

TELEMETRY/STEPDOWN UNIT SKILLS CHECKLIST

NAME: _____ **DATE:** _____

Please check the appropriate letter of proficiency for the following types of clinical situations and equipment.

LEVEL OF PROFICIENCY
A = Able to teach & supervise
B = 1 year constant experience
C = Intermittent experience
D = No experience

	A	B	C	D
MEDICATIONS				
Unit Dose				
Pouring from stock medication				
Administration of Code Cart Emergency Drugs				
Administration of:				
Aminophylline-				
Ativan				
Atropine				
Chemotherapy Agents				
Corticosteroids				
Decadron				
Digoxin				
Dilantin				
Dobutamine				
Dopamine				
Heparin				
Inhalers				
Lidocaine				
Lopressor				
Magenesium Sulfate				
Nipride				
Nitroglycerin				
Phenobarbital				
Thrombolytic Agents				
Valium				
Verapamil				

Telemetry/Stepdown Skills Checklist

	A	B	C	D
IV THERAPY				
Inserting IVs				
Mixing IV solutions				
Heparin locks				
TPN/Hyperalimentation				
IV push				
IV drip				
Infusion pumps				
Syringe pumps				
Continuous Subcutaneous Infusion Pumps				
PCA Pumps				
Ultrasonic Doppler				
CVP lines/measurement of CVP				
Central line dressing change				
Blood/Blood products administration				
ordering/obtaining from blood bank				
identification/intercession for adverse reaction				
Multi-lumen central venous catheters				
Implanted CVC (port-a-cath)				
Assessment of IV insertion site				
Assist with insertion of central line				
X-ray/assessment after insertion				
Care of patient with Central Line				
CARDIOVASCULAR				
Care of Patient with:				
Acute MI				
CHF				
Angina				
Hypertension				
Cardiomyopathy				
Cardiopulmonary Arrest				
Abdominal Aortic Aneurysm				
Carotid Endarterectomy				
Femoral Popliteal Bypass				
Pre & Post Cardiac Surgery				
Pre & Post Cardiac Cath				
Pre & Post PTCA				
Permanent Pacemaker				
Temporary Pacemaker				

External Pacemaker				
--------------------	--	--	--	--

Telemetry/Stepdown Skills Checklist

	A	B	C	D
Cardiac Lab Interpretation				
Cardiac Patient/Family Teaching				
RESPIRATORY				
Respiratory assessment				
Assess Lung sounds				
Chest percussion				
Establish/Protect Airway				
Chest tubes/Pleurevac				
Oxygen therapy				
Drawing ABGs				
Interpretation of ABGs				
Incentive Spirometry				
Suctioning:				
oral				
nasotracheal				
endotracheal tube				
tracheostomy tube				
Oxygen Equipment Set Up and Maintenance:				
nasal canula				
non-rebreather mask				
venti-mask				
ET Intubation/extubation				
ambu bag				
pulse oximetry				
Care of patient with:				
COPD				
tracheostomy				
pulmonary edema				
ARDS				
ventilator (A/C, IMV, PEEP)				
pre/post-op thoracic surgery				
pneumonia				
chest tubes				
asthma				
emphysema				
NEUROLOGY				
Neurological assessment				
Seizure precautions				
Assessment of Management of Seizure Activity				

Assisting with lumbar puncture				
--------------------------------	--	--	--	--

Telemetry/Stepdown Skills Checklist

	A	B	C	D
Signs/Symptoms of increasing ICP				
Glasgow Coma Scale				
Crutchfield tongs				
Circo-electric bed				
Halo traction				
Stryker frame				
Care of patient with:				
seizures				
CNS infection				
overdose				
DTs				
spinal cord injury				
acute head injury				
CVA/TIA				
neuromuscular disease				
pre/post neuro surgery				
GASTROINTESTINAL				
G.I. assessment				
Bowel sounds				
Inserting N-G tubes				
Colostomy care				
Measurement of I & O				
Administration of tube feedings				
Care of patients with:				
GI bleed				
NG tube				
G-tube				
J-tube				
abdominal wounds/surgeries				
inflammatory bowel disease				
bowel obstruction				
RENAL/GENITOURINARY				
Insertion and care of:				
straight cath				
Indwelling urinary cath:				
male				
female				
3-way				

Telemetry/Stepdown Skills Checklist

	A	B	C	D
Care of Patient with:				
Bladder Irrigation				
Suprapubic Tube				
Nephrostomy Tube				
Renal Transplant				
Nephrectomy				
Renal Transplant				
BPH				
Pre/post Turp				
ORTHOPEDIC				
Total Knee Replacement				
Bucks Extension				
Cast Care				
Crutch Walking				
K-Wires				
Spika Casts				
Balanced Suspension Traction				
Circulation Checks				
Care of Patient with:				
Amputation				
Rheumatic/Arthritic Disease				
Multiple Trauma				
Paraplegia				
External Fixation				
Post Arthroplasty				
GENERAL				
Blood Glucose Monitoring				
Dressing Changes				
Universal Precautions				
Isolation				
Discharge Planning				
Care of Patient with:				
Diabetes				
Pressure Sores				
Sickle Cell Anemia				
Cancer				
Alzheimer's Disease				
HIV/AIDS				

Charge Nurse Experience				
-------------------------	--	--	--	--

Telemetry/Stepdown Skills Checklist

	A	B	C	D
AGE SPECIFIC COMPETENCY				
Neo-Natal (To 1 Month)				
Infant (1 Month to 1 Year)				
Pediatric (1 to 12 Years)				
Adolescent (12 to 18 Years)				
Adult (18 to 65 Years)				
Geriatric (65 Years and Older)				
CULTURAL DIVERSITY				
Assess the patient, plan, implement and evaluate in relation to Cultural needs				

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Be Well Nursing, LLC. to release checklist to client health care facilities of Be Well Nursing, LLC. relating to my contract employment with that facility.

(Signature)

(Date)