

PA TRAVEL NURSES

(888) 894-2900 (bus) • (888) 894-2073 (fax)

NAME:

OPERATING ROOM SKILLS CHECKLIST

1 = > 2 years experience **2** = 1-2 years experience **3** = < 1 year experience **4** = theory only

<u>GENERAL SURGERY</u> Circulate		<u>GENERAL SURGERY</u> Scrub	
Tracheostomy	<input type="checkbox"/>	Tracheostomy	<input type="checkbox"/>
Thyroidectomy	<input type="checkbox"/>	Thyroidectomy	<input type="checkbox"/>
Cholecystectomy	<input type="checkbox"/>	Cholecystectomy	<input type="checkbox"/>
Appendectomy	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>
Hernia repair	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>
Gastrectomy	<input type="checkbox"/>	Gastrectomy	<input type="checkbox"/>
Splenectomy	<input type="checkbox"/>	Splenectomy	<input type="checkbox"/>
Adrenalectomy	<input type="checkbox"/>	Adrenalectomy	<input type="checkbox"/>
Tenckhoff catheter	<input type="checkbox"/>	Tenckhoff catheter	<input type="checkbox"/>
Pyloric stenosis	<input type="checkbox"/>	Pyloric stenosis	<input type="checkbox"/>
Hydrocelectomy	<input type="checkbox"/>	Hydrocelectomy	<input type="checkbox"/>
Hepatic resection	<input type="checkbox"/>	Hepatic resection	<input type="checkbox"/>
Abdominal perineal resection	<input type="checkbox"/>	Abdominal perineal resection	<input type="checkbox"/>
Gastroplasty	<input type="checkbox"/>	Gastroplasty	<input type="checkbox"/>
Vagotomy	<input type="checkbox"/>	Vagotomy	<input type="checkbox"/>
Whipple procedure	<input type="checkbox"/>	Whipple procedure	<input type="checkbox"/>
Organ procurement	<input type="checkbox"/>	Organ procurement	<input type="checkbox"/>
Colectomy	<input type="checkbox"/>	Colectomy	<input type="checkbox"/>
Radial mastectomy	<input type="checkbox"/>	Radial mastectomy	<input type="checkbox"/>
Vein stripping	<input type="checkbox"/>	Vein stripping	<input type="checkbox"/>
Lumbar sympathectomy	<input type="checkbox"/>	Lumbar sympathectomy	<input type="checkbox"/>
Hemorrhoidectomy	<input type="checkbox"/>	Hemorrhoidectomy	<input type="checkbox"/>
Sentinel node biopsy	<input type="checkbox"/>	Sentinel node biopsy	<input type="checkbox"/>
Colpotomy Pancreatectomy	<input type="checkbox"/>	Pancreatectomy	<input type="checkbox"/>
Pilonidal cystectomy	<input type="checkbox"/>	Pilonidal cystectomy	<input type="checkbox"/>

<u>GYNECOLOGY</u> Circulate		<u>GYNECOLOGY</u> Scrub	
Cesarean section	<input type="checkbox"/>	Cesarean section	<input type="checkbox"/>
Tubal ligation	<input type="checkbox"/>	Tubal ligation	<input type="checkbox"/>
Hysterectomy-Vaginal	<input type="checkbox"/>	Hysterectomy-Vaginal	<input type="checkbox"/>
Hysterectomy-Abdominal	<input type="checkbox"/>	Hysterectomy-Abdominal	<input type="checkbox"/>
Marshall Marchetti	<input type="checkbox"/>	Marshall Marchetti	<input type="checkbox"/>
Radium insertion	<input type="checkbox"/>	Radium insertion	<input type="checkbox"/>
Dilation and Curettage	<input type="checkbox"/>	Dilation and Curettage	<input type="checkbox"/>
Shirodkar procedure	<input type="checkbox"/>	Shirodkar procedure	<input type="checkbox"/>
Vaginectomy	<input type="checkbox"/>	Vaginectomy	<input type="checkbox"/>
Vaginal reconstruction	<input type="checkbox"/>	Vaginal reconstruction	<input type="checkbox"/>
Salpingo-Oophorectomy	<input type="checkbox"/>	Salpingo-Oophorectomy	<input type="checkbox"/>
Laser surgery	<input type="checkbox"/>	Laser surgery	<input type="checkbox"/>
Termination of pregnancy	<input type="checkbox"/>	Termination of pregnancy	<input type="checkbox"/>
Colpotomy	<input type="checkbox"/>	Colpotomy	<input type="checkbox"/>

