

SKILLS FORM

Name _____

The applicant is required to state whether or not he/she has mastered the skill on the form. **Mastery is defined as being able to perform the task safely, with a high degree of success, without being coached or prompted. Mastery requires having performed the task in a wide variety of patients and situations.** AVECCT is aware that some states or provinces may not allow a task to be performed by a licensed veterinary technician. AVECCT requires that a Veterinary Technician Specialist (Emergency and Critical Care) or a veterinarian who has mastered the skill, attest to your mastery of the skill.

Skill	Mastered <i>(Yes or No)</i>	VTS (ECC) or DVM who can attest to applicant's mastery of skill
Identify abnormal heart sounds with a stethoscope		
Identify abnormal lung sounds with a stethoscope		
Measure central venous pressure		
Measure systemic arterial blood pressure		
Measure arterial oxygen saturation with a pulse oximeter		
Insert a central venous catheter		
Insert a urinary catheter in a female dog or cat		
Insert a urinary catheter in a male dog or cat		
Insert a nasogastric tube		
Cystocentesis		
Placement of nasal cannula for oxygen administration		
Administer oxygen with a tracheal catheter		
Endotracheal intubation		
Intraosseous catheter placement		
Continuous chest drainage		
Positive pressure ventilation		
Collect an arterial blood sample		
Gastric lavage		
CPR chest compressions		
Defibrillation		
Blood culture collection		
Measure mucosal bleeding time		
Measure activated clotting time		

Continued on page 2

SKILLS FORM (continued from page 1)

Skill	Mastered (Yes or No)	VTS(ECC) or DVM who can attest to applicant's mastery of skill
Abdominocentesis		
Thoracocentesis		
Decompress the stomach using a needle or catheter in A patient with gastric dilatation and volvulus		
Resuscitate a newborn puppy or kitten after a c-section		
Care for a patient with a tracheostomy tube		
Care for a patient with a chest tube		
Care for a patient with a urinary catheter		
Recognize patients needing treatment for pain		
Recognize signs of respiratory failure		
Recognize signs of shock		

Please print the names of all persons who have signed this form attesting to your mastery of advanced nursing skills.

Name _____ **Credentials** _____ **Date** _____

Phone Number _____ **Email** _____

Name _____ **Credentials** _____ **Date** _____

Phone Number _____ **Email** _____

Name _____ **Credentials** _____ **Date** _____

Phone Number _____ **Email** _____

Name _____ **Credentials** _____ **Date** _____

Phone Number _____ **Email** _____

(Applicant's Signature)

(Date)

(Please print your name)