Professional Telemetry/Intermediate Care Nursing Checklist

Name: __________________________ Date: __________________________

Years of Experience: __________________________

Directions for completing skills checklist:

The following is a list of equipment and/or procedures performed in rendering care to patients. Please indicate your level of experience/proficiency with each area and, where applicable, the types of equipment and/or systems you are familiar with. Use the following key as a guideline:

A) Theory Only/No Experience--Didactic instruction only, no hands on experience
B) Limited Experience--Knows procedure/has used equipment, but has done so infrequently or not within the last six months
C) Moderate Experience--Able to demonstrate equipment/procedure, performs the task/skill independently with only resource assistance needed.
D) Proficient/Competent--Able to demonstrate/perform the task/skill proficiently without any assistance and can instruct/teach.

A. CARDIOVASCULAR

1. Assessment
   a. Auscultation (rate, rhythm) ○ ○ ○ ○
   b. Doppler ○ ○ ○ ○
   c. Heart sounds/murmurs ○ ○ ○ ○
   d. Pulses/Circulation checks ○ ○ ○ ○

2. Interpretation of Lab Results
   a. Cardiac Enzymes/Isoenzymes ○ ○ ○ ○
   b. Coagulation studies ○ ○ ○ ○

3. Equipment & procedures
   a. Monitoring/Telemetry
      (1) Arrhythmia interpretation ○ ○ ○ ○
      (2) Basic 12 lead interpretation ○ ○ ○ ○
      (3) Lead placement: 5 electrode telemetry ○ ○ ○ ○
      (4) Lead placement: I, III, V-leads ○ ○ ○ ○
      (5) Lead placement: Lead II and MCL1 ○ ○ ○ ○
   b. Pacemaker
      (1) Permanent ○ ○ ○ ○
      (2) Temporary epicardial wires ○ ○ ○ ○
      (3) Temporary external placement ○ ○ ○ ○
      (4) Temporary transvenous ○ ○ ○ ○
   c. Assist with:
      (1) Arterial line insertion ○ ○ ○ ○
      (2) Central line insertion ○ ○ ○ ○
   d. Hemodynamic monitoring
      (1) A-line (radial) ○ ○ ○ ○
(2) CVP monitoring
(3) Femoral artery sheath removal
(4) Swan-Ganz
e. Perform
   (1) Controlled cardioversion
   (2) Emergency defibrillation
   (3) Cardiopulmonary resuscitation (CPR)
4. Care of the patient with:
   a. Abdominal aortic bypass
   b. Aneurysm
   c. Angina
   d. Cardiac arrest
   e. Cardiomyopathy
   f. Carotid endarterectomy
   g. Congestive heart failure (CHF)
   h. Femoral-popliteal bypass
   i. Post acute MI (24-48 hours)
   j. Post angioplasty
   k. Post arthroectomy (DCA)
   l. Post CABG (24 hours)
   m. Post cardiac catheterization
   n. Post stent placement
   o. Cardiogenic shock
5. Medications
   a. Atropine
   b. Diuretics
   c. Digoxin
   d. Andrene reics
   e. Beta blockers
   f. Ca+ channel blockers
   g. Lidocaine
   h. Vasopressors
   i. Nit rates
   j. Antiarrhythmics
   k. Preparation of emergency medications
   l. Oral, IV and subcutaneous anticoagulants
   m. Thrombolytic agents

