Skills Performed: Q4

Name:_____

Category											
Meds:	**Skills**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**
	Eye gtts										
	PO										
	Sub Q (site)										
	IV Push										
	IVPB										
	IM (site)										
	Transdermal										
	Other:										
IV Admin:											
	D/C IV or SL										
	Venipuncture										
	SL flush										
	CVC flush										
	CVC drsg										
	CVC removal										
	PICC flush										
	PICC drsg										
	Tubing change										
	PCA monitoring										
	Other:										
Tubes/drains:											
	NG insert										
	NG/GT flush										
	NG removal										
	Tube feeding										
	F/C insert										
	F/C irrigation										
	F/C removal										
	CT management										
	Constavac/orthopat										
	Empty JP/hemo										
	Other:										
Wound care:											
	Staple removal										
	Dressing change										
	Wound packing										
	Wound ass'mnt.										
	Other:										
Misc:											
	02 admin/titrate										
	Telemetry monitor										
	Trach care/suct.										
	Other:										
	Other:										
	Other:										