

## Nurse Skills Checklist

DATE:

NAME:

Idaho Nursing License #

School of Nursing

Degree Received

Graduated Date

Copy of current CPR/AED Training

Copy of current TB or QuantiFERON Gold Results

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In the **last year**, have you performed  
Training as needed

- Yes     No    Vital Signs
- Yes     No    Blood glucose w/ glucometer
- Yes     No    Blood oxygen saturation
- Yes     No    Venipuncture
- Yes     No    Urine dip
- Yes     No    Hemocult
- Yes     No    Quick Strep Test
- Yes     No    EKG 12 Lead
- Yes     No    Steri strip application
- Yes     No    Staple removal
- Yes     No    Wound care/ apply dressings
- Yes     No    Assist with & prepare supplies for suturing
- Yes     No    Nebulizer