TELEMETRY SKILLS CHECKLIST

Name _____ **Date**_____

Level of Experience

A = Able To Teach And Supervise
B = Two Year Consistent Experience
C = One Year Consistent Experience
D = Intermittent Experience
E = No Experience

	A	B	C	D	E
Preparation of Emergency Drugs	❒	❒	❒	❒	❒
Thrombolitic Agents	❒	❒	❒	❒	❒
Verapamil	❒	❒	❒	❒	❒
Titrate Morphine	❒	❒	❒	❒	❒
Quinidine	❒	❒	❒	❒	❒
Pronestyl	❒	❒	❒	❒	❒
NTG	❒	❒	❒	❒	❒
Neosynephrine/Nipride	❒	❒	❒	❒	❒
Lidocaine	❒	❒	❒	❒	❒
Inderal	❒	❒	❒	❒	❒
Dopamine	❒	❒	❒	❒	❒
Digoxin	❒	❒	❒	❒	❒
Atropine	❒	❒	❒	❒	❒
Interpretation of Arrhythmias	❒	❒	❒	❒	❒
Pacemakers (Permanent)	❒	❒	❒	❒	❒
Cardiac Arrest (CPR)	❒	❒	❒	❒	❒
Telemetry	❒	❒	❒	❒	❒
Interpretation of Hemodynamic Monitoring	❒	❒	❒	❒	❒
A-Line (Transducer Set-up D/C)	❒	❒	❒	❒	❒
Swan Ganz (Transducer Set-up D/C)	❒	❒	❒	❒	❒
Sheath Removal-Femoral	❒	❒	❒	❒	❒
Aneurysm	❒	❒	❒	❒	❒
Angina	❒	❒	❒	❒	❒
CHF	❒	❒	❒	❒	❒
Post MI	❒	❒	❒	❒	❒
Pre/Post Cardiac Cath	❒	❒	❒	❒	❒
Pre/Post Cardiac Surgery	❒	❒	❒	❒	❒
Open Sternal Wound (Debridement)	❒	❒	❒	❒	❒
(Continued)	**A**	**B**	**C**	**D**	**E**
Establishing an Airway	❒	❒	❒	❒	❒
Ambuing Techniques	❒	❒	❒	❒	❒
Chest Tubes (Pleuravac/Emerson)	❒	❒	❒	❒	❒
Pulse Oximetry	❒	❒	❒	❒	❒
Interpretation of ABG	❒	❒	❒	❒	❒
Use of IPPB	❒	❒	❒	❒	❒
Incentive Spirometer	❒	❒	❒	❒	❒
Oral Suctioning	❒	❒	❒	❒	❒
Nasotracheal Suctioning	❒	❒	❒	❒	❒
COPD	❒	❒	❒	❒	❒
ARDS	❒	❒	❒	❒	❒
Pulmonary Edema	❒	❒	❒	❒	❒
Pulmonary Embolism	❒	❒	❒	❒	❒
Pre/Post Thoracic Surgery	❒	❒	❒	❒	❒
Pneumonia	❒	❒	❒	❒	❒
Pneumothorax	❒	❒	❒	❒	❒
Inhalation Injuries	❒	❒	❒	❒	❒
Emphysema	❒	❒	❒	❒	❒
Asthma	❒	❒	❒	❒	❒
Alupent	❒	❒	❒	❒	❒
Ventolin	❒	❒	❒	❒	❒
Bronkosol	❒	❒	❒	❒	❒
Corticosteroids	❒	❒	❒	❒	❒
Aminophylline	❒	❒	❒	❒	❒
Assessment of Neuro Signs	❒	❒	❒	❒	❒
Glascow Coma Scale	❒	❒	❒	❒	❒
Seizure Precautions	❒	❒	❒	❒	❒
Seizure Activity	❒	❒	❒	❒	❒
CVA	❒	❒	❒	❒	❒
Halo Traction	❒	❒	❒	❒	❒
Assist with Lumbar Puncture	❒	❒	❒	❒	❒
(Continued)	**A**	**B**	**C**	**D**	**E**
Overdose	❒	❒	❒	❒	❒
Neuro Injury/Trauma	❒	❒	❒	❒	❒
Head Injury/Trauma	❒	❒	❒	❒	❒
Pre/Post Neuro Surgery	❒	❒	❒	❒	❒
Cranial Hemorrhage	❒	❒	❒	❒	❒
Multiple Sclerosis	❒	❒	❒	❒	❒
Post – Op AV-Shunt	❒	❒	❒	❒	❒
Decadron	❒	❒	❒	❒	❒
Dilantin	❒	❒	❒	❒	❒
Magnesum Sulfate	❒	❒	❒	❒	❒
Phenobarbital	❒	❒	❒	❒	❒
Steroids	❒	❒	❒	❒	❒
Valium	❒	❒	❒	❒	❒
Versed	❒	❒	❒	❒	❒
Peripheral Pulses	❒	❒	❒	❒	❒
Fluid Overload	❒	❒	❒	❒	❒
Ultrasonic Doppler	❒	❒	❒	❒	❒