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<u>ORTHOPEDIC</u> Circulate		<u>ORTHOPEDIC</u> Scrub	
Hip replacement	<input type="checkbox"/>	Hip replacement	<input type="checkbox"/>
Carpal tunnel	<input type="checkbox"/>	Carpal tunnel	<input type="checkbox"/>
Arthroscopy	<input type="checkbox"/>	Arthroscopy	<input type="checkbox"/>
Arthrotomy	<input type="checkbox"/>	Arthrotomy	<input type="checkbox"/>
Knee replacement	<input type="checkbox"/>	Knee replacement	<input type="checkbox"/>
Patellectomy	<input type="checkbox"/>	Patellectomy	<input type="checkbox"/>
Shoulder replacement	<input type="checkbox"/>	Shoulder replacement	<input type="checkbox"/>
Hand surgery	<input type="checkbox"/>	Hand surgery	<input type="checkbox"/>
Shoulder surgery	<input type="checkbox"/>	Shoulder surgery	<input type="checkbox"/>
Spinal fusion	<input type="checkbox"/>	Spinal fusion	<input type="checkbox"/>
Spica cast application	<input type="checkbox"/>	Spica cast application	<input type="checkbox"/>
External compression devices	<input type="checkbox"/>	External compression devices	<input type="checkbox"/>
Iliac crest bone graft	<input type="checkbox"/>	Iliac crest bone graft	<input type="checkbox"/>
Bunionectomy	<input type="checkbox"/>	Bunionectomy	<input type="checkbox"/>
Sharrard procedure	<input type="checkbox"/>	Sharrard procedure	<input type="checkbox"/>
Halo traction	<input type="checkbox"/>	Halo traction	<input type="checkbox"/>
Amputation - leg, arm	<input type="checkbox"/>	Amputation - leg, arm	<input type="checkbox"/>
Hip prosthesis	<input type="checkbox"/>	Hip prosthesis	<input type="checkbox"/>
Achilles tendon repair	<input type="checkbox"/>	Achilles tendon repair	<input type="checkbox"/>
Laminectomy	<input type="checkbox"/>	Laminectomy	<input type="checkbox"/>
Capsulorrhaphy	<input type="checkbox"/>	Capsulorrhaphy	<input type="checkbox"/>

<u>EYE / OPHTHALMOLOGY</u> Circulate		<u>EYE / OPHTHALMOLOGY</u> Scrub	
Cataract	<input type="checkbox"/>	Cataract	<input type="checkbox"/>
Vitrectomy	<input type="checkbox"/>	Vitrectomy	<input type="checkbox"/>
Repair of retinal detachment	<input type="checkbox"/>	Repair of retinal detachment	<input type="checkbox"/>
Refractive Keratoplasty	<input type="checkbox"/>	Refractive Keratoplasty	<input type="checkbox"/>
Corneal transplant	<input type="checkbox"/>	Corneal transplant	<input type="checkbox"/>
Orbital implant	<input type="checkbox"/>	Orbital implant	<input type="checkbox"/>
Enucleation	<input type="checkbox"/>	Enucleation	<input type="checkbox"/>
Scleral buckling	<input type="checkbox"/>	Scleral buckling	<input type="checkbox"/>
Duct probing	<input type="checkbox"/>	Duct probing	<input type="checkbox"/>

