



Telemetry / Stepdown Unit RN Skills Checklist

This skills checklist is to be used by RN's with more than one year of nursing experience in their specialty. It will be utilized by healthcare facilities as a determining factor in assignment approval and for skill assessment while on assignment. Please complete all sections thoroughly and accurately. This document will remain a permanent part of your HR file with Solutions Staffing until it is amended or replaced.

Date _____ Name (*print*) _____

Key to Competency Levels

0 – No Experience 1 – Minimal experience, need review and supervision, have performed at least once 2 – Comfortable performing with resource available 3 – Competent to perform independently and safely 4 – Expert, able to act as resource to others

	0	1	2	3	4
Patient Rights					
Maintains standards of nursing practice and professional conduct as determined by the licensing body and the practice setting					
Bases practice on the best evidence from nursing science and other sciences and humanities					
Makes decisions about actual or potential problems and strengths, plans performs interventions and evaluates outcomes					
Adheres to the ethical standards of the nursing profession					
Provides nursing services and collaborates with other members of the healthcare team in providing health care services					
Provides nursing services and collaborates with other members of the healthcare team in providing health care services					
Assumes primary responsibility for maintaining competence and fitness to practice.					
Neurology					
Neuro Assessment/Neuro Vitals					
Seizure Precautions					
Stryker Frame					
Crutchfield Tongs					
Halo Traction					
Care of Patient with:					
Spinal Cord Injury					
Pre/Post Neurological Surgery					
CNS Infections					
Degenerative Diseases of:					
Nervous System					
Drug Overdose					
Cerebral Aneurysm					
Chronic C.V.A./T.I.A.					
Rehabilitation of the Neuro Patient					
Cardiovascular					
Use of Cardiac Monitors					
Recognizing and Treating Arrhythmias					
Obtaining Lead EKG					
Interpreting 12 Lead EKG					
Cardiopulmonary Arrests					
Cardioversion Defibrillation					
Running a Code 99					
Care of 48 hr. Post-Op Open Heart Patient					
Pre/Post-Op Cardiac Transplant					

	0	1	2	3	4
Pre/Post-Op Angioplasty					
Percutaneous Transluminal Coronary Angioplasty					
Sheath Removal					
Post-Op Vascular Surgery Patient (i.e. Aneurysms)					
Care of Acute MI					
Angina (Acute and Chronic)					
Pre/Post Cardiac Catherization					
Care of Patient with:					
Valvular Disease					
Cardiogenic/Hypovolemic Shock					
Set up and Care for Patient with Subclavian Lines					
Use and Administration of Following Drips and/or Push:					
Atropine					
Cardizem					
Digitalis					
Dobutamine					
Dopamine					
Epinephrine					
Verapamil					
Heparin					
Lidocaine					
Magnesium					
Potassium					
Sodium Bicarbonate					
Pulmonary					
Assessment of Breath Sounds					
Assist with Set-up Maintenance of Chest Tubes					
Use of Chest Drainage Systems					
Administer Oxygen (Nasal Canula, Mask)					
Oxygen Saturation Monitor					
Care of Patient with:					
Pulmonary Emboli					
Tracheostomy					
Pre/Post Thoracic Surgery					
COPD					
Asthma					
CHF					
Tuberculosis					
Gastrointestinal					
Assessment of Bowel Sounds					
Identification Abnormalities					
Stool Tests					
Insert /Maintain Feeding Tubes /NG Tubes					
Checking Placement of NG or Feeding Tubes					
Checking Residual of Tube Feedings					
Administration of Tube Feedings					
Care of Acute GI Bleed					
	0	1	2	3	4

Abdominal Wounds or Infections					
Pre/Post-Op GI Surgery					
Ileostomy/Colostomy Care					
Dehiscence					
Care of Patient on Total Parenteral Nutrition					
Genitourinary /Renal					
Ability to Insert/Maintain Urinary Drainage Tubes					
Care of Patients with:					
Acute Renal Failure					
Chronic Renal Failure					
Post Renal/Genitourinary Surgery					
Care of Patient Receiving Peritoneal Dialysis					
Care of Patient Receiving Hemodialysis					
Assessment of Fluid and Electrolyte Problems					
Knowledge of UA values					
Endocrine					
Administration of IV Insulin Drip					
Capillary Blood Glucose Checks					
Care of Patient in Diabetic Ketoacidosis					
Hormone Therapy					
Musculoskeletal					
Traction					
Braces					
Casts					
Collars					
Slings					
Splints					
Skeletal Traction					
Skin Traction					
Use of T.E.N.S. Unit					
Beds i.e. Clinitron, Roto, Rest, Circelectric					
Crutch Walking/Walkers					
Total Knee Replacement					
Total Hip Replacement					
Arthroscopy/Arthrotomy					
Care of Patient with:					
Joint Disorders					
Bone Disorders					
Amputation					
Care of pt. On CPM					
Oncology					
Care of Aids Patient					
Pain Management					
Chemo Agents Mixing/Admin.					
Miscellaneous					
Isolation/Universal Precautions					
Burn Patients					
Inserting IV's					
IV Therapy					
	0	1	2	3	4

Set-up for Cut Down					
Administration of Blood and Blood Products					
Solcutrans					
Obtaining Peripheral Venous Blood					
Obtaining Central Venous Blood					
Knowledge of Serum Lab Values:					
Chem 7, Chem 10					
CBC					
Serum Drug Levels					
Specimen Collections					
Care of Drains/Tubes (i.e. Hemovac, etc.)					

Experience Areas, Record Years/Months of Previous Experience. (Check all that apply.)					
<input type="checkbox"/> ER	Years:	Months:	<input type="checkbox"/> Ambulatory Care	Years:	Months:
<input type="checkbox"/> Telemetry / Stepdown	Years:	Months:	<input type="checkbox"/> OR	Years:	Months:
<input type="checkbox"/> IMCU	Years:	Months:	<input type="checkbox"/> Supervision / Management	Years:	Months:
<input type="checkbox"/> PACU	Years:	Months:	<input type="checkbox"/> Ancillary Services	Years:	Months:
<input type="checkbox"/> Acute	Years:	Months:	<input type="checkbox"/> Other	Years:	Months:

Credentials (Check all that apply.)	
<input type="checkbox"/> ACLS	<input type="checkbox"/> IV Certified
<input type="checkbox"/> PALS	<input type="checkbox"/> Charge Experience
<input type="checkbox"/> NALS	<input type="checkbox"/> Other

Experience with Age Groups:

	A	B	C	D	E	F	G	H	I
Able to adapt care to incorporate normal growth and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can ensure a safe environment reflecting specific needs of various age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please read and agree to the statements below by marking the checkbox.

* I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Telemetry Checklist to the Client facilities in relation to consideration of employment as a Traveler with those facilities as indicated by my signature below:

Signature