Starting IV's ❒ ❒ ❒ ❒ ❒
Subcutaneous Central Line ❒ ❒ ❒ ❒ ❒
Hickman/Broviac/Groshong Catheters ❒ ❒ ❒ ❒ ❒
Maintenance of Heparin Lock ❒ ❒ ❒ ❒ ❒
TPN/Hyperalimentation ❒ ❒ ❒ ❒ ❒
Air Occlusive Dressing ❒ ❒ ❒ ❒ ❒
Knowledge of Normal Serum Lab Values ❒ ❒ ❒ ❒ ❒
Administration of Blood and Blood Products ❒ ❒ ❒ ❒ ❒
Infustion Pumps ❒ ❒ ❒ ❒ ❒
Peritoneal Dialysis ❒ ❒ ❒ ❒ ❒
Hemodialysis ❒ ❒ ❒ ❒ ❒
Heparin Drip (Precautions and Maintenance) ❒ ❒ ❒ ❒ ❒
Thrombophlebitis ❒ ❒ ❒ ❒ ❒
Sickle Cell Anemia ❒ ❒ ❒ ❒ ❒
NG Tube Insertion ❒ ❒ ❒ ❒ ❒
Gastrostomy Tube ❒ ❒ ❒ ❒ ❒
Jejunostomy Tube ❒ ❒ ❒ ❒ ❒
Enterostomal Care ❒ ❒ ❒ ❒ ❒
Pancreatitis ❒ ❒ ❒ ❒ ❒
G.I. Bleed ❒ ❒ ❒ ❒ ❒
Esophageal Bleeding ❒ ❒ ❒ ❒ ❒
Bowel Obstruction ❒ ❒ ❒ ❒ ❒
Whipple Procedure ❒ ❒ ❒ ❒ ❒
Liver Transplant ❒ ❒ ❒ ❒ ❒
Paralitic Ileus ❒ ❒ ❒ ❒ ❒

(Continued) **A B C D E**

E.R.C.P. ❒ ❒ ❒ ❒ ❒
GU Irrigations ❒ ❒ ❒ ❒ ❒
Nephrostomy Tube ❒ ❒ ❒ ❒ ❒
Suprapubic Tube ❒ ❒ ❒ ❒ ❒
Foley Catheter Insertion ❒ ❒ ❒ ❒ ❒
Electrolyte Imbalance / Replacement ❒ ❒ ❒ ❒ ❒
T.U.R.P. ❒ ❒ ❒ ❒ ❒
Shunts and Fistulas ❒ ❒ ❒ ❒ ❒
Nephrectomy ❒ ❒ ❒ ❒ ❒
Renal Transplant ❒ ❒ ❒ ❒ ❒
Renal Trauma ❒ ❒ ❒ ❒ ❒
Chronic Acute Renal Failure ❒ ❒ ❒ ❒ ❒
Endometriosis ❒ ❒ ❒ ❒ ❒
Gyn Exam / Pap ❒ ❒ ❒ ❒ ❒
Self Breast Exam ❒ ❒ ❒ ❒ ❒
Tubal Ligation ❒ ❒ ❒ ❒ ❒
Ectopic Pregnancy ❒ ❒ ❒ ❒ ❒
Mastectomy ❒ ❒ ❒ ❒ ❒
Hysterectomy ❒ ❒ ❒ ❒ ❒
Repair of Cystocele / Rectocele ❒ ❒ ❒ ❒ ❒
Arthroscopic Surgery ❒ ❒ ❒ ❒ ❒
Bucks Extension ❒ ❒ ❒ ❒ ❒
K-Wires / Steinman Pins ❒ ❒ ❒ ❒ ❒
Hardware Removal ❒ ❒ ❒ ❒ ❒
Body Cast / Spika Cast ❒ ❒ ❒ ❒ ❒
Cast Removal ❒ ❒ ❒ ❒ ❒
Skeletal Traction ❒ ❒ ❒ ❒ ❒
Ortho Trauma ❒ ❒ ❒ ❒ ❒
Laminectomy ❒ ❒ ❒ ❒ ❒
Delirium Tremens ❒ ❒ ❒ ❒ ❒
Amputation ❒ ❒ ❒ ❒ ❒
HIV Infection ❒ ❒ ❒ ❒ ❒
AIDS ❒ ❒ ❒ ❒ ❒
Oncology ❒ ❒ ❒ ❒ ❒
Chemotherapy ❒ ❒ ❒ ❒ ❒
Isolation Techniques ❒ ❒ ❒ ❒ ❒
Diabetic Teaching ❒ ❒ ❒ ❒ ❒
Burn Patients ❒ ❒ ❒ ❒ ❒
Accucheck ❒ ❒ ❒ ❒ ❒

EXPERIENCE / CERTIFICATION

Indicate any specialty in which you have at least one year experience or certification within the past 3 years.

	YEARS	MONTHS
ICU:		
CCU:		
OPEN HEART CRITICAL CARE:		
SICU:		
EMERGENCY ROOM:		
GERIATRICS:		
BURN:		
GYNECOLOGY:		
GU:		
LABOR / DELIVERY:		
POST – PARTUM:		
NURSERY:		
NICU (INDICATE LEVEL):		
PEDIATRICS:		
MEDICAL:		
SURGICAL:		
TELEMETRY:		
CARDIAC STEPDOWN:		
NEURO:		
ORTHO:		
REHABILITATION:		
DIALYSIS:		
DIABETIC:		
PSYCH:		
OPERATING ROOM:		
RECOVERY ROOM:		
HOME HEALTH:		
NURSING MANAGEMENT:		
OTHER (INDICATE):		

Please include copies of any certifications with this form.

I understand that I am legally accountable in the areas I have stated performance ability on the attached Clinical Skills Checklist. I realize that it is my personal responsibility to seek further instruction in areas of deficiency and I will make them known to Quality Medical Staffing.

Signature **Date**