



DIALYSIS SKILLS CHECKLIST

Please enter your full legal name as it appears on your Social Security Card.

First Name:

Last Name:

Date:

Job Description: Staff Nurse - RN - Renal Dialysis

Evaluates, plans, implements, and documents nursing care for patients with kidney failure. Initiates and terminates dialysis procedure. Monitors patient and dialysis machine during the dialysis procedure. Requires a minimum of an associate's degree and a license in the state of employment as a registered nurse. Utilizes ones experience and judgment to plan and accomplish goals. Performs a variety of tasks and direct patient care. Reports to a manager or charge nurse of the designated unit.

KEY: For each criteria

Score 1: Two plus years Expert Experience

Score 2: One-Two Years Current Experience

Score 3: Less than one year or Intermittent Experience

Score 4: Theory, no experience

CRITERIA	SCORE			
	1	2	3	4
RENAL/GENITOURINARY				
Assessment of Renal / GU System				
Insertion of foley				
Care of the Patient With:				
Nephrostomy tube				
AV Fistula/AV Graft				
Tunneled/Non-Tunneled Catheter				
Ileal Conduit				
Supra-Pubic Catheter				
Chronic Renal Failure				
Acute Renal Failure				
Nephrectomy				
Turp				
Peritoneal Dialysis				
Hemodialysis				
HEMODIALYSIS SKILLS/PROCEDURES				
<i>Experience</i>				
Acute/Inpatient Dialysis				
Chronic/Outpatient Dialysis				
Dialysis Home Care				
Pediatric Dialysis				
Predialysis Nursing Assessment				
Teaching the Dialysis Patient and Family				
<i>Set Up / Initiate Dialysis Treatment</i>				
Bicarbonate Dialysate				
Conductivity Testing				
Priming Dialyzer				
Checks for Machine/Alarm Settings				
Prep Vascular Access				
Fistula Gortex/Bovine Graft				
Dialysis				
Collect Blood Specimens				
Anticoagulation				

<i>Assess Patient and Equipment During Dialysis</i>	
Systems Assessment of Patient	
Volume Status	
Vascular Access Function	
Arterial and Venous Pressures	
Blood Flow Rate	
Subjective Response to Treatment	
Management of Anticoagulation	
Conductivity	
Ultrafiltration Calculation	
Operation of Myron L. Meter	
Administration of Blood and Blood Products	
Administration of Mannitol	
Sequential Ultrafiltration/PUF	
Documentation of Dialysis Treatment	
<i>Management of the Patient With:</i>	
Fluid Overload	
Hypertension	
Hypotension	
Disequilibrium syndrome	
Hyperkalemia	
Seizures	
Muscle Cramps	
Clotted Access/Poor Blood Flow Rate From Catheter	
Pyrogenic Reaction	
Hemolysis	
Air Embolus	
Chest Pain	
Anemia	
Neuropathy	
Pericarditis	
Filter Blood Leak	
Cardiopulmonary Arrest	
<i>Machine Alarm Troubleshooting Procedures</i>	
Blood Leak Alarm	
Arterial Pressure Alarm	
Venous Pressure Alarm	
Conductivity Alarm	
Ultrafiltration Alarm	
High Temperature Alarm	
Air/Foam Detector Alarm	
Power Failure Alarm	
Blood Pump Alarm	
<i>Discontinue Dialysis</i>	
Dialysis Catheter	
Fistula / Vein Graft	
Return of Blood	
Post Treatment Access Care	
Equipment Clean Up	
Sterilization Procedures	
EQUIPMENT	
Hemodialysis Systems	

B-Braun	
Baxter Dialysis Equipment	
Meridian	
Althin System 1000	
Althin Tina	
SPS-1550	
Fresenius 2008 Dialysis Equipment	
System C	
System D	
System E	
System H	
System K	
Gambro Dialysis Equipment	
Cobe Century 3	
Phoenix	
Peritoneal Dialysis Systems	
Baxter	
Fresenius	

AGE SPECIFIC CARE				
Please indicate the frequency with which you provide care for each age group inthis specialty area.	1	2	3	4
Infant (Birth to 1 year)				
Toddler (1-3 years)				
Pre-school (3-6 years)				
School Age (6-12 years)				
Adolescent (12-18 years)				
Young Adult (18-30 years)				
Mature Adult (30-60 years)				
Elderly (>60 years)				

JCAHO: I acknowledge and understand JCAHO's list of "Do Not Use Abbreviations" :

The information I have given is true and accurate to the best of my knowledge. I have read and fully understand the job description. By signing below or submitting electronically, I attest that the information provided within this skills checklist represents a full and complete disclosure of information, and is true and correct to the best of my knowledge and belief. I hereby authorize Sagent Healthstaff to release this skills checklist to client facilities for employment purposes.

I agree with the above statements. :

Signature: (please type your full name) :

Date: