

Case Manager

Name _____ Telephone _____ Who is your recruiter? _____ Date _____

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.

Proficiency :- 1 = Never Performed 2 = Limited Experience 3 = Comfortable Performing 4 = Proficient
Frequency :- 1 = Never 2 = Sometimes 3 = Often 4 = Always

| GENERAL | Proficiency | | | | Frequency | | | |
|--|-------------|---|---|---|-----------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Admission | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Advance Directives | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Collect Appropriate Data | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Discharge Teaching | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Organ/Tissue Donation | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Patient and Family Teaching | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Managed Care | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Medicaid | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Discharge Planning | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Nursing Home Placement | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Chart Review and Financial Audit | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Conservatorship | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Adult Protective Services | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Child Protective Services | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Hospice Referrals | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Palliative Care Referrals | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Chronic Disease Management | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Home Health Referrals | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| DME | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Computerized Documentation | | | | | | | | |
| Computerized Documentation | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Cardiovascular Patient Experience | | | | | | | | |
| Acute MI | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Angina | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

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| Cardiomyopathy | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Cardiopulmonary Arrest | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Congestive Heart Failure | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Heart Transplant | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Pulmonary Patient Experience | | | | | | | | |
| COPD | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Lung Transplant | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Neurological Patient Experience | | | | | | | | |
| Acute Head Injury | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Alzheimer's Disease | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Coma | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| CVA | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Multiple Sclerosis | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Neuromuscular Disease | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Spinal Cord Injury | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Gastrointestinal Patient Experience | | | | | | | | |
| Abdominal Wounds and Surgeries | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Colostomy | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Hepatitis | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Liver Failure | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Liver Transplant | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Pancreatitis | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Liver Cancer | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Pancreatic Cancer | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Renal/Genitourinary Patient Experience | | | | | | | | |
| Acute Renal Failure | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| End Stage Renal Disease | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Hemodialysis | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Peritoneal Dialysis | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Renal Transplant | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Endocrine/Metabolic Patient Experience | | | | | | | | |
| Diabetics | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Musculoskeletal Patient Experience | | | | | | | | |
| Amputation | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Multiple Trauma | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Vac-pac positioner | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

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| Paraplegia | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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Immunology / Hematology / Oncology Patient Experience

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|--------|---|---|---|---|---|---|---|---|
| Cancer | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| HIV/AIDS | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| Sickle Cell Anemia | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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|----------------|---|---|---|---|---|---|---|---|
| Acute Leukemia | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| Treatment Side Effects | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| Chemo/Radiation | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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Wounds / Integument Patient Experience

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|-------|---|---|---|---|---|---|---|---|
| Burns | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| Pressure Sores | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| Staged Decubitus | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| Ulcers | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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Medications / Therapeutic Interventions

Medications Administration

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| Patient and Family Teaching | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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Oxygen Administration

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| Portable Oxygen | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| Home Oxygen | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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Pain Management

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| Assess Pain Level/Tolerance | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| Chronic Pain Management | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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Age Group Experience

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|-------------|---|---|---|---|---|---|---|---|
| 0 - 30 Days | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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|------------------|---|---|---|---|---|---|---|---|
| 30 Days - 1 Year | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| 1 - 3 Years | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| 3 - 5 Years | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| 5 - 12 Years | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| 12 - 18 Years | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| 18 - 39 Years | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| 39 - 64 Years | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| 64+ Years | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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Clinical Settings

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| Acute Care | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| Oncology | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| Clinic | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| Home Health | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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| Long Term Care | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| LTAC | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Rehab | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| SNU | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Hospice | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Insurance Company | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

Do you speak any languages other than English? Yes No **If yes, which language(s)?**

Age Specific Skills

Check the box under EACH age group that you have experience with and are comfortable with for each skill below.

| | | | |
|-----------------------|-----------------------|------------------------|--------------------------|
| Neonates(0-30 days) | Infants(1 mo-1 yr) | Toddlers(1-3 yrs) | Preschool(4-6 yrs) |
| School Age(7-12 yrs) | Adolescent(13-18 yrs) | Young Adult(19-39 yrs) | Middle Adults(40-64 yrs) |
| Older Adults(65+ yrs) | | | |

Understands the different communication needs for the age group & changes communication methods and terminology accordingly

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|-----------------------|-----------------------|------------------------|--------------------------|
| Neonates(0-30 days) | Infants(1 mo-1 yr) | Toddlers(1-3 yrs) | Preschool(4-6 yrs) |
| School Age(7-12 yrs) | Adolescent(13-18 yrs) | Young Adult(19-39 yrs) | Middle Adults(40-64 yrs) |
| Older Adults(65+ yrs) | | | |

Understands the different medications, dosages and possible side effects for the age group and administers medications appropriately

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|-----------------------|-----------------------|------------------------|--------------------------|
| Neonates(0-30 days) | Infants(1 mo-1 yr) | Toddlers(1-3 yrs) | Preschool(4-6 yrs) |
| School Age(7-12 yrs) | Adolescent(13-18 yrs) | Young Adult(19-39 yrs) | Middle Adults(40-64 yrs) |
| Older Adults(65+ yrs) | | | |

Understands the different safety risks for the age group and alters the environment accordingly

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|-----------------------|-----------------------|------------------------|--------------------------|
| Neonates(0-30 days) | Infants(1 mo-1 yr) | Toddlers(1-3 yrs) | Preschool(4-6 yrs) |
| School Age(7-12 yrs) | Adolescent(13-18 yrs) | Young Adult(19-39 yrs) | Middle Adults(40-64 yrs) |
| Older Adults(65+ yrs) | | | |

Understands the normal growth and development for the age group and adapts care accordingly

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|-----------------------|-----------------------|------------------------|--------------------------|
| Neonates(0-30 days) | Infants(1 mo-1 yr) | Toddlers(1-3 yrs) | Preschool(4-6 yrs) |
| School Age(7-12 yrs) | Adolescent(13-18 yrs) | Young Adult(19-39 yrs) | Middle Adults(40-64 yrs) |
| Older Adults(65+ yrs) | | | |

I hereby certify that ALL information I have provided to Clover Health Services, on this skills checklist and all other documentation, is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.