



Psychiatric Skills Self Evaluation

Name: _____ Date: _____

Email Address: _____ Phone: _____

Level of Efficiency

1=No Experience

2=Limited Experience

3=Experienced

Psychiatric Care	1	2	3
Admission of the Psychiatric Patient			
Nursing Assessment and Care Plan			
Reassessment/care Plan Update			
Multi-Disciplinary Staffing			
Milieu Therapy			
Detoxification Therapy			
Behavioristic Charting			
Crisis Intervention			
Group Psychotherapy			
Individual Psychotherapy			
Adolescent Patients			
Locked Ward			
Open Ward			
Discharge Planning			
Overdose Patient			
Suicidal Patient			
Assaultive Patient			
Substance Abuse Patient			
Manic-Depressive Patient			
Schizophrenic Patient			
Hallucinatory Patient			
Seizure Disorders			
Seizure Precautions			
Isolation			
Rapid Tranquilization			
Forensic Nursing			
Electroconclusive Therapy			

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 Fax – (845) 342-2496

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Eating Disorders	1	2	3
Anorexia			
Bulimia			
Obesity			

Restraints	1	2	3
Full Restraints			
Wrist Restraints			
Ambulatory Cuffs			

General Nursing Care	1	2	3
Insertion of Foley Catheter			
NG Tube Feeding			
Neuro Signs			
Oxygen Administrations			
CPR			
Starting IV Therapy			
Heparin Locks			
Hanging Blood and Blood Products			
Vital Sign Monitoring			
Hyperalimentation/TPN			
Obtaining Venous Blood Sample			
Infusion Pumps			
Diabetic Patient Care			
Oncology Patient			

Specialized Nursing Care	1	2	3
Pediatrics			
OB-GYN/L&D			
Medical/Surgical			
Neurosurgery			
ICU/CCU			
Telemetry			
OR			
ER			
Other			

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