

Nursing Services Checklist

Agency Name: _____

City: _____

Date: _____



Policies & Procedures	
Assessment/Care Plan	
<input type="checkbox"/>	Scope of Services
<input type="checkbox"/>	Coordination of Services
<input type="checkbox"/>	Acceptance & Admission
<input type="checkbox"/>	Initial Assessment
<input type="checkbox"/>	Plan of Care (development, review and revision)
<input type="checkbox"/>	Guidelines for Notifying MD
<input type="checkbox"/>	Guidelines for Charting and Documentation
<input type="checkbox"/>	Education Guidelines for Patients
Infection Control	
<input type="checkbox"/>	Infection control guidelines for Nursing Procedures
<input type="checkbox"/>	Handwashing/Hand Hygiene
<input type="checkbox"/>	Handling of Medical Waste
<input type="checkbox"/>	Handling and Disposal of Sharps
<input type="checkbox"/>	Personal Protective Equipment (face masks, gloves, gowns, eyewear)
<input type="checkbox"/>	Supplies & Equipment (general use)
<input type="checkbox"/>	Disinfecting & Cleaning of Equipment
Personnel / Staffing	
<input type="checkbox"/>	Staffing Availability
<input type="checkbox"/>	Supervision
<input type="checkbox"/>	Employee Orientation
<input type="checkbox"/>	Employee Training
<input type="checkbox"/>	Competency & Skills Validation
<input type="checkbox"/>	Credentialing of Nursing Service Personnel
Orders	
<input type="checkbox"/>	Medication & Treatment Orders
<input type="checkbox"/>	Physician Orders
<input type="checkbox"/>	General Principles for Writing Orders
<input type="checkbox"/>	Verbal Orders
Medications	
<input type="checkbox"/>	Medication Administration Policy
<input type="checkbox"/>	Discarding & Destroying Medications
<input type="checkbox"/>	Discontinued Medications
<input type="checkbox"/>	Adverse Consequences and Medication Related Problems
<input type="checkbox"/>	Controlled Substances
<input type="checkbox"/>	Administering Medications via: Metered Dose Inhalers
<input type="checkbox"/>	Oral
<input type="checkbox"/>	Buccal
<input type="checkbox"/>	Sublingual
<input type="checkbox"/>	Topical
<input type="checkbox"/>	Intradermal
<input type="checkbox"/>	Intramuscular
<input type="checkbox"/>	Subcutaneous
<input type="checkbox"/>	Z-Track
<input type="checkbox"/>	Rectal
<input type="checkbox"/>	Vaginal
<input type="checkbox"/>	Eye Instillation
<input type="checkbox"/>	Ear Instillation
<input type="checkbox"/>	Enteral Tube
<input type="checkbox"/>	IV Push & via Secondary Tubing

Nursing Services Checklist

Policies & Procedures	
Intravenous Therapy	
<input type="checkbox"/>	1st Dose Protocol
<input type="checkbox"/>	Calculating Flow Rates/Dosages
<input type="checkbox"/>	Set up of Administration Set/ Tubing Changes
<input type="checkbox"/>	Insertion of Peripheral IV
<input type="checkbox"/>	Peripheral IV Dressing Change
<input type="checkbox"/>	Peripheral IV Flushing Protocol
<input type="checkbox"/>	Central Venous Catheter Maintenance
<input type="checkbox"/>	Central Venous Catheter Cap Changes
<input type="checkbox"/>	Central Venous Catheter Dressing Changes
<input type="checkbox"/>	Central Venous Catheter Flushing Protocols
<input type="checkbox"/>	Peripheral Inserted Central Catheter (PICC)
<input type="checkbox"/>	PICC Care
<input type="checkbox"/>	PICC Flushing Protocols
<input type="checkbox"/>	PICC Dressing Changes
<input type="checkbox"/>	PICC Removal
<input type="checkbox"/>	Accessing Implanted Venous Port
<input type="checkbox"/>	De-accessing Implanted Venous Port
<input type="checkbox"/>	Intravenous Catheter Occlusion
<input type="checkbox"/>	Infiltration Protocols
<input type="checkbox"/>	Phlebitis
Pain Management	
<input type="checkbox"/>	Pain Management Policy
<input type="checkbox"/>	Pain Assessment / Re-assessment
<input type="checkbox"/>	Pain Medication Administration
<input type="checkbox"/>	Documentation Guidelines
Oxygen Therapy	
<input type="checkbox"/>	Oxygen Administration & Safety
<input type="checkbox"/>	Pulse Oximetry
<input type="checkbox"/>	CPAP/BiPAP
<input type="checkbox"/>	Administering Oxygen via:
<input type="checkbox"/>	Nasal Cannula
<input type="checkbox"/>	Mask
<input type="checkbox"/>	Non-rebreather
<input type="checkbox"/>	Partial Non-rebreather
<input type="checkbox"/>	Mechanical Ventilation
<input type="checkbox"/>	Mechanical Ventilation Set up& Monitoring
<input type="checkbox"/>	Assessment of Vent Dependent Patients
<input type="checkbox"/>	Mechanical Ventilation Interventions
<input type="checkbox"/>	Responding to Ventilator Warning Signs
<input type="checkbox"/>	Modes of Ventilation (Adult & Pediatric)
<input type="checkbox"/>	Tracheostomy Care
<input type="checkbox"/>	Changing Tracheostomy
<input type="checkbox"/>	Endotracheal Suctioning
<input type="checkbox"/>	Nasal Pharyngeal Suctioning
<input type="checkbox"/>	Oral Pharyngeal Suctioning



