

## HOSPICE

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.

### PROCEDURES / SKILLS

|   | No Experience | Need Training | Perform with Supervision | Perform Independently |
|---|---------------|---------------|--------------------------|-----------------------|
| <b>WORK SETTINGS</b>                      |               |               |                          |                       |
| Home Hospice                              |               |               |                          |                       |
| Inpatient Hospice                         |               |               |                          |                       |
| Pediatric Hospice                         |               |               |                          |                       |
| Home Health/Hospice Setting               |               |               |                          |                       |
| <b>ASSESSMENT</b>                         |               |               |                          |                       |
| Intake Assessment                         |               |               |                          |                       |
| Assessment Interview                      |               |               |                          |                       |
| Physical Exam                             |               |               |                          |                       |
| Coping Status                             |               |               |                          |                       |
| Environmental Status                      |               |               |                          |                       |
| <b>PLAN OF CARE</b>                       |               |               |                          |                       |
| Set Goals with Pt/Family                  |               |               |                          |                       |
| Collaborate with Other Team Members       |               |               |                          |                       |
| Ensure Continuity of Care                 |               |               |                          |                       |
| <b>SYMPTOM MANAGEMENT</b>                 |               |               |                          |                       |
| Urgent Assessment of Symptoms             |               |               |                          |                       |
| Reduce Symptoms to Level Acceptable to Pt |               |               |                          |                       |
| Report Symptoms/Management to Provider    |               |               |                          |                       |
| Treat Underlying Cause                    |               |               |                          |                       |
| Severity Scale                            |               |               |                          |                       |
| Management of Nausea                      |               |               |                          |                       |
| Management of Constipation                |               |               |                          |                       |
| Management of Fatigue                     |               |               |                          |                       |
| Anorexia/Cachexia                         |               |               |                          |                       |
| Restlessness                              |               |               |                          |                       |
| Educate Family on Symptom Management      |               |               |                          |                       |
| <b>PAIN MANAGEMENT</b>                    |               |               |                          |                       |
| Identify Source of Pain                   |               |               |                          |                       |

|  | No Experience | Need Training | Perform with Supervision | Perform Independently |
|--|---------------|---------------|--------------------------|-----------------------|
| <b>Pain Severity</b>                       |               |               |                          |                       |
| PAINAD Scale for Non Verbal Patient        |               |               |                          |                       |
| Reduce Pain to Level Acceptable to Patient |               |               |                          |                       |
| WHO 3 Step Ladder                          |               |               |                          |                       |
| Non-Pharmacologic Management of Pain       |               |               |                          |                       |
| Pharmacologic Management of Pain           |               |               |                          |                       |
| Effects of Pharmacologic Treatment         |               |               |                          |                       |
| Nociceptive/Neuropathic/Mixed Pain         |               |               |                          |                       |
| Management of Nocicep                      |               |               |                          |                       |
| Management of Neuropathic Pain             |               |               |                          |                       |
| Educate Family on Pain Management          |               |               |                          |                       |
| <b>WOUND CARE</b>                          |               |               |                          |                       |
| Positioning Techniques                     |               |               |                          |                       |
| Bed/Support Surface Select                 |               |               |                          |                       |
| Pressure Ulcer Staging/Management          |               |               |                          |                       |
| Response to Treatment                      |               |               |                          |                       |
| Evaluate Factors that Impede Healing       |               |               |                          |                       |
| Educate Family on Positioning/Shearing     |               |               |                          |                       |
| <b>PEDIATRICS</b>                          |               |               |                          |                       |
| Developmentally Appropriate Assessment     |               |               |                          |                       |
| Parental/Sibling Support                   |               |               |                          |                       |
| Pediatric Support Team Collaboration       |               |               |                          |                       |
| <b>MEDICATION ADMIN</b>                    |               |               |                          |                       |
| Equianalgesic Conversion Formula           |               |               |                          |                       |
| Titration of opioids                       |               |               |                          |                       |
| IV Pump Management                         |               |               |                          |                       |
| Evaluate Effectiveness of Medication       |               |               |                          |                       |