B. PULMONARY
1. Assessment
   a. Breath sounds
   b. Breathing patterns
2. Interpretation of Lab Results
   a. Arterial blood gases
   b. Blood chemistry
3. Equipment and procedures
   a. Assist with intubation
   b. Assist with thoracentesis
   c. Care of airway management devices/suctioning
      (1) Endotracheal tube/suctioning
      (2) Nasal airway/suctioning
      (3) Oropharyngeal/suctioning
(4) Oximetry
(5) Sputum specimen collection
(6) Tracheostomy/suctioning
d. Care of patient on ventilator
   (1) Extubation
   (2) Weaning modes
e. Care of patient with chest tube:
   (1) Assist with set-up & insertion
   (2) Mediastinal tube removal
   (3) Pleural tube removal
   (4) Use of Pleurevac or Thoraclex
   (5) Use of water seal drainage system
f. Chest physiotherapy
g. Establishing an airway
h. Incentive spirometry
I. Oxygen therapy & medication delivery systems
   (1) Ambu bag and mask
   (2) ET tube
   (3) External CPAP
   (4) Face masks
   (5) Inhalers
   (6) Nasal cannula
   (7) Portable oxygen tanks
   (8) Tracheostomy
   (9) Transtracheal cannulation
j. Oral airway insertion
k. Restraints
4. Care of the patient with:
a. ARDS
b. Bronchoscopy
c. COPD
d. Fresh trachostomy
e. Lobectomy
f. Pneumectomy
g. Pneumonia
h. Pulmonary edema
i. Pulmonary embolism
j. Status asthmaticus
k. Thoracotomy
l. Tuberculosis
5. Medications
   a. Aminophylline
   b. Corticosteroids
c. Atrovent
d. Antibiotics
e. Albuterol
C. NEUROLOGICAL
   1. Assessment
      a. Cerebellar function
      b. Cranial nerves
      c. Glasgow coma scale
d. Level of consciousness
e. Pathologic reflexes

2. Equipment and procedures
   a. Assist with lumbar puncture
   b. Halo traction
   c. Nerve stimulator
d. Rotation bed
e. Seizure precautions
f. Use of hyper/hypothermia blanket
g. Bed alarms

3. Care of the patient with:
   a. Aneurysm precautions
   b. Basal skull fracture
c. Closed head injury
d. Coma
e. TIA/CVA
f. DT's
g. Encephalitis
h. Externalized VP shunts
   I. Meningitis
   j. Multiple sclerosis
   k. Neuromuscular disease
   l. Post Craniotomy
   m. Seizures
   n. Spinal cord injury

4. Medications
   a. Dilantin
   b. Phenobarbital
c. Versed
d. Lasix/Mannitol
e. Valium
f. Morphine sulfate
g. Oral analgesics/narcotics

D. GASTROINTESTINAL

1. Assessment
   a. Abdominal/bowel sounds
   b. Fluid Balance
c. Nutritional

2. Interpretation of blood chemistry

3. Equipment and procedures
   a. Administration of tube feeding
      (1) Feeding pump
      (2) Gravity feeding
   b. Flexible feeding tube (Corpak, Dobhoff, etc.)
c. Placement of nasogastric tube
d. Salem sump to suction
e. Saline lavage

4. Management of:
   a. Gastronomy tube
   b. Jejunostomy tube
c. PPN (peripheral parenteral nutrition)
d. TPN and lipids administration
e. T-tube

5. Care of the patient with:
   a. Bowel obstruction
   b. Colostomy
   c. ERCP
   d. Esophageal bleeding
e. GI bleeding
   f. GI surgery
   g. Hepatitis
   h. Ileostomy
   i. Inflammatory bowel disease
   j. Liver failure
   k. Liver transplant
   l. Pancreatitis
   m. Paralytic ileus
   n. Whipple procedure
   o. Pre/post open abdominal surgery

E. RENAL/GENITOURINARY
1. Assessment
   a. A-V fistula/shunt
   b. Fluid & electrolyte imbalance
2. Interpretation of BUN & creatinine
3. Equipment and procedures
   a. Foley catheter insertion
      (1) Female
      (2) Male
   b. Supra-pubic
   c. Bladder irrigation
      (1) Continuous
      (2) Intermittent
d. Specimen collection
   (1) Routine
   (2) 24 hour
e. Nephrostomy tube care
f. Manual CAPD administration
g. Peritoneal dialysis via automatic cycler
4. Care of the patient with:
   a. Hemodialysis
   b. Nephrectomy
c. Peritoneal dialysis
d. Renal failure
e. Renal transplant
f. TURP

F. GYNECOLOGY
1. Assessment
   a. Assist with gynecological exam/PAP
   b. Breast care/self-examination education
2. Interpretation of lab results
3. Care of the patient with:
a. Gynecological surgery
b. Gynecological malignancy
c. Mastectomy
d. Hyserectomy

G. METABOLIC
1. Assessment
   a. S/S diabetic ketoacidosis
   b. S/S insulin shock
2. Interpretation of lab results
   a. Blood glucose
   b. Thyroid levels
3. Equipment and procedures
   a. Blood glucose monitoring
      (1) Blood glucose measuring device
      (2) Insulin administration-IV drip
      (3) Visual blood glucose strips
4. Care of the patient with:
   a. Cushing's syndrome
   b. Diabetes insipidus
   c. Diabetes mellitus
   d. Diabetic ketoacidosis
   e. Disorders of adrenal gland (Addison's disease)
   f. Drug overdose
   g. Hyperthyroidism
   h. Hypothyroidism
   i. Pheochromocytoma
   j. Post adrenalectomy
   k. Post hypophysectomy
   l. Post thyroidectomy
5. Medications
   a. Hydrocortisone
   b. IM vasopressin (Pitressin)
   c. Insulin
   d. Prednisone
   e. Radioactive iodine

H. WOUND MANAGEMENT
1. Assessment
   a. Skin for impending breakdown
   b. Stasis ulcers
   c. Surgical wound healing
2. Equipment and procedures
   a. Air fluidized, low airloss beds
   b. Sterile dressing changes
   c. Wound care/irrigations
   d. Perform cast care
   e. Maintain traction (skin/skeletal)
3. Care of the patient with:
   a. Burns
   b. Pressure sores
   c. Staged decubitus ulcers
d. Surgical wounds with drain(s) o o o o o
e. Traumatic wounds o o o o o

I. PHLEBOTOMY/IV THERAPY
1. Equipment and procedures
   a. Drawing blood from central line o o o o o
   b. Drawing venous blood o o o o o
   c. Starting IVs
      (1) Angiocath o o o o o
      (2) Butterfly o o o o o
      (3) Heparin lock o o o o o
d. Administration of blood/blood products
   (1) Albumin/plasma o o o o o
   (2) Cryoprecipitate o o o o o
   (3) Packed red blood cells o o o o o
   (4) Whole blood o o o o o
2. Care of the patient with:
   a. Peripheral line/dressing o o o o o
   b. Central line/catheter/dressing
      (1) Broviac o o o o o
      (2) Groshong o o o o o
      (3) Hickman o o o o o
      (4) Portacath o o o o o
      (5) Quinton o o o o o

J. PAIN MANAGEMENT
1. Assessment
2. Care of the patient with:
   a. Anesthesia/analgesia o o o o o
   b. IV conscious sedation o o o o o
   c. Narcotic Analgesia o o o o o
   d. Patient controlled analgesia o o o o o

K. MISCELLANEOUS
1. Infectious diseases (HIV/AIDS) o o o o o
2. Antibiotic Resistance Infections o o o o o
3. Chemotherapy o o o o o
4. Patient education o o o o o
5. Informed Consent o o o o o
6. Computerized charting o o o o o
7. Automated medication dispensing systems o o o o o
8. AMA procedures yes o no o
9. Suicide precautions yes o no o

AGE SPECIFIC PRACTICE

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<thead>
<tr>
<th>Experience with Age Groups</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>G</th>
<th>H</th>
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<tbody>
<tr>
<td>A. Newborn/Neonate (birth - 30 days)</td>
<td>D. Preschooler (3 - 5 years)</td>
<td>G. Young adults (18 - 39 years)</td>
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<td>B. Infant (30 days - 1 year)</td>
<td>E. School age children (5 - 12 years)</td>
<td>H. Middle adults (39 - 64 years)</td>
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<td>C. Toddler (1 - 3 years)</td>
<td>F. Adolescents (12 - 18 years)</td>
<td>I. Older adults (64+)</td>
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Able to adapt care to incorporate normal growth and development.

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.

Can ensure a safe environment reflecting specific needs of various age groups.

My experience is primarily in: (Please indicate number of years)

- Medical _____ year(s)
- Cardiothoracic _____ year(s)
- Neuro _____ year(s)
- Neurological _____ year(s)
- Cardiovascular _____ year(s)
- Burn _____ year(s)
- Trauma _____ year(s)
- Coronary care _____ year(s)
- PACC _____ year(s)
- Other (specify) __________________ year(s)

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Professional Nursing Service to release Emergency Room Skills Checklist to client facilities of PNS in relations to consideration of employment as a Traveler with those facilities.

___________________________________________  ____________________________
Signature                                      Date

___________________________________________  ____________________________
Signature                                      Date