Nursing Services Checklist

Policies & Procedures	
Nutrition	
	Nutrition Assessment
	Parenteral Nutrition
	Enteral Nutrition
	Administration of: Fluids TPN Lipids
Gastrostomy Tubes (G-Tubes)	
	Gastrostomy/ Jejunostomy Tube Care Checking Gastric Residual
	Confirming Placement of Feeding Tubes Flushing Feeding Tubes Cleaning Feeding Syringes
	Nasogastric Tube Insertion Nasogastric Tube Care Nasogastric Tube Removal
	Administering Feedings: Bolus Intermittent Continuous Pump Gravity
Skin & Wound Management	
	Wound Assessment & Guidelines for Wound Care
	Clean Dressings
	Sterile Dressings
	Calcium Alginate
	Hydrogel
	Hydrocolloid
	Wet to Dry
	Foam Dressing
	Wound Vac
	Skin Breakdown Protocol
	Pressure Ulcer Risk Assessment
	Wound Irrigation
	Patient Education Guidelines for Wound Management
	Una Boot
	Staple & Suture Removal
Incontinence	
	Urinary Continence and Incontinence Assessment
	Catheter Care
	Condom Catheters
	Catheterization, Intermittent Female Catheterization, Intermittent Male
	Foley Catheter Insertion, Male Foley Catheter Insertion, Female Foley Catheter Removal
	Emptying Urinary Drainage Bag Suprapubic Catheter Care Bladder Training
	Ostomy Care (Colostomy, Urostomy) Stoma Care
	Bowel Training Fecal Impaction Removal
	Enema



Nursing Services Checklist

Policies & Procedures	
Specimen Collection	
<input type="checkbox"/>	Specimen Collection Policy
<input type="checkbox"/>	24 Hour Urine Specimen
<input type="checkbox"/>	Clean Catch Urine Specimen
<input type="checkbox"/>	Collecting Urine Specimen from a Closed Drainage System
<input type="checkbox"/>	Routine Urinalysis Specimen
<input type="checkbox"/>	Stool Specimen
<input type="checkbox"/>	Sputum Specimen
<input type="checkbox"/>	MRSA Culture Specimen
<input type="checkbox"/>	Blood Specimens PT/INR Blood Specimen
<input type="checkbox"/>	Guidelines for Reporting Test Results to Physician
Glucose Management	
<input type="checkbox"/>	Glucose Management Policy
<input type="checkbox"/>	Insulin Administration
<input type="checkbox"/>	Diabetes Injectable Medications
<input type="checkbox"/>	Finger stick Glucose Level
<input type="checkbox"/>	Glucose Parameters
<input type="checkbox"/>	Hyperglycemia Protocol
<input type="checkbox"/>	Hypoglycemia Protocol
Miscellaneous Policies	
<input type="checkbox"/>	Blood Pressure
<input type="checkbox"/>	Hypertension Protocol
<input type="checkbox"/>	Hypotension Protocol
<input type="checkbox"/>	Pulse
<input type="checkbox"/>	Apical Pulse
<input type="checkbox"/>	Radial Pulse
<input type="checkbox"/>	Temperature
<input type="checkbox"/>	Axillary
<input type="checkbox"/>	Oral
<input type="checkbox"/>	Rectal
<input type="checkbox"/>	Tympanic
<input type="checkbox"/>	Respirations
<input type="checkbox"/>	Applying a Cold Compress
<input type="checkbox"/>	Applying a Warm Compress
<input type="checkbox"/>	Applying Anti-Emboli Stockings (TED Hose)
<input type="checkbox"/>	Applying a Pneumatic Compression Device (PCD)
<input type="checkbox"/>	Range of Motion
<input type="checkbox"/>	Passive
<input type="checkbox"/>	Active
<input type="checkbox"/>	Nail Care
<input type="checkbox"/>	Foot Care
<input type="checkbox"/>	Hoyer Lift



Personnel Record Review: (All personnel records must be complete with the items listed below)

	RN Supervisor	RN	RN/LPN
Employee Name			
Job Title			
Hire Date			
Application/Resume			
Signed Job Description			
License Verification			
Skills Validation			
Blood borne Pathogen Training			
Hepatitis B			
TB			
Orientation			
Reference checks			
SBI Signed Authorization			

Reminders:

1. All Nursing personnel shall be qualified by training, education, experience, and demonstrated abilities to provide nursing care.
2. Registered Nurse shall be on duty at all times to plan, assign, supervise, and evaluate nursing care.
3. Nursing Services shall be provided under the direction of a Registered Nurse who should be qualified in the field of administration and who has the ability to oversee, organize, coordinate, and evaluate the service.

All policies outlined must be submitted in order to be licensed to provide Nursing Services.