



## PROFESSIONAL SKILLS INVENTORY (LPN)

Please provide an “X” under the number that best represents your proficiency in each skill or patient care situation.

Levels of Proficiency (scale):

1. Unable to perform this skill
2. Able to perform skill but require assistance/supervision
3. Able to perform skill independently/without supervision
4. Proficient and can assist others

**Please Note:** This form is interactive. You can type your answers in the fields below. However, you must sign your name at the bottom of every page. Please fax completed forms to: 204-885-9002

PROCEDURE	1	2	3	4	COMMENTS
Physical Assessment					
Adult					
Child					
Infant					
Newborn					
Planning Care					
Implementing Care					
Documenting Care					
Evaluating Care					
Administration and recording of medications					
Narcotic Control					
Transcription of physician orders					
Perform various laboratory functions:					
Specimen collection (urine, stool, sputum, emesis)					
Preparation					
Transportation					
Wound care					
Catheterization					
IV therapy, feeding tube management					
Maintain and document in charts in accordance with SOAP standards					
Coordinating the discharge of clients					

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yy)

**CERTIFICATIONS**

<b>TYPE</b>	<b>EXPIRY DATE</b>	<b>ADDITIONAL COMMENTS</b>
BLS		
Non-Violent Crisis intervention		
Critical Incident Stress Debriefing		
Nunavut Immunization		
Other:		

**NURSING EXPERIENCE**

<b>TYPE</b>	<b>YEARS</b>	<b>ADDITIONAL COMMENTS</b>
Emergency		
Obstetrical		
Pediatric		
Medical		
Surgical		
Palliative		
Psychiatry		
Geriatric		
Perioperative		
Long Term Care		
Homecare		

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Name *(please print)*

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Signature

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Date (mm/dd/yy)