

Telemetry/Stepdown Skills Checklist

Name: _____

Date: _____

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (✓) in the appropriate box.

3 = Acceptable competency; > 5 times per year
 1 = No experience; Theory/observed only
 2 = Limited competency; < 5 times per year; Needs supervision
 4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
Cardiac				
Acute Coronary Syndrome				
Congestive Heart Failure				
Post Open Heart (12-24 hours)				
Carotid Endarterectomy				
Post Vascular Surgery				
Heart Transplant				
Pacemaker - Temporary / Permanent				
Pacemaker - Epicardial				
Sheath Removal				
Heart Sounds				
Pulmonary				
Pneumonia				
Respiratory Distress				
COPD				
Breath Sounds				
Post Thoracic Surgery				
Chest Tube Placement & Management				
Trach Management				
Modes of Ventilation (AC/PC/SIMV/CPAP)				
Intubation/Extubation				
External CPAP/BiPAP				
Interpretation of Arterial Blood Gases				
Neurologic & Psychiatric				
Stroke Scale Assessment				
CVA				
Brain Injury				
Post Craniotomy				
Spinal Cord Injury				
Seizure Disorders				
ETOH/Drug Withdrawal				
Gastrointestinal				
GI Bleeding				
GI Surgery				

Skill Level	1	2	3	4
Gastrointestinal cont...				
Liver Failure				
Pancreatitis				
Liver Transplant				
Pancreas Transplant				
Renal/Genitourinary				
Renal Failure				
Renal Surgery				
Renal Transplant				
Arteriovenous Fistula/Shunt				
Nephrostomy Tubes				
Peritoneal Dialysis				
Endocrine Metabolic				
Diabetes - Hypo/Hyperglycemic Crisis				
Pituitary Disorders				
IV Insulin Protocols				
Indwelling Insulin Pumps				
Medications				
Anti-Arrhythmias				
Anticoagulants (IV, oral, & injection)				
Anti-Hypertensives				
Anti-Psychotics				
Anti-Seizure Medications				
Benzodiazepines				
Procedural Sedation				
Diuretics				
Emergency Medications				
Inhaled Medications				
Insulin				
Titrate Vasoactive Drips				
Manage Vasoactive Drips - No Titration				
Narcotics/Opioid Analgesics (IV, oral, & Injection)				
Nitrates (Oral & Topical)				
Non-Opioid Analgesics (IV, Oral & Injection)				

Medications cont...	1	2	3	4
Reversal Agents				
Steroids (IV, Oral, Inhaled)				
Automated Medication Dispensing (i.e. Pyxis, Omnicell)				
IV Therapy				
Starting IVs				
Central Line Blood Draws				
Central Line / Implanted Line Care				
Arterial Line Management				
TPN & Lipids				
Blood Product Administration				
Administration of Chemotherapy				
Cardiac Monitoring & Emerg Response				
Dysrhythmia Interpretation				
Dysrhythmia Management				
Obtain 12 Lead EKG				
Interpret 12 Lead EKG				
Cardioversion				
Defibrillation				
Malignant Hyperthermia				
EMR				
Epic				
Cerner				
Eclipsys				
McKesson				
Meditech				
Other Computerized System				
Computerized Physician Order Entry				
Bar Coding for Medication Administration				

Professional Knowledge and Skills	1	2	3	4
National Patient Safety Goals/Core Measures				
Fall Risk Assessment/Prevention				
Pressure Ulcer Risk Assessment/Prevention				
Restraints/Use of least restrictive device				
Patient/Family Teaching				
Age Specific / Population-Based Care				
Isolation Precautions				
Infection Prevention				
Pain Assessment & Management				
Charge Experience				
Interpretation and Communication of Lab Values				
Specialty Beds				
Age Specific Practice Criteria				
Newborn/Neonate (birth - 30 days)				
Infant (30 days - 1 year)				
Toddler (1 - 3 years)				
Preschooler (3 - 5 years)				
School age children (5 - 12 years)				
Adolescents (12 - 18 years)				
Young adults (18 - 39 years)				
Middle adults (39 - 64 years)				
Older adults (64+ years)				

Please list any areas of expertise below:

I hereby certify that ALL information I have provided to FloMed Staffing on this skills checklist is true and accurate to the best of my knowledge. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature: _____ Date: _____