

Parkwest Medical Center
Nurse Extern Core Competency Checklist

Name: _____ **Title:** Extern **Badge #:** _____ **Department:** _____

Listed below are the core competencies for the Nurse Extern. All skills are to be observed by preceptor. If a skill is not applicable in your specific area note N/A under competency validated.

I understand that under no circumstances are externs to administer any medications, receive verbal/telephone orders, sign off orders, give or receive report, or perform blood glucose monitoring. Pg.: 1 of 2

TASK/BEHAVIOR	Understanding confirmed with return demonstration Competency validated by Educator or Preceptor
	Date: _____ Signature: _____

I. General System/Cardiovascular:		
A. Assessment		
B. Vital Signs (T, BP, P, R, Oxygen Saturation, Pain level)		
C. Check peripheral pulses		
D. Anti-Embolism Devices		
E. Checking INT site		
F. IV insertion under direct supervision of RN*		
G. Monitor blood administration VS after first 5-minutes		
H. Discontinuation of IV		
I. Bed bath or assist with bath		
II. Gastrointestinal		
A. Assessment		
B. Insertion of N/G Suction tube with direct RN supervision*		
C. Check placement/patency of feeding tubes/NG/Suction		
D. Stool specimen collection		
E. Check feeding residual		
F. Enteral feedings		
G. Enemas under direct supervision of RN		
H. Rectal exam/removal of fecal impaction		
I. Removal of NG tube		
J. Auscultation of bowel sounds		
III. Genitourinary		
A. Assessment		
B. Collection of urine specimens		
1. Routine		
2. C & S		
3. 24 hours urine collections		
4. Straight cath specimens with direct RN supervision*		
C. Insertion of Foley with direct RN supervision:*		
D. Foley Catheter removal		
E. I&O (emptying foley, calculating intake and output)		
IV. Integumentary		
A. Assessment		
B. Cleansing wounds and assessment		
C. Removal/disposal of soiled dressing		
D. Decubitus prevention care		
E. Ostomy Care		
F. Application of dry, sterile dressing		
G. Application of wet/dry dressing		
H. Application of Steri-Strips		
I. Wound irrigation		
J. Application/wrapping Ace bandage		
K. Care/use Hemo-vac, T-tube, J-P drain		
L. Wound Cultures		
V. Musculo-Skeletal System		
A. Falls Prevention Screening Tool (Hendrich II Model)		

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Pg.: 2 of 2

TASK/BEHAVIOR	Understanding confirmed with return demonstration Competency validated by Educator or Preceptor	
	Date:	Signature:

B. Ambulation		
C. ROM exercises		
D. Positioning		
E. Transfers		
F. Using adaptive equipment		
1. Walker		
2. Cane		
3. Crutches		
4. Gait Belt		
5. Lifting device		
G. Set up traction & CPM		
VI. Respiratory System		
A. Assessment		
B. Suctioning		
C. Trach care under direct supervision of RN*		
D. Chest tube care, maintenance, and set-up under direct RN supervision*		
E. Incentive spirometer		
F. Turn, cough, deep breath		
G. Maintain O2 therapy		
H. Collection of sputum		
VII. Neuro		
A. Epidural-assessing site/pain		
B. Pain assessment/management		
C. Seizure precautions		
VIII. Psycho-Social/Emotional/Cultural/Spiritual Needs:		
A. Organ Donation		
B. Refer to appropriate discipline		
C. Advance directives/living will		
D. Suicide precautions		
E. DNR		
IX. Other		
A. Restraint checks		
B. Patient Identification **Utilizing two patient identifiers**		
C. Isolation Procedures		
D. Post Mortem Care		
E. Defibrillator checks		
Extern Signature:	Date:	
Manager/Educator's Signature:	Date:	