 **Proficiency Skills Checklist**

**TELEMETRY - RN**

**NAME: DATE:** Directions:Check the column **S** = Strong skill: at least one (1) year of work can perform without assistance

that best describes your skill level **A** = Adequate skill: at least six (6) months work may require some assistance

in each area. **L**= Limited skill: less than six (6) months work will require assistance

  **N**= No skill

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| **General Skills** |  |  |  **S A L N** |
| **Advanced directives** |  |  |  |  |  |  |
| **Awareness of HCAHPS** |  |  |  |  |  |  |
| **Patient/family teaching** |  |  |  |  |  |  |
| **Restrictive devices (restraints)** |  |  |  |  |  |  |
| **Lift/transfer devices** |  |  |  |  |  |  |
| **Specialty beds** |  |  |  |  |  |  |
| **End of life care/palliative care** |  |  |  |  |  |  |
| **Automated Medication Dispensing System, Pyxis, Omnicell, or other** |  |  |  |  |  |  |
| **Bar coding for medication administration** |  |  |  |  |  |  |
| **National Patient Safety Goals** |  |  |  |  |  |  |
| **Accurate patient identification** |  |  |  |  |  |  |
| **Effective communication** |  |  |  |  |  |  |
| **Interpretation & communication of lab values** |  |  |  |  |  |  |
| **Medication administration** |  |  |  |  |  |  |
| **Labeling** |  |  |  |  |  |  |
| **Anticoagulation therapy** |  |  |  |  |  |  |
| **Medication reconciliation** |  |  |  |  |  |  |
| **Monitoring conscious sedation** |  |  |  |  |  |  |
| **Pain assessment & management** |  |  |  |  |  |  |
| **Use of PCA (IV, intrathecal, epidural)** |  |  |  |  |  |  |
| **Infection control** |  |  |  |  |  |  |
| **Universal precautions** |  |  |  |  |  |  |
| **Isolation** |  |  |  |  |  |  |
| **Minimize risk for falls** |  |  |  |  |  |  |
| **Prevention of pressure ulcers** |  |  |  |  |  |  |
| **Wound care** |  |  |  |  |  |  |
| **Wound vac** |  |  |  |  |  |  |
| **Cardiac Monitoring & Emergency Care** |
| **Obtains 12 lead EKG** |  |  |  |  |  |  |
| **Interpretation of rhythm strips** |  |  |  |  |  |  |
| **Treatment of dysrythmias** |  |  |  |  |  |  |
| **General Skills - cont.** |  |  |  **S A L N** |
| **Use of rapid response teams** |  |  |  |  |  |  |
| **Cardiac arrest/CPR** |  |  |  |  |  |  |
| **O2 therapy & delivery** |  |  |  |  |  |  |
| **Pulse oximetry** |  |  |  |  |  |  |
| **Use of doppler** |  |  |  |  |  |  |
| **IV Therapy** |
| **Starting & maintaining peripheral IVs** |  |  |  |  |  |  |
| **Blood draw: venous** |  |  |  |  |  |  |
| **Central line care** |  |  |  |  |  |  |
| **Blood draw: central line** |  |  |  |  |  |  |
| **Care & management of ports** |  |  |  |  |  |  |
| **Care & management of PICC/Groshong/Hickman** |  |  |  |  |  |  |
| **TPN & lipids** |  |  |  |  |  |  |
| **Administration of blood/blood products** |  |  |  |  |  |  |
| **Administration of chemotherapy** |  |  |  |  |  |  |
| **Monitoring chemotherapy (does not initiate)** |  |  |  |  |  |  |
| **Other** |
| **Care of patient with sepsis** |  |  |  |  |  |  |
| **Diabetes mellitus** |  |  |  |  |  |  |
| **Blood Glucose Monitoring (BGM)** |  |  |  |  |  |  |
| **Insulin administration** |  |  |  |  |  |  |
| **Cardiovascular** |  |  |  **S A L N** |
| **Assessment of heart sounds** |  |  |  |  |  |  |
| **External & temporary pacemakers** |  |  |  |  |  |  |
| **Management of permanent pacemaker/AICD** |  |  |  |  |  |  |
| **Care of Patient with:** |
| **Angina** |  |  |  |  |  |  |
| **CHF** |  |  |  |  |  |  |
| **Acute MI** |  |  |  |  |  |  |
| **Pre/post cardiac surgery (CABG & valves)** |  |  |  |  |  |  |
| **Pre/post vascular surgery (abdominal or thoracic AA, fem-pop, carotid)** |  |  |  |  |  |  |
| **Cardiogenic shock** |  |  |  |  |  |  |
| **Medication Administration** |
| **Preparation & administration of emergency (ACLS) meds** |  |  |  |  |  |  |
| **Inotropics (i.e. digoxin, dopamine, epinephrine)** |  |  |  |  |  |  |
| **Antiarrythmics (beta blockers/Ca+ channel blockers)** |  |  |  |  |  |  |
| **Antianginals (isordil/nitrates)** |  |  |  |  |  |  |
| **Antihypertensives** |  |  |  |  |  |  |
| **Cardiovascular - cont.** |  |  |  **S A L N** |
| **Antilipemics (“statins”)** |  |  |  |  |  |  |
| **Diuretics** |  |  |  |  |  |  |
| **Pulmonary** |  |  |  **S A L N** |
| **Assessment of breath sounds** |  |  |  |  |  |  |
| **Airway management/suctioning (ETT, oral, trach)** |  |  |  |  |  |  |
| **Incentive spirometer** |  |  |  |  |  |  |
| **Recognition & treatment of abnormal ABGS’s** |  |  |  |  |  |  |
| **Management of chest tubes** |  |  |  |  |  |  |
| **Heimlich valve** |  |  |  |  |  |  |
| **Care of Patient with:** |
| **COPD/emphysema** |  |  |  |  |  |  |
| **Asthma** |  |  |  |  |  |  |
| **Tuberculosis** |  |  |  |  |  |  |
| **Pulmonary embolism** |  |  |  |  |  |  |
| **Pulmonary edema** |  |  |  |  |  |  |
| **Pneumothorax** |  |  |  |  |  |  |
| **Tracheostomy** |  |  |  |  |  |  |
| **Pneumonia** |  |  |  |  |  |  |
| **Thoracentesis/paracentesis** |  |  |  |  |  |  |
| **Medication Administration** |
| **Antihistamines** |  |  |  |  |  |  |
| **Bronchodilators** |  |  |  |  |  |  |
| **Expectorants & antitussives** |  |  |  |  |  |  |
| **Use of inhalers** |  |  |  |  |  |  |
| **Use of nebulizer treatments** |  |  |  |  |  |  |
| **Neurology** |  |  |  **S A L N** |
| **Comprehensive neuro assessment** |  |  |  |  |  |  |
| **Glasgow coma scale** |  |  |  |  |  |  |
| **Utilize seizure precautions/seizures** |  |  |  |  |  |  |
| **Assist with lumbar puncture** |  |  |  |  |  |  |
| **Care of Patient with:** |
| **TIA/CVA** |  |  |  |  |  |  |
| **Cranial hemorrhage & hematoma** |  |  |  |  |  |  |
| **Aspiration precautions** |  |  |  |  |  |  |
| **Overdose/DT’s** |  |  |  |  |  |  |
| **Spinal cord injury/trauma** |  |  |  |  |  |  |
| **TBI (Traumatic Brain Injury)** |  |  |  |  |  |  |
| **Neurology - cont.** |  |  |  **S A L N** |
| **Pre/post neuro surgery** |  |  |  |  |  |  |
| **Degenerative neurological disorders** |  |  |  |  |  |  |
| **Halo traction/vest** |  |  |  |  |  |  |
| **Medication Administration** |
| **Anticonvulsants (Dilantin/Neurontin/phenobarbitol)** |  |  |  |  |  |  |
| **Antidepressants** |  |  |  |  |  |  |
| **Antiparkinsons (Cogentin/levodopa/Sinemet)** |  |  |  |  |  |  |
| **Gastrointestinal** |  |  |  **S A L N** |
| **Insertion & management of NG tube** |  |  |  |  |  |  |
| **Insertion & management of small bore feeding tubes (Dobhoff, Keofeed)** |  |  |  |  |  |  |
| **Management of gastrostomy/jejunostomy tube** |  |  |  |  |  |  |
| **Management of post surgical drains** |  |  |  |  |  |  |
| **Care of Patient with:** |
| **GI bleed (upper/lower)** |  |  |  |  |  |  |
| **Hepatitis** |  |  |  |  |  |  |
| **Pre/post open abdominal surgery** |  |  |  |  |  |  |
| **Colostomy/ileostomy** |  |  |  |  |  |  |
| **IBS** |  |  |  |  |  |  |
| **ERCP** |  |  |  |  |  |  |
| **Paralytic ileus** |  |  |  |  |  |  |
| **Gastric bypass** |  |  |  |  |  |  |
| **Gastric banding** |  |  |  |  |  |  |
| **Peritonitis** |  |  |  |  |  |  |
| **Medication Administration** |
| **Antiulcer drugs** |  |  |  |  |  |  |
| **Antiemetics** |  |  |  |  |  |  |
| **Antacids** |  |  |  |  |  |  |
| **Digestive enzymes** |  |  |  |  |  |  |
| **Genitourinary/Renal** |  |  |  **S A L N** |
| **Insertion & maintenance of foley catheter** |  |  |  |  |  |  |
| **Care of nephrostomy tube** |  |  |  |  |  |  |
| **Care of suprapubic tube** |  |  |  |  |  |  |
| **Fluid & electrolyte disturbance** |  |  |  |  |  |  |
| **Care of Patient with:** |
| **UTI** |  |  |  |  |  |  |
| **Genitourinary/Renal - cont.** |  |  |  **S A L N** |
| **BPH** |  |  |  |  |  |  |
| **TURP** |  |  |  |  |  |  |
| **Prostate cancer** |  |  |  |  |  |  |
| **Nephrectomy** |  |  |  |  |  |  |
| **Ilioconduit** |  |  |  |  |  |  |
| **Renal Surgery** |  |  |  |  |  |  |
| **Chronic/acute renal failure** |  |  |  |  |  |  |
| **Hemodialysis** |  |  |  |  |  |  |
| **Peritoneal dialysis** |  |  |  |  |  |  |
| **Gynecology** |  |  |  **S A L N** |
| **Assist with GYN exam/PAP** |  |  |  |  |  |  |
| **GYN surgeries** |  |  |  |  |  |  |
| **GYN malignancies** |  |  |  |  |  |  |
| **Progressive Care Nursing Requirements** |  |  |  **S A L N** |
| **Basic & advanced life support protocols** |  |  |  |  |  |  |
| **Adenosine administration** |  |  |  |  |  |  |
| **Chest tube insertion & management** |  |  |  |  |  |  |
| **Insertion & management of arterial line** |  |  |  |  |  |  |
| **Management & D/C of arterial & venous sheaths** |  |  |  |  |  |  |
| **Femoral hemostasis devices (femStop/vasoseal)** |  |  |  |  |  |  |
| **Ventilator management** |  |  |  |  |  |  |
| **Interpretation of weaning parameters** |  |  |  |  |  |  |
| **Drug dose calculation for:** |
| **Non-titrated IV vasoactive agents (Dobutrex/dopamine)** |  |  |  |  |  |  |
| **Nitrates (IV nitroglycerine)** |  |  |  |  |  |  |
| **Platelet inhibitors (reopro)** |  |  |  |  |  |  |
| **Fibrinolytics/IIb IIIa inhibitors** |  |  |  |  |  |  |
| **Anti-arrhythmic agents (amiodarone/Cardizem/lidocaine)** |  |  |  |  |  |  |
| **Patient Monitoring (Pre/Post Procedure)** |
| **Cardioversion** |  |  |  |  |  |  |
| **TEE** |  |  |  |  |  |  |
| **Cardiac catheterization** |  |  |  |  |  |  |
| **Bronchoscopy** |  |  |  |  |  |  |
| **EGD** |  |  |  |  |  |  |
| **PEG placement** |  |  |  |  |  |  |

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| **Progressive Care Nursing Requirements - cont. S A L N** |
| **Patient Monitoring (During/Intra Procedure)** |
| **Cardioversion** |  |  |  |  |  |  |
| **TEE** |  |  |  |  |  |  |
| **Bronchoscopy** |  |  |  |  |  |  |
| **EGD** |  |  |  |  |  |  |
| **PEG placement** |  |  |  |  |  |  |
| **Age Specific Competencies** |  |  |  **S A L N** |
| **Newborn/neonate (birth-30 days)** |  |  |  |  |  |  |
| **Infant (31 days-1 year)** |  |  |  |  |  |  |
| **Toddler (ages 2-3 years)** |  |  |  |  |  |  |
| **Preschool (ages 4-5 years)** |  |  |  |  |  |  |
| **School age (ages 6-12 years)** |  |  |  |  |  |  |
| **Adolescent (ages 13-21 years)** |  |  |  |  |  |  |
| **Young adult (ages 22-39 years)** |  |  |  |  |  |  |
| **Adult (ages 40-64 years)** |  |  |  |  |  |  |
| **Older adult (ages 65-79 years)** |  |  |  |  |  |  |
| **Elderly (ages 80+ years)** |  |  |  |  |  |  |

# Fax to: 1-305-266-3242

**The information on this and all preceding pages is true and correct.**

**Signature**

**Date**