



TELEMETRY/STEPDOWN SKILLS CHECKLIST

Name _____ Date _____

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your *experience/expertise* in each area listed below.

1=Never Performed 2=Limited Experience 3=Comfortable Performing 4=Proficient

CARE OF PATIENTS WITH	1	2	3	4	CARE OF PATIENTS WITH	1	2	3	4
Abdominal Aortic Aneurysm					Arthroscopic Surgery				
Angina					Amputation				
Cardiac Arrest					Osteomyelitis				
Cardiac Catherization					Osteoporosis				
Cardiogenic Shock					Pinned Fractures				
Cardiomyopathy					Other Fractures				
Carotid Endarterectomy					Rheumatic/Arthritic Disease				
Congestive Heart Failure					Total Hip Replacement				
Cardiac Stents					Total Knee Replacement				
Deep Vein Thrombosis					Diabetes Insipidus				
Post Acute MI (>48 hrs)					Diabetes Mellitus				
Post Angioplasty					Leukemia				
Asthma					Malignant Tumors				
Bronchoscopy					Anemia				
COPD					Sickle Cell Anemia				
Fresh Tracheostomy					Adrenal Disorders				
Pulmonary Edema					Hyperthyroidism				
Pneumonectomy					Hypothyroidism				
Pneumonia					Pituitary Disorders				
Pneumothorax					Burns				
CVA/TIA					Delirium Tremens				
Coma					HIV/AIDS				
Encephalitis					Thrombophlebitis				
Head Injuries/Intracranial bleeds					Post Hypophysectomy				
Meningitis					Post Thyroidectomy				
Multiple Sclerosis					Post-op care after:				
Neuromuscular Disease					a. GI Surgery				
Seizures					b. Orthopedic Surgery				
Spinal Cord Injuries					c. Ostomy				
Renal Failure					d. Vascular Surgery				
Renal Transplant					e. GYN Surgery				
Cirrhosis					Post Mastectomy				
Hepatic Failure					Post Hysterectomy				
Hepatitis					Transfusion Reaction				
Cholecystitis					MRSA				
Bowel Obstruction					VRE				
GI Bleed					MEDICATION ADMINISTRATION				
Inflammatory Bowel Disease					Albuteral (Ventolin)				
Paralytic Ileus					Aminophylline				
Peritonitis					Antibiotics				
TURP/TURBP					Anticoagulants				
Urinary Tract Infection					Anticonvulsants				

Name _____

MEDICATION ADMINISTRATION	1	2	3	4
Antihypertensives				
Atropine				
Beta-Blockers				
Ca+ Channel Blockers				
Chemotherapeutic Agents				
Corticosteroids				
Digoxin				
Heparin				
Insulin				
Lasix				
Lidocaine				
Nitroglycerine				
Narcotics				
Oral Hypoglycemics				
Thyroid Replacement				
Starting IV's				
Mixing IV's				
Regulating IV's				
Suppository				
Thrombolytics				
TPN Administration				
PPN Administration				
Patient Controlled Analgesia (PCA)				
Blood/Blood Product Administration				
Continuous IV Infusion				
CAD Pump				
Eye/ear instillations				
IM injections				
Insulin Pump				
IV Push				
Metered Dose Inhalers				
Nebulizer				
Piggyback infusions				
Rectal infusion				
Suppository				
SQ injections				
Z track injections				
PROCEDURES/SKILLS				
A-V Fistula Care				
Brace/Splint Application				
Foley/Straight Cath insertion & care				
a. male				
b. female				
Bladder Irrigation				
Bowel Prep/Cleaning				
Care of suprapubic catheter				
Cast care				
Cast application (assist with)				
Central line care				
a. Broviac				
b. Groshong				
c. Hickman				
d. PICC				

PROCEDURES/SKILLS	1	2	3	4
Central Line care -continued				
e. Portacath				
f. Quinton				
Chemotherapy				
Chest physiotherapy				
Chest tube & drainage system				
a. set up				
b. assist with insertion				
c. care & maintenance				
d. troubleshooting				
e. removal				
CPR				
CVP Measurement				
Cardioversion				
Defibrillation				
EKG - obtaining 12 lead				
EKG arrhythmia interpretation				
EKG - lead placement				
Femoral Sheaths-Mgmt/Discontinuing				
Continuous Tube Feeding				
Glascow Coma Scale				
Gastric Lavage, Iced Saline				
Gavage, intermittent Tube Feeding				
Gastric Suction				
a. intermittent				
b. continuous				
Halo Traction/Cervical Tongs				
Interpretation of Lab Results				
a. Blood gases				
b. Blood chemistry				
c. Cardiac enzymes/isoenzymes				
d. CBC				
e. Coagulation studies				
f. Cultures				
g. Electrolytes				
h. Urine dipstick				
Intestinal Tract Tube Insertion/Care				
a. Gastrostomy tubes				
b. Jejunostomy tubes				
c. Nasogastric tubes				
d. Orogastric tubes				
e. T-tubes (care only)				
Isolation Procedures				
Lumbar Puncture (assist with)				
Nephrostomy Tube Care				
Nerve Stimulators				
Oral Airway Insertion				
Oxygen Therapy Administration				
a. ambu bag				
b. Bag & mask				
c. BiPAP				
d. Face mask				
e. Nasal cannula				

Name _____

<u>Age Specific Skills</u>	Neonates (0-30 days)	Infants (1 mo- 1 yr)	Toddlers (1-3 yrs)	Preschool (4-6 yrs)	School Age (7-12 yrs)	Adolescent (13-18 yrs)	Young Adult (19-39 yrs)	Middle Adults (40-64 yrs)	Older Adults (65+ yrs)
Check the box under EACH age group that you have experience with and are comfortable with for each skill below.									
Understands the different communications needs for the age group & changes communication methods and terminology accordingly									
Understands the different medications, dosages and possible side effects for the age group and administers medications appropriately									
Understands the different safety risks for the age group and alters the environment accordingly									
Understands the normal growth and development for the age group and adapts care accordingly									

I hereby certify that ALL information I have provided to Emerald, on this skills checklist and all other documentation, is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature _____ Date _____

FAX TO 1-866-917-5055