

Telemetry Skills Checklist

Name: Date: Experience Since:

Please indicate your experience with the following patient care areas, equipment and procedures.

	Comfortable With	Done Occasionally	No Experience
Cardiovascular			
Auscultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure / Non-invasive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doppler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulse / Circulation Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation of Labs			
Cardiac Enzymes & Isoenzymes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist With:			
Central Line Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Internal Cardioverter Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic External Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring			
Arrhythmia Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhythm Strip Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker			
External	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological:			
Glasgow Coma Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflex Motor Deficits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual or Communication Deficits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the patient with:			
CVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DT's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications: - Inderal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- AquaMephton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Kayexelate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Lactulose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal / Genitourinary			
Assessment of A/V Fistula/Shunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of Fluid Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation of BUN & Creatinine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder Irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Insertion & Care of Foley Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supra-pubic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of Patient w/: Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Acute Renal Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- End Stage Renal Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Nephrectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Nephrectomy Tube Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- TURP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Urinary Diversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Urinary Tract Infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the patient with:			
A.A.A. Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute M.I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Tamponade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congestive Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EP Study & Ablation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Commissurotomy, Valve Repair, Valve Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PTCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Percutaneous BalloonValvuloplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Rotoblade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre / Post Angioplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre / Post Cardiac Cath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications:			
Amiodarone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atropine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bumex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bretylium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digoxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diltiazem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dobutamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dopamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epinephrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lidocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metoprolol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitroglycerine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procainamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TPA (Aleptase)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine / Metabolic:			
Interpretation of Blood Glucose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of Drug Overdose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Management:			
Assess for Skin Breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess for Stasis Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess Surgical Wound Healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Perform Dressing Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform Wound Irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of Patient w/ - Pressure Sores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Decubitus Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Surgical Wound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy / I.V. Therapy			
Administration of: Cryoprecipitate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
: Packed RBC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
: Plasma / Albumin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration of Whole Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Draw from Central Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw of Venous Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start I.V. Angiocath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start I.V. Butterfly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start Heparin Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of Patient w/ - Broviac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Groshong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Hickman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Portacath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Peripheral Line Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain Management:			
Assessment of Pain Level /Tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of Patient w/ - Epidural Anesthesia / Analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- IV Conscious Sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Patient Controlled Analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Agency Representative Signature

Date