

# Crenshaw Community Hospital Annual Skills Fair

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Emergency Department Nurse:

By signing, the employee does attest that he/she has received and understands all of the below education/skills provided by Crenshaw Community Hospital.

Competency Skill	Verbal Explanation	Demonstration	Test	Meets Requirements	Comments	Educator
PICC / Central Line / PICC Removal			Yes			
Fingerstick			Yes			
Blood Administration / Blood Warmer			Yes			
IV Therapy (LPN)			Yes			
IV Insertion & Care			Yes			
IV Pump Operation			Yes			
Skin / Wound Care			Yes			
NG Tube			Yes			
G-Tube			Yes			
Body Mechanics			Yes			
Medical Immobilization			Yes			
Fall Prevention			Yes			
COVID Prevention			Yes			
Infection Control – PPE & Isolation			Yes			
Handwashing			Yes			
Reportable Diseases			Yes			
Urine Sample Collection			Yes			
Blood Culture Collection			Yes			
Sepsis			Yes			
Bloodborne Infectious Disease			Yes			
EKG			Yes			
EZ-IO			Yes			
Chest Tubes			Yes			
CROFAB			Yes			
Rabies			Yes			

<b>Rapid Response</b>			<b>Yes</b>		
<b>Stroke Alert</b>			<b>Yes</b>		
<b>CPI-NVCI</b>			<b>Yes</b>		
<b>CPSI</b>			<b>Yes</b>		
<b>Vital Signs</b>			<b>Yes</b>		
<b>Ventilator</b>			<b>Yes</b>		
<b>Medication Errors &amp; MAR</b>			<b>Yes</b>		
<b>Medication - Ketamine</b>			<b>Yes</b>		
<b>Medication – Critical Meds</b>			<b>Yes</b>		
<b>HCAHPS - AIDET</b>			<b>Yes</b>		
<b>Core Measures</b>			<b>Yes</b>		
<b>AMA/LWBS</b>			<b>Yes</b>		
<b>Risk Management</b>			<b>Yes</b>		
<b>Safety</b>			<b>Yes</b>		
<b>HIPAA</b>			<b>Yes</b>		
<b>EMTALA – 72 Hour Hold</b>			<b>Yes</b>		
<b>Hand-Off Communication</b>			<b>Yes</b>		
<b>Annual Certifications UTD</b>					
<b>Employee Health UTD</b>					

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**Employee Signature**

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**Manager's Signature/Date**