Cambay HealthCare

Dialysis Checklist

Name:	Date:			
Years of Experience:				
Directions for completing skills checklist:				
The following is a list of equipment and/or procedures perform care to patients. Please indicate your level of expereince/profi area and, where applicable, the types of equipment and/or sys with. Use the following key as a guideline:	ciency	with	each	niliar
 A) Theory Only/No ExpereinceDidactic instruction only, no B) Limited ExperienceKnows procedure/has used equipme infrequently or not within the last six months C) Moderate ExperienceAble to demonstrate equipment/pr 	nt, bu	t has	done	SO
task/skill independently with only resource assistance need by Proficient/CompetentAble to demonstrate equipment/profice task/skill independently with only resource assistance need by Proficient/CompetentAble to demonstrate equipment/profice task/skill independently with only resource assistance need to demonstrate equipment/profice task/skill independently with only resource assistance need to demonstrate equipment/profice task/skill independently with only resource assistance need to demonstrate equipment/profice task/skill independently with only resource assistance need to demonstrate equipment/profice task/skill independently with only resource assistance need to demonstrate/perform the without any assistance and can instruct/teach.	eded.			
A. RENAL/GENITOURINARY	Α	В	С	D
1. Assessment of Renal/GU System	0	0	0	0
2. Insertion/Care of Foley Catheter	0	0	0	0
3. Care of the Patient With:				
a. Nephrostomy Tube	0	0	0	0
b. AV Fistula/AV Graft	0	0	0	0
c. Tunneled/Non-Tunneled Catheter	0	0	0	0
d. Ileal Conduit	0	0	0	0
e. Supra-Pubic Catheter	0	0	0	0
f. Chronic Renal Failure	0	0	0	0
g. Acute Renal Failure	0	0	0	0
h. Nephrectomy	0	0	0	0
i. Turp	0	0	0	0
j. Peritoneal Dialysis	0	0	0	0
k. Hemodialysis	0	0	0	0
B. HEMODIALYSIS SKILLS/PROCEDURES				
1. Experience				
a. Acute/Inpatient Dialysis	0	0	0	0
b. Chronic/Outpatient Dialysis	0	0	0	0
c. Dialysis Home Care	0	0	0	0
d. Pediatric Dialysis	0	0	0	0
e. Peritoneal Dialysis	0	0	0	0
f. Predialysis Nursing Assessment	0	0	0	0
g. Educating Patient and Patient's Family	0	0	0	0
h. CVVH	0	0	0	0

	i. CAPD	0	0	0	0
	j. Cycled PD	0	0	0	0
2. Set Up	/Initiate Dialysis Treatment				
	a. Bicarbonate Dialysate	0	0	0	0
	b. Conductivity/pH Testing	0	0	0	0
	c. Priming Dialyzer	0	0	0	0
	d. Checks for Machine/Alarm Settings	0	0	0	0
	e. Prep Vascular Access	0	0	0	0
	f. Catheter Vascular Access	0	0	0	0
	g. Fistula or Graft Vascular Access	0	0	0	0
	h. Dialysis	0	0	0	0
	i. Collect Blood Specimens	0	0	0	0
	j. Anticoagulation	0	0	0	0
	k. Set up for Cycler PD Machine	0	0	0	0
	I. Set up for CVHD	0	0	0	0
3. Assess	Patient and Equipment During Dialysis				
	a. Systems Assessment of the Patient	0	0	0	0
	b. Volume Status	0	0	0	0
	c. Vascular Access Function	0	0	0	0
	d. Arterial and Venous Pressures	0	0	0	0
	e. Blood Flow Rate	0	0	0	0
	f. Subjective Assessment of Response to Treatment	0	0	0	0
	g. Management of Anticoagulation	0	0	0	0
	h. Conductivity Meters	0	0	0	0
	i. Ultrafiltration Calculation	0	0	0	0
	j. Knowledge of Peritoneal Dialysis Solutions	0	0	0	0
	k. Administration of Blood and Blood Products	0	0	0	0
	I. Administration of Mannitol	0	0	0	0
	m. Sequential Ultrafication/PUF	0	0	0	0
	n. Documentation of Dialysis Treatment	0	0	0	0
	o. Administration of IV Push and IV Pump Medications	0	0	0	0
	p. Epogen	0	0	0	0
	q. Vitamin D Derivatives	0	0	0	0
	r. Iron Replacement	0	0	0	0
	s. Antibiotics	0	0	0	0
	t. Administration of Antibiotics	0	0	0	0
4. Manag	ement of the Patient With:				
	a. Fluid Overload	0	0	0	0
	b. Hypertension	0	0	0	0
	c. Hypotension	0	0	0	0
	d. Disequilibrium Syndrome	0	0	0	0
	e. Hyperkalemia	0	0	0	0
	f. Seizures	0	0	0	0
	g. Muscle Cramps	0	0	0	0
	h. Clotted Access/Poor Blood Flow Rate From Catheter	0	0	0	0
	i. Pyrogenic Reaction	0	0	0	0
	j. Hemolysis	0	0	0	0
	k. Air Emboli	0	0	0	0
	I. Chest Pain	0	0	0	0
	m. Anemia	0	0	0	0
	n. Neuropathy	0	0	0	0
	o. Pericarditis	0	0	0	0

