

FLIGHT NURSING CHECKLIST

NAME: _____

SIGNATURE: _____

DATE: _____

By accurately filling out this checklist, you will help us match your skills and interests with available assignments. Please place an "X" in the column that best describes your experience level with each skill. See the Levels of Proficiency below.

1 - Can function well independently • 2 - Experienced, but may need review • 3 - Limited or no experience

CERTIFICATIONS

* = required • = desired

	Yes	No	Expiration Date
ACLS*	<input type="checkbox"/>	<input type="checkbox"/>	_____
ATNCC• or FNATC	<input type="checkbox"/>	<input type="checkbox"/>	_____
BLS*	<input type="checkbox"/>	<input type="checkbox"/>	_____
BTLS* or TNCC	<input type="checkbox"/>	<input type="checkbox"/>	_____
CCRN	<input type="checkbox"/>	<input type="checkbox"/>	_____
CEN	<input type="checkbox"/>	<input type="checkbox"/>	_____
CFRN•	<input type="checkbox"/>	<input type="checkbox"/>	_____
ENPC	<input type="checkbox"/>	<input type="checkbox"/>	_____
FNATC• or ATNCC	<input type="checkbox"/>	<input type="checkbox"/>	_____
MICN	<input type="checkbox"/>	<input type="checkbox"/>	_____
NALS* (if neo transport)	<input type="checkbox"/>	<input type="checkbox"/>	_____
PALS• (if pedi transport)	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHTLS	<input type="checkbox"/>	<input type="checkbox"/>	_____
TNCC* or BTLS	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flight Course taken	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arrhythmia Recognition Course Taken:			
	<input type="checkbox"/>	<input type="checkbox"/>	

Years of flight experience:

- Fixed wing aircraft _____
- Rotor wing aircraft _____

Years of Emergency Department experience:

- Level I _____
- Level II _____
- Level III _____
- Trauma Center _____

Years of Intensive Care experience:

- BURN ICU _____
- CCU _____
- CVICU _____
- MICU _____
- SICU _____
- TRAUMA ICU _____

ADVANCED TRAUMA MANAGEMENT

Skills (check appropriate box)	1	2	3
Trauma Assessment			
• Primary Survey			
• Secondary Survey			
• Trauma Score			
• Glasgow Coma Scale			

CARE OF PATIENTS WITH

Skills (check appropriate box)	1	2	3
Blunt Trauma to Chest/Abdomen			
• Needle Cricothyrotomy			
• Needle decompression/thoracostomy			
Burn Injury			
• Assessment			
• First Degree			
• Second Degree			
• Third Degree			
• Rule of Nines			
• Escharotomy			
Closed Head Injury (Epidural, subdural, hematomas)			
• Principles of ICP Control			
• Administration of Osmotics			
Disseminated Intravascular Coagulation			
Electrocardion			
Facial Trauma			
Flail Chest			
Hypovolemic Shock			
Multiple Fractures			
• Assessment of 5 P's			
• Traction Application			
• Immobilization			
Gunshot/Stab Wound			
Hypothermia			
Impalement			
Multitrauma			
Ocular trauma			
Penetrating injury to chest/abdomen			
Spinal Cord Injury			
Traumatic Amputation			
• Use of tourniquets			
Trauma Procedures			
Autotransfusion			
C-Spine Immobilization			

CARE OF PATIENTS WITH

Skills (check appropriate box)	1	2	3
Backboard			
KEDS jacket			
Hard Collar			
Extrication			
Fluid Resuscitation			
• Autotransfusion			
• Replacement of fluids burn victims			
• Use of pressure infuser			
• Blood & Product Administration & Maintenance			
• Intravenous lines			
– Central Line Insertion			
– External Jugular Insertion			
– Groshong, Hickman & Portacaths			
– Pic Lines			
– Peripheral line insertion large bore needles			
– Subclavian			

GASTROINTESTINAL/GENITOURINARY

CARE OF PATIENTS WITH:

Skills (check appropriate box)	1	2	3
Abdominal Assessment			
• Acute Renal Failure			
• Colostomy/ileostomy			
• Esophageal varices			
• GI Bleed			
• Hepatitis			
• Intestinal Obstruction			
• Liver Failure			
• S/P Abdominal Surgery			
Foley Catheter Insertion			
Nasogastric Tube Insertion			
• Irrigation			
• Lavage			
• Suction			
Peritoneal dialysis maintenance			

NAME: _____ **SIGNATURE:** _____ **DATE:** _____

Put an "X" in the column that best describes your experience level with each skill

1 - Can function well independently • 2 - Experienced, may need review • 3 - Limited or no experience

