



Business phone: (510) 452-4626
 Toll-free: (800) 704-8391
 Fax: (510) 452-4642
 Locations on the East and West Coasts

NAME: _____ DATE: _____

CHECKLIST FOR PSYCHIATRIC NURSE

KEY

Please check the appropriate column of proficiency for each type of equipment or situation.

Level of Proficiency:

- 0 - Never done
- 1 - Not done regularly
- 2 - Six (6) months to one (1) year experience
- 3 - More than one (1) year experience

PATIENT GROUPS

	0	1	2	3
Infant				
Adolescent				
Pediatric				

	0	1	2	3
Adult				
Geriatric				

ENVIRONMENTS

	0	1	2	3
Detox Units				
Psychiatric Hospital				
Community Care Center				
Crisis Intervention Center				

	0	1	2	3
Psychiatric Unit in Hospital				
Rehabilitation/Addiction Center Unit				
Other(s)				

MENTAL DISORDERS

	0	1	2	3
Mental Retardation				
Learning Disorders				
Motor Skills Disorders				
Communication Disorders				
Pervasive Developmental Disorder				
Attention-Deficit and Disruptive Behavior Disorders				
Feeding and Eating Disorders of Childhood				
Tic Disorders				
Elimination Disorders				
Deinum, Dementia, and Other Cognitive Disorders				
Eating Disorders, Bulimia & Anorexia				
Acquired Brain Injury				

	0	1	2	3
Personality Disorders				
Adjustment Disorders				
Substance-Related Disorders				
Alcoholism				
Drug/Substance Abuse				
Schizophrenia and Other Psychotic Disorders				
Mood Disorders: Depressive and Bipolar				
Anxiety				
Somatoform Disorders				
Factitious Disorders				
Dissociative Disorders				
Sexual and Gender Identity Disorders				



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PSYCHIATRIC CARE / TREATMENT

	0	1	2	3
Admission/Discharge/Transfer				
Charting/Documentation/Consents/ Care Plans				
Securing Hazardous Items on Admission				
Confidentiality of Information				
Giving and Receiving Report of Patients				
Orienting Patient to Unit and Rights				
Making Rounds and Safety Checks				
Universal Precautions/Infection Control				
Special Precaution Procedures, e.g., Suicide Watch				
Restraint and Seclusion Procedures				
Leading Patient Focused Groups				
Group Therapy				
Behavior Modification Techniques				
Crisis Intervention				

	0	1	2	3
Behavior Modification				
Social/Vocational Training				
De-escalation Procedures				
Assaultive Behavior Management				
Activity/Recreation Therapy				
Remotivation				
Electroconvulsive Therapy				
Therapy/Interaction				
Patient Defensive Mechanisms				
Vital Signs				
Communication with Other Staff Members				
Patient/Family Teaching				
Problem Identification/Intervention				
Documentation of Responses to Psychiatric Treatment or Care				

Signature: _____ **Date:** _____