



TELEMETRY/STEPDOWN CARE SKILLS CHECKLIST

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

First Name:

Last Name:

Date:

Job Description:

Provides professional nursing care for assigned patients in the telemetry/stepdown/progressive care unit. Performs assessments, evaluation and documents the nursing process as needed. Education requires a minimum of an associate's degree and is licensed as a registered nurse with at least 2 years of clinical experience. Must be familiar with standard concepts, practices, and procedures within the critical care nursing field. Performs a variety of tasks and demonstrates critical thinking skills and scientific judgment. Works under general supervision; typically reports to a supervisor and/or manager. A certain degree of creativity and latitude is required.

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 |
| CARDIOVASCULAR | | | | |
| <i>Assessment</i> | | | | |
| Auscultation (rate, rhythm) | | | | |
| Heart sounds/murmurs | | | | |
| Pulses/circulation checks | | | | |
| <i>Interpretation of lab results</i> | | | | |
| Cardiac enzymes/isoenzymes | | | | |
| Coagulation studies | | | | |
| <i>Equipment and procedures</i> | | | | |
| 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 and 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) Controlled cardioversion | | | | |
| 2) Emergency defibrillation | | | | |

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| <i>Care of patient with</i> | |
| Abdominal aortic bypass | |
| Aneurysm | |
| Angina | |
| Cardiac arrest | |
| Cardiomyopathy | |
| Carotid endarterectomy | |
| Congestive heart failure (CHF) | |
| Femoral-popliteal bypass | |
| Post acute MI (24 - 48 hrs) | |
| Post angioplasty | |
| Post arthroectomy (DCA) | |
| Post CABG (24 hours) | |
| Post cardiac cath | |
| Post stent placement | |
| <i>Medications</i> | |
| Atropine | |
| Bretylium (Bretylol) | |
| Cardizem (Diltiazem hydrochloride) | |
| Digoxin (Lanoxin) | |
| Dobutamine (Dobutrex) | |
| Dopamine (Intropin) | |
| Epinephrine (Adrenalin) | |
| Heparin | |
| Lidocaine (Xylocaine) | |
| Nipride (Nitroprusside) | |
| Nitroglycerine (Tridil) | |
| Oral anticoagulants | |
| Oral and IVP antihypertensives | |
| Oral and topical nitrates | |
| Verapamil (Calan, Isoptin, Verelan) | |
| PULMONARY | |
| <i>Assessment</i> | |
| Breath sounds | |
| Breathing patterns | |
| <i>Interpretation of lab results</i> | |
| Arterial blood gases | |
| Blood chemistry | |
| <i>Equipment & procedures</i> | |
| A) Assist with intubation | |
| B) Assist with thoracentesis | |
| C) Care of airway management devices/suctioning | |
| 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 | |

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| 1) Assist with set-up and 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 | |
| 8) Tracheostomy | |
| 9) Transtracheal cannulation | |
| J) Oral airway insertion | |
| <i>Care of the patient with</i> | |
| ARDS | |
| Bronchoscopy | |
| COPD | |
| Fresh tracheostomy | |
| Lobectomy | |
| Pneumonectomy | |
| Pneumonia | |
| Pulmonary edema | |
| Pulmonary embolism | |
| Status asthmaticus | |
| Thoracotomy | |
| Tuberculosis | |
| <i>Medications</i> | |
| Alupent (Metaproterenol sulfate) | |
| Aminophylline (Theophylline) | |
| Bronkosol (Isoetharine hydrochloride) | |
| Corticosteroids | |
| Ventolin (Albuterol) | |
| NEUROLOGICAL | |
| <i>Assessment</i> | |
| Cerebellar function | |
| Cranial nerves | |
| Glasgow coma scale | |
| Level of consciousness | |
| Pathologic reflexes | |
| <i>Equipment and procedures</i> | |
| Assist with lumbar puncture | |
| Halo traction | |
| Nerve stimulator | |
| Rotation bed | |
| Seizure precautions | |
| Use of hyper/hypothermia blanket | |