p. Filter Blood Leak	0	0	0	0
g. Cardiopulmonary Arrest	0	0	0	0
r. Infiltration of an AV Access	0	0	0	0
5. Machine Alarm Troubleshooting Procedures				
a. Blood Leak Alarm	0	0	0	0
b. Arterial Pressure Alarm	0	0	0	0
c. Venous Pressure Alarm	0	0	0	0
d. Conductivity Alarm	0	0	0	0
e. Ultrafiltration Alarm	0	0	0	0
f. High Temperature Alarm	0	0	0	0
g. Air/Foam Detector Alarm	0	0	0	0
h. Power Failure Alarm	0	0	0	0
i. Blood Pump Alarm	0	0	0	0
6. Discontinue Dialysis				
a. Dialysis Catheter	0	0	0	0
b. Fistula/Vein Graft	0	0	0	0
c. Return of Blood	0	0	0	0
d. Post Treatment Access Care	0	0	0	0
e. Equipment Clean Up	0	0	0	0
f. Sterilization	0	0	0	0
7. Skilled Nursing Care				
a. Airway Management	0	0	0	0
b. Oxygen Therapy	0	0	0	0
c. Oral/Nasotracheal Suctioning	0	0	0	0
d. Pulse Oximetry	0	0	0	0
e. Venipuncture	0	0	0	0
f. Saline Lock/Peripheral Intravenous Insertion	0	0	0	0
g. Assessment of Circulation/Peripheral Pulses	0	0	0	0
h. Blood Glucose Monitoring	0	0	0	0
i. NG Tube Insertion/Maintenance	0	0	0	0
j. Management of Fluid/Electrolyte Balance	0	0	0	0
k. Intake/Output	0	0	0	0
I. Seizure Precautions	0	0	0	0
m. Cardiac Arrest/CPR	0	0	0	0
n. Knowledge of Lab Values for ESRD Patients	0	0	0	0
o. Knowledge of ESRD Dietary Recommendations	0	0	0	0
C. MISCELLANEOUS				
1. AMA procedures	yes	0	no	0

AGE SPECIFIC PRACTICE									
A.Newborn/Neonate (birth - 30 days)	D.Preschooler (3 - 5 years)			G.Young adults (18 - 39 years)					
B.Infant (30 days - 1 year)	E.School age children (5 - 12 years)			H.Middle adults (39 - 64 years)					
C.Toddler (1 - 3 years)	F.Adolescents (12 - 18 years) I.Older adults (64+)								
EXPERIENCE WITH AGE GROUPS Able to adapt care to incorporate normal growth and development.		A O	В	C	D O	E O	G O	H O	I O
Able to adapt method and terminology of patient in their age, comprehension and maturity level.	structions to	0	0	0	0	0	0	0	0

Can ensure a safe environment reflecting specific needs of various age groups.	0	0	0	0	0	0	0	0
The information I have given is true and accurate to the best of my Cambay Consulting, LLC. to release Emergency Room Skills Checkl relations to consideration of employment as a Traveler with those to	ist to cli	ent fa		,		1		
Signature		Date						
Signature	_	Date						