

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Directions for completing skills checklist:

The following is a list of equipment and/or procedures performed in rendering care to patients. Please indicate your level of experience/proficiency with each area and, where applicable, the types of equipment and/or systems you are familiar with. Use the following key as a guideline:

- A) Theory Only/No Experience--Didactic instruction only, no hands on experience
- B) Limited Experience--Knows procedure/has used equipment, but has done so infrequently or not within the last six months
- C) Moderate Experience--Able to demonstrate equipment/procedure, performs the task/skill independently with only resource assistance needed.
- D) Proficient/Competent--Able to demonstrate/perform the task/skill proficiently without any assistance and can instruct/teach.

**A. RENAL/GENITOURINARY**

	A	B	C	D
1. Assessment of Renal/GU System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Insertion/Care of Foley Catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Care of the Patient With:				
a. Nephrostomy Tube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. AV Fistula/AV Graft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Tunneled/Non-Tunneled Catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Ileal Conduit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Supra-Pubic Catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Chronic Renal Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Acute Renal Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Nephrectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Turp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Peritoneal Dialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Hemodialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B. HEMODIALYSIS SKILLS/PROCEDURES**

1. Experience				
a. Acute/Inpatient Dialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Chronic/Outpatient Dialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Dialysis Home Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pediatric Dialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Peritoneal Dialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Predialysis Nursing Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Educating Patient and Patient's Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. CVVH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

i. CAPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Cycled PD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Set Up/Initiate Dialysis Treatment				
a. Bicarbonate Dialysate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Conductivity/pH Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Priming Dialyzer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Checks for Machine/Alarm Settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Prep Vascular Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Catheter Vascular Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Fistula or Graft Vascular Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Dialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Collect Blood Specimens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Anticoagulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Set up for Cycler PD Machine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Set up for CVHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Assess Patient and Equipment During Dialysis				
a. Systems Assessment of the Patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Volume Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Vascular Access Function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Arterial and Venous Pressures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Blood Flow Rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Subjective Assessment of Response to Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Management of Anticoagulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Conductivity Meters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Ultrafiltration Calculation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Knowledge of Peritoneal Dialysis Solutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Administration of Blood and Blood Products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Administration of Mannitol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Sequential Ultrafiltration/PUF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Documentation of Dialysis Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Administration of IV Push and IV Pump Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Epogen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Vitamin D Derivatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Iron Replacement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Antibiotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Administration of Antibiotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Management of the Patient With:				
a. Fluid Overload	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Hypotension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Disequilibrium Syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hyperkalemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Muscle Cramps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Clotted Access/Poor Blood Flow Rate From Catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Pyrogenic Reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Hemolysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Air Emboli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Chest Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Anemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Neuropathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Pericarditis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Can ensure a safe environment reflecting specific needs of various age groups.

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Cambay Consulting, LLC. to release Emergency Room Skills Checklist to client facilities of Cambay in relations to consideration of employment as a Traveler with those facilities.

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Signature

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Date

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Signature

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Date