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<u>EAR / NOSE / THROAT</u> Circulate		<u>EAR / NOSE / THROAT</u> Scrub	
Mastoidectomy	<input type="checkbox"/>	Mastoidectomy	<input type="checkbox"/>
Tympanoplasty	<input type="checkbox"/>	Tympanoplasty	<input type="checkbox"/>
Stapedectomy	<input type="checkbox"/>	Stapedectomy	<input type="checkbox"/>
Parotidectomy	<input type="checkbox"/>	Parotidectomy	<input type="checkbox"/>
Radial neck dissection	<input type="checkbox"/>	Radial neck dissection	<input type="checkbox"/>
Septoplasty	<input type="checkbox"/>	Septoplasty	<input type="checkbox"/>
Tonsillectomy	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>
Tracheostomy	<input type="checkbox"/>	Tracheostomy	<input type="checkbox"/>
Myringotomy	<input type="checkbox"/>	Myringotomy	<input type="checkbox"/>
Ethmoidectomy	<input type="checkbox"/>	Ethmoidectomy	<input type="checkbox"/>
Submucous section	<input type="checkbox"/>	Submucous section	<input type="checkbox"/>
Open reduction fractures-facial/nasal	<input type="checkbox"/>	Open reduction fractures-facial/nasal	<input type="checkbox"/>
Laryngectomy	<input type="checkbox"/>	Laryngectomy	<input type="checkbox"/>
Frontal flap sinus procedure	<input type="checkbox"/>	Frontal flap sinus procedure	<input type="checkbox"/>
Caldwell-Luc	<input type="checkbox"/>	Caldwell-Luc	<input type="checkbox"/>
Nasal polypectomy	<input type="checkbox"/>	Nasal polypectomy	<input type="checkbox"/>
Maxillectomy	<input type="checkbox"/>	Maxillectomy	<input type="checkbox"/>
Sinusotomy	<input type="checkbox"/>	Sinusotomy	<input type="checkbox"/>
Glossectomy	<input type="checkbox"/>	Glossectomy	<input type="checkbox"/>
Ranulectomy	<input type="checkbox"/>	Ranulectomy	<input type="checkbox"/>
Mandibulectomy	<input type="checkbox"/>	Mandibulectomy	<input type="checkbox"/>
Adenoidectomy	<input type="checkbox"/>	Adenoidectomy	<input type="checkbox"/>

<u>PLASTIC SURGERY</u> Circulate		<u>PLASTIC SURGERY</u> Scrub	
Blepherosplasty	<input type="checkbox"/>	Blepherosplasty	<input type="checkbox"/>
Breast augmentation	<input type="checkbox"/>	Breast augmentation	<input type="checkbox"/>
Breast reconstruction	<input type="checkbox"/>	Breast reconstruction	<input type="checkbox"/>
Face lift	<input type="checkbox"/>	Face lift	<input type="checkbox"/>
Skin graft	<input type="checkbox"/>	Skin graft	<input type="checkbox"/>
Reduction mammoplasty	<input type="checkbox"/>	Reduction mammoplasty	<input type="checkbox"/>
Liposuction	<input type="checkbox"/>	Liposuction	<input type="checkbox"/>
Otoplasty	<input type="checkbox"/>	Otoplasty	<input type="checkbox"/>
Rhinoplasty	<input type="checkbox"/>	Rhinoplasty	<input type="checkbox"/>
Scar revisions	<input type="checkbox"/>	Scar revisions	<input type="checkbox"/>
Cleft lip/palate repair	<input type="checkbox"/>	Cleft lip/palate repair	<input type="checkbox"/>
Dermabrasion	<input type="checkbox"/>	Dermabrasion	<input type="checkbox"/>

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<u>NEUROSURGICAL</u> Circulate		<u>NEUROSURGICAL</u> Scrub	
Craniotomy	<input type="checkbox"/>	Craniotomy	<input type="checkbox"/>
Anterior cervical fusion	<input type="checkbox"/>	Anterior cervical fusion	<input type="checkbox"/>
Lumbar Laminectomy	<input type="checkbox"/>	Lumbar Laminectomy	<input type="checkbox"/>
Posterior sitting Laminectomy	<input type="checkbox"/>	Posterior sitting Laminectomy	<input type="checkbox"/>
Transphenoidal Hypophysectomy	<input type="checkbox"/>	Transphenoidal Hypophysectomy	<input type="checkbox"/>
Ulnar nerve transposition	<input type="checkbox"/>	Ulnar nerve transposition	<input type="checkbox"/>
Shunt procedures	<input type="checkbox"/>	Shunt procedures	<input type="checkbox"/>
Cervical Laminectomy	<input type="checkbox"/>	Cervical Laminectomy	<input type="checkbox"/>
Meningocele repair	<input type="checkbox"/>	Meningocele repair	<input type="checkbox"/>
Disectomy	<input type="checkbox"/>	Disectomy	<input type="checkbox"/>
Carotid ligation	<input type="checkbox"/>	Carotid ligation	<input type="checkbox"/>
Burr holes for subdural hematoma	<input type="checkbox"/>	Burr holes for subdural hematoma	<input type="checkbox"/>

