

INTERMEDIATE CARE / TELEMETRY SKILLS COMPETENCY CHECKLIST

Name: _____ Date: _____

Total years of Intermediate Care / Telemetry nursing experience: _____

Please rate your Skill Level:

<p>0 – No Experience. Theory Only.</p> <p>1 – Limited competency / proficiency. Supervision Required.</p>	<p>2 – Acceptable competency / proficiency.</p> <p>3 – Competent / proficient. Performed frequently and independently during the past 2 years.</p>
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SKILL	0	1	2	3
I. CARDIOVASCULAR:				
Assessment				
Auscultation (rate, rhythm)				
Heart sounds / murmurs				
Pulses / circulation checks				
Interpretation of lab results				
Cardiac enzymes / isoenzymes				
Coagulation studies				
Equipment & procedures				
a. Monitoring / telemetry				
1. Arrhythmia interpretation				
2. Basic 12 lead interpretation				
3. Lead placement: 5 electrode tele				
4. Lead placement: I, III, V-leads				
5. Lead placement: Lead II & MCL1				
b. Pacemaker				
1. Permanent				
2. Temporary epicardial wires				
3. Temporary external pacing				
4. Temporary transvenous				
c. Assist with				
1. Arterial line insertion				
2. Central line insertion				
d. Hemodynamic monitoring				
1. A-line (radial)				
2. CVP monitoring				
3. Femoral artery sheath removal				
4. Swan-Ganz				
e. Perform				
1. Synchronized cardioversion				
2. Emergency defibrillation				
Care of patient with:				
Abdominal aortic bypass				
Aneurysm				
Angina				
Cardiac arrest				
Cardiomyopathy				
Carotid endarterectomy				
Congestive heart failure (CHF)				
Femoral popliteal bypass				
Hypertensive crisis				
Post acute MI (24-48 hours)				
Post angioplasty				
Post arthroectomy (DCA)				

SKILL	0	1	2	3
I. CARDIOVASCULAR (contd.):				
Care of patient with (contd):				
Post CABG (24 hours)				
Post cardiac cath				
Post stent replacement				
II. PULMONARY:				
Assessment				
Breath sounds				
Breathing patterns				
Interpretations of lab results				
Arterial blood gases				
Blood chemistry				
Equipment & procedures				
a. Assist with intubation				
b. Assist with thoracentesis				
c. Care of airway management devices				
1. Endotracheal tube / suctioning				
2. Nasal airway / suctioning				
3. Oropharyngeal / suctioning				
4. Oximetry				
5. Sputum specimen collection				
6. Tracheostomy / suctioning				
d. Care of patient on ventilator				
1. Extubation				
2. Weaning modes				
e. Care of patient with chest tube				
1. Assist with set up & insertion				
2. Mediastinal tube removal				
3. Pleural tube removal				
4. Use of Pleurevac or Thoraclex				
5. Use of water seal drainage system				
f. Chest physiotherapy				
g. Establishing an airway				
h. Incentive spirometry				
i. O2 Therapy & medication delivery systems				
1. Ambu bag and mask				
2. ET tube				
3. External CPAP				
4. Face masks				
5. Inhalers				
6. Nasal cannula				
7. Portable O2 tank				

Do you speak any other language(s) besides English? Yes / No If YES, please list other language(s): _____

Are you familiar with computer charting? Yes / No If YES, what system(s) have you used: _____

Comments:

I hereby certify that all information I have provided to RNS Incorporated on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature: _____ Date: _____

RNS, Inc. Reviewer Signature: _____ Date: _____