A&E / ENP / ANP Nurse Skills and Competency Checklist

Name: _______________________________  Grade: ___________

In order that we can assess your skills, identify and training needs and select appropriate placements for you, we would be grateful if you would complete the form below. Please tick the appropriate box and make any additional comments that you feel are necessary.

<table>
<thead>
<tr>
<th>Skill</th>
<th>No Experience</th>
<th>Competent</th>
<th>Comments</th>
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**Patient Observations and Recordings**
- Respiratory
- Cardiovascular
- Neurological
- Early Warning Scores
- Glasgow Coma Scales
- Gastrointestinal
- Psychological
- Pressure Area Care
- Dietary Requirements
- Fluid Balance Charts

**Documentation**
- Care Pathways – Paper
- Care Pathways – Electronic
- Prioritise Patient Care
- Meet Deadlines
- Assess and Implement Care
- Incident Reporting
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<th>Comments</th>
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<td>Arrest Calls – Adults</td>
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<td>Pressure Ulcer Grading and Reporting</td>
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<td>Child Protection</td>
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**ANP/ENP Skills**

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<thead>
<tr>
<th>Nurse prescribing qualification which is registered with NMC</th>
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<tr>
<td>Minor illness experience (ENP)</td>
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<td>Minor injuries experience (ENP)</td>
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<td>Walk in centre experience</td>
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<tr>
<td>Able to make a thorough and skilled clinical assessment to make an appropriate diagnosis</td>
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<td>Able to critically apply relevant knowledge in anatomy and physiology</td>
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<td>Able to methodically document your assessment, diagnosis, treatment and management of the patient</td>
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<td>Understanding of when to refer to appropriate specialties</td>
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<td>Understanding of the autonomous role of the ENP/ANP and the legal aspects that come with the role</td>
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<td>Understanding of the principles of radiology/imaging</td>
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<td>Able to accurately interpret limb x-rays</td>
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<td>Able to accurately interpret a range of x-rays</td>
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<td>Able to manipulate and reduce fractures</td>
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<td>Able to re-locate dislocated shoulders</td>
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<td>Able to accurately assess and treat burns</td>
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<td>Able to perform eye/ophthalmic examination</td>
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**Additional Comments**

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**Name:** ____________________________________________ **Date:** ________________

**Signature:** __________________________________________

**Verified by:** __________________________________________ **Date:** ________________