<u>THORACIC</u> Circulate		<u>THORACIC</u> Scrub	
Bronchoscopy-flexible	<input type="checkbox"/>	Bronchoscopy-flexible	<input type="checkbox"/>
Bronchoscopy-rigid	<input type="checkbox"/>	Bronchoscopy-rigid	<input type="checkbox"/>
Sternal splitting	<input type="checkbox"/>	Sternal splitting	<input type="checkbox"/>
Thorocoplasty	<input type="checkbox"/>	Thorocoplasty	<input type="checkbox"/>
Chest tube	<input type="checkbox"/>	Chest tube	<input type="checkbox"/>
Thoractomy	<input type="checkbox"/>	Thoractomy	<input type="checkbox"/>
Esophagectomy	<input type="checkbox"/>	Esophagectomy	<input type="checkbox"/>
Hiatal hernia	<input type="checkbox"/>	Hiatal hernia	<input type="checkbox"/>
Tracheal resection	<input type="checkbox"/>	Tracheal resection	<input type="checkbox"/>

<u>ENDOSCOPY</u> Circulate		<u>ENDOSCOPY</u> Scrub	
Colonoscopy	<input type="checkbox"/>	Colonoscopy	<input type="checkbox"/>
Gastroscopy	<input type="checkbox"/>	Gastroscopy	<input type="checkbox"/>
Cytoscopy	<input type="checkbox"/>	Cytoscopy	<input type="checkbox"/>
Esophagoscopy	<input type="checkbox"/>	Esophagoscopy	<input type="checkbox"/>
Sigmoidoscopy	<input type="checkbox"/>	Sigmoidoscopy	<input type="checkbox"/>
Laparoscopic procedures	<input type="checkbox"/>	Laparoscopic procedures	<input type="checkbox"/>
Pelviscopy	<input type="checkbox"/>	Pelviscopy	<input type="checkbox"/>
Thoracoscopy	<input type="checkbox"/>	Thoracoscopy	<input type="checkbox"/>
Hysteroscopy	<input type="checkbox"/>	Hysteroscopy	<input type="checkbox"/>

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<u>CARDIOVASCULAR</u> Circulate		<u>CARDIOVASCULAR</u> Scrub
Pacemaker implantation - internal	<input type="checkbox"/>	Pacemaker implantation - internal
Pacemaker implantation - external	<input type="checkbox"/>	Pacemaker implantation - external
Cardiac valve replacement	<input type="checkbox"/>	Cardiac valve replacement
Aortic balloon	<input type="checkbox"/>	Aortic balloon
A-V shunts	<input type="checkbox"/>	A-V shunts
Patent ductus repair	<input type="checkbox"/>	Patent ductus repair
Repair of septal defects	<input type="checkbox"/>	Repair of septal defects
Thrombectomy	<input type="checkbox"/>	Thrombectomy
Vena Cava ligation	<input type="checkbox"/>	Vena Cava ligation

<u>TRANSPLANTS</u> Circulate		<u>TRANSPLANTS</u> Scrub
Heart	<input type="checkbox"/>	Heart
Liver	<input type="checkbox"/>	Liver
Bone Marrow	<input type="checkbox"/>	Bone Marrow
Lungs	<input type="checkbox"/>	Lungs
Renal	<input type="checkbox"/>	Renal
Corneal	<input type="checkbox"/>	Corneal
Extremities	<input type="checkbox"/>	Extremities
Pancreas	<input type="checkbox"/>	Pancreas
Kidney	<input type="checkbox"/>	Kidney
Embryo	<input type="checkbox"/>	Embryo

<u>UROLOGY</u> Circulate		<u>UROLOGY</u> Scrub
Vasectomy	<input type="checkbox"/>	Vasectomy
TURP	<input type="checkbox"/>	TURP
Vasovasectomy	<input type="checkbox"/>	Vasovasectomy
Cystectomy	<input type="checkbox"/>	Cystectomy
Nephrectomy	<input type="checkbox"/>	Nephrectomy
Cystoscopy	<input type="checkbox"/>	Cystoscopy
Prostatectomy	<input type="checkbox"/>	Prostatectomy
Lithotripsy	<input type="checkbox"/>	Lithotripsy
Pyeloplasty	<input type="checkbox"/>	Pyeloplasty
Ureterolithotomy	<input type="checkbox"/>	Ureterolithotomy

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I certify that the information I have given in this Operating Room Skills Checklist is true and accurate to the best of my knowledge. I also authorize PA Travel Nurses to release this Operating Room Skills Checklist to any PA Travel Nurses client facility, potential PA Travel Nurses client facility, and to any other governmental or regulatory agency at such agency's request. I hereby hold PA Travel Nurses, and any duly accredited representative thereof, harmless and free of liability for any results that may arise from the release of this information by PA Travel Nurses.

Signature of Applicant:

Date Signed by Applicant:

Applicant Social Security Number: