

#### I. PLASTICS

1. Abdominal lipectomy. ☐ ☐ ☐ ☐ ☐ ☐
2. Blepharoplasty. ☐ ☐ ☐ ☐ ☐ ☐
3. Face lift. ☐ ☐ ☐ ☐ ☐ ☐
4. Mammoplasty
  - a. Augmentation. ☐ ☐ ☐ ☐ ☐ ☐
  - b. Reduction. ☐ ☐ ☐ ☐ ☐ ☐
  - c. Tramflaps with reconstructive mammoplasty. ☐ ☐ ☐ ☐ ☐ ☐
5. Mentoplasty. ☐ ☐ ☐ ☐ ☐ ☐
6. Otoplasty. ☐ ☐ ☐ ☐ ☐ ☐
7. Pedicle grafts. ☐ ☐ ☐ ☐ ☐ ☐
8. Scar revisions. ☐ ☐ ☐ ☐ ☐ ☐
9. Split thickness skin grafting. ☐ ☐ ☐ ☐ ☐ ☐
10. Tissue expanders. ☐ ☐ ☐ ☐ ☐ ☐

#### J. THORACIC & OPEN HEART

1. Cervical rib excision. ☐ ☐ ☐ ☐ ☐ ☐
2. Chamberlain procedure. ☐ ☐ ☐ ☐ ☐ ☐
3. Closed thoracotomy. ☐ ☐ ☐ ☐ ☐ ☐
4. Correction pectus excavatum. ☐ ☐ ☐ ☐ ☐ ☐
5. Esophagectomy. ☐ ☐ ☐ ☐ ☐ ☐
6. Heller procedure. ☐ ☐ ☐ ☐ ☐ ☐
7. Mitral commissurotomy. ☐ ☐ ☐ ☐ ☐ ☐

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8. Open heart procedures  
a. Mitral or aortic valve replacement ☐ ☐ ☐ ☐ ☐ ☐  
b. Patent ductus arteriosus ☐ ☐ ☐ ☐ ☐ ☐  
c. Septal defect repairs ☐ ☐ ☐ ☐ ☐ ☐  
d. Tetralogy of Fallot ☐ ☐ ☐ ☐ ☐ ☐

9. Pacemaker implantation  
endocardial ☐ ☐ ☐ ☐ ☐ ☐

10. Pacemaker implantation  
myocardial ☐ ☐ ☐ ☐ ☐ ☐

11. Pericardiectomy ☐ ☐ ☐ ☐ ☐ ☐

12. Resection coarctation aorta ☐ ☐ ☐ ☐ ☐ ☐

13. Rib resection ☐ ☐ ☐ ☐ ☐ ☐

14. Thoracoplasty ☐ ☐ ☐ ☐ ☐ ☐

15. Tracheal resection ☐ ☐ ☐ ☐ ☐ ☐

16. Transthoracic diaphragmatic herniorrhaphy ☐ ☐ ☐ ☐ ☐ ☐

#### **. TRANSPLANT**

1. Bone ☐ ☐ ☐ ☐ ☐ ☐

2. Bone marrow ☐ ☐ ☐ ☐ ☐ ☐

3. Corneal ☐ ☐ ☐ ☐ ☐ ☐

4. Harvesting ☐ ☐ ☐ ☐ ☐ ☐

5. Heart ☐ ☐ ☐ ☐ ☐ ☐

6. Kidney ☐ ☐ ☐ ☐ ☐ ☐

7. Liver ☐ ☐ ☐ ☐ ☐ ☐

8. Lung ☐ ☐ ☐ ☐ ☐ ☐

9. Multi-organ ☐ ☐ ☐ ☐ ☐ ☐

10. Pancreas ☐ ☐ ☐ ☐ ☐ ☐

11. Skin ☐ ☐ ☐ ☐ ☐ ☐

#### **. TRAUMA**

1. Burns ☐ ☐ ☐ ☐ ☐ ☐

2. Gunshot/stab wounds

- a. Abdomen ☐ ☐ ☐ ☐ ☐ ☐

- b. Chest ☐ ☐ ☐ ☐ ☐ ☐

- c. Head ☐ ☐ ☐ ☐ ☐ ☐

3. Motor vehicle accidents (multiple injuries) ☐ ☐ ☐ ☐ ☐ ☐

4. Traumatic amputations ☐ ☐ ☐ ☐ ☐ ☐

#### **I. UROLOGY**

1. Adult circumcision ☐ ☐ ☐ ☐ ☐ ☐

2. Cystectomy ☐ ☐ ☐ ☐ ☐ ☐

3. Cystoscopy/ureteroscopy ☐ ☐ ☐ ☐ ☐ ☐

4. Hypospadias repair ☐ ☐ ☐ ☐ ☐ ☐

5. Implants: penile, testicular ☐ ☐ ☐ ☐ ☐ ☐

6. Lithotripsy ☐ ☐ ☐ ☐ ☐ ☐

7. Nephrectomy ☐ ☐ ☐ ☐ ☐ ☐

8. Nephrolithotomy ☐ ☐ ☐ ☐ ☐ ☐

9. Orchiopexy ☐ ☐ ☐ ☐ ☐ ☐

Last name: **SCRUB** **CIRCULATE**  
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10. Prostatectomy

- a. Perineal ☐ ☐ ☐ ☐ ☐ ☐

- b. Supra-pubic ☐ ☐ ☐ ☐ ☐ ☐

11. Pyeloplasty ☐ ☐ ☐ ☐ ☐ ☐

12. Radical node dissection ☐ ☐ ☐ ☐ ☐ ☐

13. Scott incontinence device ☐ ☐ ☐ ☐ ☐ ☐

14. TURP ☐ ☐ ☐ ☐ ☐ ☐

15. Ureterolithotomy ☐ ☐ ☐ ☐ ☐ ☐

16. Vasectomy ☐ ☐ ☐ ☐ ☐ ☐

17. Vasovasostomy ☐ ☐ ☐ ☐ ☐ ☐

18. Waterhouse procedure ☐ ☐ ☐ ☐ ☐ ☐

#### **N. VASCULAR**

1. A-V access graft ☐ ☐ ☐ ☐ ☐ ☐

2. Aortic aneurysm with graft replacement ☐ ☐ ☐ ☐ ☐ ☐

3. Endarterectomy/carotid - femoral ☐ ☐ ☐ ☐ ☐ ☐

4. Peripheral vascular bypass procedures ☐ ☐ ☐ ☐ ☐ ☐

5. Resection carotid aneurysm with graft ☐ ☐ ☐ ☐ ☐ ☐

6. Thrombectomy/embolectomy ☐ ☐ ☐ ☐ ☐ ☐

7. Vena cava filter/umbrella ☐ ☐ ☐ ☐ ☐ ☐

8. Vena cava ligation ☐ ☐ ☐ ☐ ☐ ☐

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#### **O. ANESTHESIA**

1. Assist with intubation ☐ ☐ ☐

2. Conscious sedation - administration and monitoring ☐ ☐ ☐

3. Management of malignant hyperthermia crisis ☐ ☐ ☐

#### **P. EQUIPMENT**

1. Argon beam coagulator ☐ ☐ ☐

2. Bair Hugger ☐ ☐ ☐

3. Blood/fluid warmer ☐ ☐ ☐

4. Camera/video systems

- a. Camera controller ☐ ☐ ☐

- b. Light source ☐ ☐ ☐

- c. Printers ☐ ☐ ☐

- d. VCRs ☐ ☐ ☐

5. Cardiac monitor and pacemaker ☐ ☐ ☐

6. Cell saver ☐ ☐ ☐

7. Cidex soak ☐ ☐ ☐

8. Cry-ophthalmic unit ☐ ☐ ☐

9. Defibrillator/pacer ☐ ☐ ☐

10. Dermatome

- a. Brown ☐ ☐ ☐

- b. Padgett ☐ ☐ ☐

- c. Zimmer ☐ ☐ ☐

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11. Disposable grounding pads ☐ ☐ ☐

## 12. Drills

a. 3-M Maxi driver ☐ ☐ ☐b. Codman craniotome ☐ ☐ ☐c. Hall air driver ☐ ☐ ☐d. Hall dental ☐ ☐ ☐e. Hall neurotome ☐ ☐ ☐f. Midax Rex/Anspach ☐ ☐ ☐g. Minidriver ☐ ☐ ☐

## h. Stryker drills

(1) Large battery Stryker ☐ ☐ ☐(2) Small battery Stryker ☐ ☐ ☐i. Surgairtome ☐ ☐ ☐j. Synthes A-O Drill ☐ ☐ ☐13. Electrosurgical unit ☐ ☐ ☐14. Emerson thoracic pump ☐ ☐ ☐15. Ethylene oxide sterilizer - AMSCO ☐ ☐ ☐16. Eye magnet ☐ ☐ ☐

17. Fiber optic luminator - list types \_\_\_\_\_

18. Flash autoclave - AMSCO ☐ ☐ ☐

## 19. Fracture tables

a. Chick table/Marquet table ☐ ☐ ☐b. Jackson table ☐ ☐ ☐c. Rush table/Skytron table ☐ ☐ ☐20. Hypo/hyperthermia unit ☐ ☐ ☐

