

TELEMETRY SKILLS CHECKLIST

NAME: _____ **SIGNATURE:** _____ **DATE:** _____

1 - Highly skilled (can function well independently, strong experience)

2 - Proficient (experienced, may need occasional review/assistance) **3 - Limited Skill** (limited to no experience)

CARE OF PATIENTS WITH:

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| Pre/Post Cardiac Cath | | | |
| Myocardial Infarctions | | | |
| GI Bleed | | | |
| Oncology Patients | | | |
| Lymphoma | | | |
| Emphysema | | | |
| Asthma | | | |
| COPD | | | |
| Diabetes | | | |
| Hepatitis | | | |
| Hypothyroidism | | | |
| Hyperthyroidism | | | |
| Decubitus Ulcers | | | |
| Drug OD | | | |
| Stab Wounds | | | |
| Impending DTs | | | |
| Appendectomy | | | |
| Bowel Obstructions | | | |
| Burns | | | |
| Psychiatric Disorders | | | |

RENAL PROBLEMS

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| Care of Patient: | | | |
| • In acute renal failure | | | |
| • On hemodialysis | | | |
| • With ileal conduit | | | |
| Perform Peritoneal Dialysis | | | |

G.U.

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| Catheters - Foley Insertion | | | |
| • Male | | | |
| • Female | | | |
| Suprapubic | | | |

RESPIRATORY THERAPY

| Skills (check appropriate box) | 1 | 2 | 3 |
|---------------------------------|---|---|---|
| Suctioning Oro-Naso Pharynx | | | |
| Tracheostomy Care | | | |
| Oxygen Equipment | | | |
| Ventilators | | | |
| Endotracheal Tubes | | | |
| Chest Tubes | | | |
| Universal Isolation Precautions | | | |

MEDICATIONS

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| Unit Dose | | | |
| Pass Meds 5-10 Patients | | | |
| Pediatric Conversions | | | |

IV THERAPY

| Skills (check appropriate box) | 1 | 2 | 3 |
|-------------------------------------|---|---|---|
| Heparin Locks | | | |
| Initiating IV Line | | | |
| CVP Lines & Dressing Changes | | | |
| Infusion Pumps | | | |
| Hanging Blood/Blood Products | | | |
| Draw Blood for Lab | | | |
| Arterial Blood Gas Interpretation | | | |
| Total Parenteral Nutrition | | | |
| Care of Hickman Catheter | | | |
| IV Additives & Piggybacks | | | |
| IV Push Drugs | | | |
| Post CABG/Valve Replacement | | | |
| Intra Arterial Thrombolytic Therapy | | | |

NEUROLOGICAL PROBLEMS

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| Assessment Glasgow Coma Scale | | | |
| CVAs | | | |
| Post-Surgical Patients | | | |
| Seizure Precautions | | | |
| Craniotomies/Head Injury | | | |
| Spinal Cord Injury | | | |

CARDIOVASCULAR PROBLEMS

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| Arrhythmia Interpretation | | | |
| Obtaining 12 Lead EKG | | | |
| Arrests - Initiate CPR | | | |
| Emergency Drug Therapy | | | |
| Titration of Vasoactive Drugs | | | |
| Pacemakers | | | |
| • Assist with insertion | | | |
| • Permanent (care of) | | | |
| • Temporary (care of) | | | |
| Aneurysm Repair | | | |
| Anti-arrhythmic Drugs | | | |

GASTRO INTESTINAL PROBLEMS

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| Nasogastric Tubes | | | |
| Care of Multiple Abdominal: | | | |
| • Wounds | | | |
| • Drains | | | |
| Care with Feeding Tubes | | | |
| GI Bleeds | | | |
| Sterile Dressing Changes | | | |