



ONCOLOGY 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	MEDICATION ADMINISTRATION	1	2	3	4
Atelectasis/Pneumothorax					Dilantin				
Bowel Obstruction					Dopamine				
Cardiac Arrhythmias					Doxorubicin (Adriamycin)				
Diabetes					Epogen/Neupogen				
DIC					Etoposide (VP-16-213)				
Electrolyte Imbalance					Fluorouracil (5-FU)				
Fever					Fluxuridine (FUDR)				
GI Bleed					Hydroxyurea (Hydrea)				
Hemodialysis					Melphalan (Alkeran)				
Hemorrhage					Methotrexate (Amethopterin)				
Hypercalcemia					Mitomycin (Mutamycin)				
Hypokalemia/Hyperkalemia					Titrate Morphine				
Infection					Usulfan (Myleran)				
Lymphedema					Vinblastine (Velban)				
Nausea/Vomiting/Diarrhea					Vincristine (Oncovin)				
Neuropathy					PROCEDURES/SKILLS				
Neutropenia					Intravenous Therapy				
Oncologic Surgeries					a. Peripheral line insertions				
Pancreatitis					b. Assessment of IV site				
Peritoneal Dialysis					c. Care of IV Extravasation				
Pleural Effusion					d. Blood/Blood Products				
Pneumonia					- PRBCs				
Pulmonary Embolism					- Platelets				
Renal Failure					- FFP				
Respiratory Distress					- Leukocytes/WBC				
Septic Shock					e. TPN				
SIADH					f. Antibiotics				
Spinal Cord Compression (SCC)					g. Antifungals/Antivirals				
Stomatitis					h. IV Push				
Stress Fractures					Oral Chemotherapy				
Superior Vena Cava Syndrome					IM Injections				
Thrombocytopenia					SQ Injections				
Tumor Lysis Syndrome					Intrathecal				
TURP					Continuous Narcotic Infusion				
MEDICATION ADMINISTRATION					Suctioning - Oral				
Bleomycin (Blenoxane)					Suctioning - Nasotracheal				
Carmustine (BICNU)					Tube Feeding				
Cisplatin					NG Tube Insertion				
Corticosteroids					Gastrostomy/Jejunostomy Tube Care				
Coumadin/Heparin					Colostomy/Enterostomal Care				
Cyclophosphamide (Cytoxan)					Ileostomy Care				
Decadron					Platelet Precautions				

Name _____

PROCEDURES/SKILLS	1	2	3	4
Foley Catheter				
a. Insertion/Care				
b. Irrigations				
Suprapubic Catheter Care				
Chest tube & drainage system				
a. Set up				
b. Assist with insertion				
c. Care & maintenance				
d. troubleshooting				
e. Removal				
Thoracentesis - assist				
Paracentesis - assist				
Liver Biopsy - assist				
Bone Marrow Biopsy - assist				
Central Line Placement - assist				
Skin Care				
Immunosuppression/Laminar Airflow				
Venous Access Devices				
a. Hickman/Broviac/Groshong				
b. PICC lines				
c. Site Care/Dressing Changes				
d. Assist with Insertion				
e. Declot Occluded Ports/Catheters				
f. Temporary Repair of Catheters				
g. Flush Lumens				
h. Change Caps				
I. Obtain Blood Specimens				
Vascular Access Ports				
a. Port-a-Cath				
b. Opti-Port				
c. S.E.A. Port				
d. Omega Port				
e. Chemo Port				
f. Access the Catheter Port				
g. Flush Catheter				
h. Troubleshooting/Maintain Patency				
I. Obtain Blood Specimens				
j. Patient/Family Teaching				
RADIATION THERAPY				
External Radiotherapy				
Total Body Irradiation				
Intraoperative Radiation Therapy				
IORT Implants				
Brachytherapy				
Radiation Safety Procedures				
Patient/Family Teaching				
Management of Side Effects				
BONE MARROW TRANSPLANT				
Peripheral Blood Stem Cells				
Autologous BMT				
Allogeneic BMT				
Patient/Donor Education				
Infection				

BONE MARROW TRANSPLANT	1	2	3	4
Graft Rejection				
GVHD Graft vs. Host Disease				
Venocclusive Disease				
Pneumonitis				
EQUIPMENT				
Ambulatory Infusion Pumps				
a. Cormed				
b. Auto Syringe				
c. Pharmacia				
d. Pancretec				
e. Synchromed				
f. Patient/Family Teaching of				
Automated Med. Dispensing Systems				
Automatic BP cuffs				
Implantable Infusion Pumps				
a. Infusaid Implantable Pump				
b. Medtronic				
Glucometer/Accucheck				
Isolation				
PCA Pumps				
Pressure Relief Devices				
Pulse Oximetry				
Reverse Isolation				
PSYCHOSOCIAL CARE/SUPPORT				
Identify/Refer to Resources Available				
Participation in Support Groups				
Palliative Care				
Advanced Directives				
Death & Dying Counseling				
Hospice Care				
Support During Ethical Decision Making				
Family Support				
PAIN MANAGEMENT				
Pain assessment using pain scales				
Epidural analgesia				
IV conscious sedation				
Patient controlled analgesia (PCA)				
Narcotic Agents				
Non-narcotic agents				
Non-pharmacological measures				
ASSESSMENT/OTHER				
Admission of patients to unit				
Assess Breath Sounds				
Assess Heart Sounds				
Care Planning				
Charge Nurse responsibilities				
Circulation Checks				
Computerized Charting				
Manage Cytotoxic Spills				
Neurological Assessments				
Patient Teaching - General re: Oncology				
Universal Precautions				
Vital Signs				

Name _____

Do you speak any languages other than English? (circle) YES NO

If yes, which language(s)? _____

<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 communication 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 _____

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