## 21. Intestinal stapling devices

a. EEA ☐ ☐ ☐b. GIA ☐ ☐ ☐c. LDS ☐ ☐ ☐d. TA ☐ ☐ ☐22. Kreiselman resuscitator ☐ ☐ ☐

## 23. Laser

a. CO<sub>2</sub> ☐ ☐ ☐b. Eye ☐ ☐ ☐

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c. Yag ☐ ☐ ☐

d. Other \_\_\_\_\_

24. Mesh graft ☐ ☐ ☐

25. Microscopes, list types \_\_\_\_\_

26. Nerve stimulator ☐ ☐ ☐27. Nitrous oxide bank ☐ ☐ ☐28. Ohio suction units ☐ ☐ ☐29. Orthopedic arm board with drain ☐ ☐ ☐30. Pleurevac disposable chest drainage ☐ ☐ ☐31. Pneumatic tourniquet ☐ ☐ ☐32. Sterad machine ☐ ☐ ☐33. Steri-vac aeration cabinet, 3-M, portable ☐ ☐ ☐34. Steris unit ☐ ☐ ☐35. Suction unit, disposable ☐ ☐ ☐36. Tele-thermometer ☐ ☐ ☐37. Ultrasonic cleaner - AMSCO ☐ ☐ ☐38. Vac-pac positioner ☐ ☐ ☐39. Vacuum curettage ☐ ☐ ☐40. Washer sanitizer - AMSCO ☐ ☐ ☐41. Washer sterilizer - AMSCO ☐ ☐ ☐**Q. PHLEBOTOMY/IV THERAPY**

## 1. Equipment &amp; procedures

## a. Administration of blood/blood products

(1) Packed red blood cells ☐ ☐ ☐(2) Whole blood ☐ ☐ ☐

## b. Assist with IA/IV therapy

(1) Insertion of A-lines ☐ ☐ ☐(2) Insertion of CVP - jugular/subclavian ☐ ☐ ☐(3) Insertion of Swan-Ganz ☐ ☐ ☐c. Drawing blood from central line ☐ ☐ ☐d. Drawing venous blood ☐ ☐ ☐

## e. Starting IVs

(1) Angiocath ☐ ☐ ☐**Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.****AGE SPECIFIC PRACTICE CRITERIA**

<b>A. Newborn/Neonate (birth - 30 days)</b>	<b>D. Preschooler (3 - 5 years)</b>	<b>G. Young adults (18 - 39 years)</b>
<b>B. Infant (30 days - 1 year)</b>	<b>E. School age children (5 - 12 years)</b>	<b>H. Middle adults (39 - 64 years)</b>
<b>C. Toddler (1 - 3 years)</b>	<b>F. Adolescents (12 - 18 years)</b>	<b>I. Older adults (64+)</b>

**EXPERIENCE WITH AGE GROUPS:**

Able to adapt care to incorporate normal growth and development.

A	B	C	D	E	F	G	H	I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Can ensure a safe environment reflecting specific needs of various age groups.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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First name:

Last name:

**My experience is primarily in: (Please indicate number of years.) Total years OR nursing:** \_\_\_\_ year(s)

- |                                    |              |  |              |                                     |              |
|------------------------------------|--------------|--|--------------|-------------------------------------|--------------|
| <input type="checkbox"/> Endoscopy | ____ year(s) | <input type="checkbox"/> Opthamology         | ____ year(s) | <input type="checkbox"/> Transplant | ____ year(s) |
| <input type="checkbox"/> ENT       | ____ year(s) | <input type="checkbox"/> Oral                | ____ year(s) | <input type="checkbox"/> Trauma     | ____ year(s) |
| <input type="checkbox"/> General   | ____ year(s) | <input type="checkbox"/> Ortho               | ____ year(s) | <input type="checkbox"/> Urology    | ____ year(s) |
| <input type="checkbox"/> GYN       | ____ year(s) | <input type="checkbox"/> Plastics            | ____ year(s) | <input type="checkbox"/> Vascular   | ____ year(s) |
| <input type="checkbox"/> Neuro     | ____ year(s) | <input type="checkbox"/> Thoracic/open heart | ____ year(s) |                                     |              |

**Certification: (mo/day/yr)**

- |  |                               |                                |                               |
|--|-------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> BCLS                                    | Exp. date: ____ / ____ / ____ | <input type="checkbox"/> ACLS  | Exp. date: ____ / ____ / ____ |
| <input type="checkbox"/> CNOR                                    | Exp. date: ____ / ____ / ____ | <input type="checkbox"/> CRNFA | Exp. date: ____ / ____ / ____ |
| <input type="checkbox"/> Other (type): _____                     |                               | Exp. date: ____ / ____ / ____  |                               |
| <input type="checkbox"/> Computerized charting system: _____     |                               | Date: ____ / ____ / ____       |                               |
| <input type="checkbox"/> Medication administration system: _____ |                               | Date: ____ / ____ / ____       |                               |

I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Perioperative Skills Checklist to their Client facilities in relation to consideration of employment as a Traveler with those facilities.

\_\_\_\_\_  
Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