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| <i>Care of the patient with</i> | |
| Aneurysm precautions | |
| Basal skull fracture | |
| Closed head injury | |
| Coma | |
| CVA | |
| DTs | |
| Encephalitis | |
| Externalized VP shunts | |
| Meningitis | |
| Multiple sclerosis | |
| Neuromuscular disease | |
| Post craniotomy | |
| Seizures | |
| Spinal cord injury | |
| <i>Medications</i> | |
| Carbamazepine (Tegretol) | |
| Carbidopa-Levodopa (Sinemet) | |
| Clonazepam (Klonopin) | |
| Decadron (Dexamethasone) | |
| Dilantin (Phenytoin) | |
| Lorazepam (Ativan) | |
| Methylprednisolone (Solu-Medrol) | |
| Phenobarbital | |
| Valium (Diazepam) | |
| GASTROINTESTINAL | |
| <i>Assessment</i> | |
| Abdominal/bowel sounds | |
| Fluid balance | |
| Nutritional | |
| Interpretation of blood chemistry | |
| <i>Equipment and procedures</i> | |
| A) Administration of tube feeding | |
| 1) Feeding pump | |
| 2) Gravity feeding | |
| B) Flexible feeding tube (i.e., Corpak, Dobhoff) | |
| C) Placement of nasogastric tube | |
| D) Salem sump to suction | |
| E) Saline lavage | |
| <i>Management of</i> | |
| Gastrostomy tube | |
| Jejunostomy tube | |
| PPN (peripheral parenteral nutrition) | |
| TPN and lipids administration | |
| T-tube | |
| <i>Care of the patient with</i> | |
| Bowel obstruction | |
| Colostomy | |
| ERCP | |
| Esophageal bleeding | |
| GI bleeding | |
| GI surgery | |

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| Hepatitis | |
| Ileostomy | |
| Inflammatory bowel disease | |
| Liver failure | |
| Liver transplant | |
| Pancreatitis | |
| Paralytic ileus | |
| Whipple procedure | |
| RENAL/GENITOURINARY | |
| <i>Assessment</i> | |
| A-V fistula/shunt | |
| Fluid & electrolyte balance | |
| Interpretation of BUN & Creatinine | |
| <i>Equipment & procedures</i> | |
| A) Insertion & care of straight and Foley catheter | |
| 1) Female | |
| 2) Male | |
| B) Supra -pubic | |
| C) Bladder irrigation | |
| 1) Continuous | |
| 2) Intermittent | |
| D) Specimen collection | |
| 1) Routine | |
| 2) 24-hour | |
| E) Nephrostomy tube care | |
| F) Manual CAPD administration | |
| G) Peritoneal dialysis via Automatic cyclor | |
| <i>Care of the patient with</i> | |
| Hemodialysis | |
| Nephrectomy | |
| Peritoneal dialysis | |
| Renal failure | |
| Renal transplant | |
| TURP | |
| METABOLIC | |
| <i>Assessment</i> | |
| S/S diabetic ketoacidosis | |
| S/S insulin shock | |
| <i>Interpetation of lab results</i> | |
| Blood glucose | |
| Thyroid levels | |
| <i>Equipment & procedures</i> | |
| A) Blood glucose monitoring | |
| 1) Blood glucose measuring deives: Type | |
| 2) Insulin administration - IV drip | |
| 3) Visual blood glucose strips | |
| <i>Care of the patient with</i> | |
| Cushing's syndrome | |
| Diabetes insipidus | |
| Diabetes mellitus | |
| Diabetic ketoacidosis | |
| Disorders of adrenal gland (Addison's disease) | |

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| Drug overdose | |
| Hyperthyroidism (Grave's disease) | |
| Hypothyroidism | |
| Pheochromocytoma | |
| Post adrenalectomy | |
| Post hypophysectomy | |
| Post thyroidectomy | |
| <i>Medications</i> | |
| Hydrocortisone | |
| IM vasopressin (Pitressin) | |
| Insulin | |
| Prednisone | |
| Radioactive iodine | |
| WOUND MANAGEMENT | |
| <i>Assessment</i> | |
| Skin for impending breakdown | |
| Stasis ulcers | |
| Surgical wound healing | |
| <i>Equipment and procedures</i> | |
| Air fluidized, low airloss beds | |
| Sterile dressing changes | |
| Wound care/irrigations | |
| <i>Care of the patient with</i> | |
| Burns | |
| Pressure sores | |
| Staged decubitus ulcers | |
| Surgical wounds with drain(s) | |
| Traumatic wounds | |
| PHLEBOTOMY / IV THERAPY | |
| <i>Equipment and procedures</i> | |
| A) Drawing blood from central line | |
| B) Drawing venous blood | |
| C) Starting IV's | |
| 1) Angiocath | |
| 2) Butterfly | |
| 3) Heparin lock | |
| D) Administration of blood/blood products | |
| 1) Albumin/plasma | |
| 2) Cryoprecipitate | |
| 3) Packed red blood cells | |
| 4) Whole blood | |
| <i>Care of the patient with</i> | |
| A) Peripheral line/dressing | |
| B) Central line/catheter/dressing | |
| 1) Broviac | |
| 2) Groshong | |
| 3) Hickman | |
| 4) Portacath | |
| 5) Quinton | |
| PAIN MANAGEMENT | |
| <i>Assessment</i> | |
| Pain level / tolerance | |

| <i>Care of the patient with</i> | |
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| Anesthesia/analgesia | |
| IV conscious sedation | |
| Narcotic analgesia | |
| Patient controlled analgesia (PCA pump) | |

| AGE SPECIFIC CARE | | | | |
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| Please indicate the frequency with which you provide care for each age group in this 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: