 **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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**