CARDIOVASCULAR

CARE OF PATIENTS WITH:

Skills (check appropriate box)	1	2	3
Abdominal Aortic Aneurysm			
• Congestive Heart Failure			
• Malignant hypertension			
• Myocardial Infarction			
• Shock			
- Septic			
- Cardiogenic			
• Vascular Surgery			
AED (Automatic Implantable Defibrillator)			
Cardiac Monitoring			
• Lead Placement (3 lead & 12 lead)			
• Management of Monitor			
• Arrhythmia Recognition			
Cardiopulmonary Resuscitation			
Cardioversion			
Defibrillation			
Drug Administration			
• IV push medications			
• ACLS drug protocols			
Emergency medication administration			
Intra-aortic balloon pump monitoring			
Maintenance of pacemakers			
• External pacemaker			
• Temporary transvenous			
• Transthoracic			
Perform CPR			
Run 12 Lead EKG			
Twelve Lead EKG interpretation			
Thrombolytic therapy			

PEDIATRIC

CARE OF PATIENTS WITH:

Skills (check appropriate box)	1	2	3
Congenital Cardiac Anomaly			
Contagious Disease			
Cystic Fibrosis			
Diabetes			
Epiglottitis			
Failure To Thrive			
Foreign Body Aspiration			
Fever of unknown origin			
Meningitis			
Neonatal Resuscitation			
Suspected Child Abuse			
Pediatric Procedures			
• Peripheral line insertion			
• General principles of normal growth and development			
- Vital signs per age			
• Medication conversions			

OBSTETRIC

CARE OF PATIENTS WITH:

Skills (check appropriate box)	1	2	3
Abruptio Placenta			
Eclampsia			
• Magnesium Sulfate Therapy			
Emergency Vaginal Delivery			
• Breathing & relaxation techniques			
• Postpartum Assessment			
- Fundus consistency			
• Vaginal Exam			
- Dilation & presentation			
Labor			
• Assessment of Labor Progression			
Contraction Characteristics			
• Fetal Heart Rate			
• Recognition of deviation from normal (edema, deep reflexes, clonus)			
Multiple Gestation			
Newborn Assessment			
Apgar scores			
Suction of infant			
Placenta Previa			
Preeclampsia			
Pregnancy Induced Hypertension			
Premature Labor			
Labor suppressant administration			

AIRWAY MANAGEMENT

CARE OF PATIENTS WITH:

Skills (check appropriate box)	1	2	3
Extubation			
Intubation			
Nebulizer set-up			
Oxygen administration devices			
• Nasal cannula, Mask, NRB mask			
Nebulizer set-up			
• Administration of bronchodilators			
Portable oxygen tank maintenance			
Suctioning			
• Endotracheal			
• Nasotracheal			
• Oropharyngeal			
Tracheostomy Care			
Transtracheal jet ventilation			
Arterial blood gas interpretation			
Ventilator management			
• PEEP			
• CPAP			
• IMV			
• Wean & extubate			

ENVIRONMENTAL EMERGENCIES

CARE OF PATIENTS WITH:

Skills (check appropriate box)	1	2	3
Altitude sickness			
Chemical exposure			
Hazardous material emergencies			
Isolation precautions			
Radiation exposure			
Thermoregulatory emergencies			
• Hyperthermia(heat stroke, exhaustion)			
• Hypothermia & frostbite			
Venomous bites			
Procedures			
• Blood Glucose monitoring			
• Disaster triage & mgmt. including HAZMAT			
• Foreign Travel			
• IV Additive drug calculations			
- Mcg/min.			
- Mg/kg/min.			
- Mg/min.			
• Laboratory value interpretation			
• Organ transplant donor mgmt.			

PULMONARY CARE OF PATIENTS WITH:

Skills (check appropriate box)	1	2	3
Asthma/Status Asthmaticus			
ARDS			
COPD			
Carbon Monoxide Poisoning			
Near Drowning			
Pulmonary Edema			
Pulmonary Emboli			
Pneumonia			
• Care of chest tubes			

PSYCHO/SOCIAL CARE OF PATIENTS WITH:

Skills (check appropriate box)	1	2	3
Acute Psychosis			
Abusive Behavior			
Overdose			
Sexual Assault Victims			
Suicidal Behavior			
Use of Restraints			
Family Counseling/Support			

NEUROLOGICAL CARE OF PATIENTS WITH:

Skills (check appropriate box)	1	2	3
Aneurysm			
CVA/TIA			
Seizures			
• Seizure Precautions			
S/P Craniotomy			
• Care of ICP Monitor			