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|--|---------------|---------------|--------------------------|-----------------------|
| Family Management of Medications               |               |               |                          |                       |
| Disposal of Medications                        |               |               |                          |                       |
| <b>AFTER DEATH</b>                             |               |               |                          |                       |
| Facility Family/Cultural Rituals/Rites         |               |               |                          |                       |
| Patient Care after Death                       |               |               |                          |                       |
| Coordinate Mortuary Services                   |               |               |                          |                       |
| Bereavement Services                           |               |               |                          |                       |
| <b>COMPLIANCE</b>                              |               |               |                          |                       |
| Scope and Frequency of Services                |               |               |                          |                       |
| Medicare/State Regulations of Hospice          |               |               |                          |                       |
| Document Progression of Decline                |               |               |                          |                       |
| DME Authorization & Documentation of Need/Ord  |               |               |                          |                       |
| OASIS-C  |               |               |                          |                       |
| <b>PROFESSIONAL KNOWLEDGE AND SKILLS</b>       |               |               |                          |                       |
| Identify Source of Suffering                   |               |               |                          |                       |
| Palliative Care Philosophy                     |               |               |                          |                       |
| Patient/Family Directs Goals of Care           |               |               |                          |                       |
| Maximize Quality of Life                       |               |               |                          |                       |
| Cultural Diversity                             |               |               |                          |                       |
| Supervision of Ancillary Staff                 |               |               |                          |                       |
| National Patient Safety Goals/Core Measures    |               |               |                          |                       |
| Fall Risk Assessment/Prevention                |               |               |                          |                       |
| Infection Prevention                           |               |               |                          |                       |
| Isolation Precautions                          |               |               |                          |                       |
| Interpretation and Communication of lab Values |               |               |                          |                       |

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|--|---------------|---------------|--------------------------|-----------------------|
| <b>EMR</b>                               |               |               |                          |                       |
| Epic                                     |               |               |                          |                       |
| Cerner                                   |               |               |                          |                       |
| Eclipsys                                 |               |               |                          |                       |
| Allscripts                               |               |               |                          |                       |
| McKesson                                 |               |               |                          |                       |
| Meditech                                 |               |               |                          |                       |
| Other Computerized System                |               |               |                          |                       |
| Computerized Physician Order Entry       |               |               |                          |                       |
| Bar Coding for Medication Administration |               |               |                          |                       |

**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)<br>Preschool(4-6 yrs)<br>Young Adult(19-39 yrs) | Infants(1 mo-1 yr)<br>School Age(7-12 yrs)<br>Middle Adults(40-64 yrs) | Toddlers(1-3 yrs)<br>Adolescent(13-18 yrs)<br>Older Adults(65+ yrs) |
| Understands the different communication needs for the age group & changes communication methods and terminology accordingly          | Neonates(0-30 days)<br>Preschool(4-6 yrs)<br>Young Adult(19-39 yrs) | Infants(1 mo-1 yr)<br>School Age(7-12 yrs)<br>Middle Adults(40-64 yrs) | Toddlers(1-3 yrs)<br>Adolescent(13-18 yrs)<br>Older Adults(65+ yrs) |
| Understands the different medications, dosages and possible side effects for the age group and administers medications appropriately | Neonates(0-30 days)<br>Preschool(4-6 yrs)<br>Young Adult(19-39 yrs) | Infants(1 mo-1 yr)<br>School Age(7-12 yrs)<br>Middle Adults(40-64 yrs) | Toddlers(1-3 yrs)<br>Adolescent(13-18 yrs)<br>Older Adults(65+ yrs) |
| Understands the different safety risks for the age group and alters the environment accordingly                                      | Neonates(0-30 days)<br>Preschool(4-6 yrs)<br>Young Adult(19-39 yrs) | Infants(1 mo-1 yr)<br>School Age(7-12 yrs)<br>Middle Adults(40-64 yrs) | Toddlers(1-3 yrs)<br>Adolescent(13-18 yrs)<br>Older Adults(65+ yrs) |
| Understands the normal growth and development for the age group and adapts care accordingly  | Neonates(0-30 days)<br>Preschool(4-6 yrs)<br>Young Adult(19-39 yrs) | Infants(1 mo-1 yr)<br>School Age(7-12 yrs)<br>Middle Adults(40-64 yrs) | Toddlers(1-3 yrs)<br>Adolescent(13-18 yrs)<br>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.