

Print Name: _____

Signature: _____

Date: _____

Telemetry / Progressive Care Nursing Skills Checklist

Please check the column that best describes your experience level with each skill

Key:

1 - Performs well (no assistance required)

2 - Some experience (some assistance required)

3 - No experience

4 - Not applicable

	1	2	3	4
General Skills				
admission assessment	_____	_____	_____	_____
patient education	_____	_____	_____	_____
charge nurse responsibilities	_____	_____	_____	_____
specimen collection	_____	_____	_____	_____
lab value assessment	_____	_____	_____	_____
pain management	_____	_____	_____	_____
wound and skin care	_____	_____	_____	_____
isolation procedures	_____	_____	_____	_____
isolation precautions	_____	_____	_____	_____
diabetic teaching	_____	_____	_____	_____
discharge teaching	_____	_____	_____	_____
use of restraints	_____	_____	_____	_____
primary nurse	_____	_____	_____	_____
team leading	_____	_____	_____	_____

Intravenous Therapy				
start peripheral IV lines	_____	_____	_____	_____
change IV dressings	_____	_____	_____	_____
administer cont. infusions	_____	_____	_____	_____
administer IV antibiotics	_____	_____	_____	_____
administer IV push	_____	_____	_____	_____
administer IV chemotherapy	_____	_____	_____	_____
monitor central lines	_____	_____	_____	_____
Broviac catheters	_____	_____	_____	_____
infusion pumps	_____	_____	_____	_____
hyperalimentation	_____	_____	_____	_____
blood/blood product administration/precautions	_____	_____	_____	_____

Telemetry / Progress Skills				
resuscitation team member	_____	_____	_____	_____
resuscitation team leader	_____	_____	_____	_____
performs defibrillation	_____	_____	_____	_____
performs cardioversion	_____	_____	_____	_____
12 lead EKG interpretation	_____	_____	_____	_____
arrythmia interpretation	_____	_____	_____	_____
heart sounds interpretation	_____	_____	_____	_____
assist with pacemaker insertion	_____	_____	_____	_____
pacemaker care	_____	_____	_____	_____
Swan Ganz hemodynamic monit.	_____	_____	_____	_____
arterial line	_____	_____	_____	_____
post open heart	_____	_____	_____	_____
transplant patient care: cardiac	_____	_____	_____	_____
use of doppler	_____	_____	_____	_____
assist intubation / extubation	_____	_____	_____	_____
ventilator management	_____	_____	_____	_____
monitor pulse oximetry	_____	_____	_____	_____
chest tube care	_____	_____	_____	_____
tracheostomy care	_____	_____	_____	_____

	1	2	3	4
Telemetry / Progress Care - continued				
transplant patient care: pulmonary	_____	_____	_____	_____
precardiac cath teaching	_____	_____	_____	_____
prep	_____	_____	_____	_____

Use and Understanding of Medications:				
Dose calculation and administration of:				
Lidocaine	_____	_____	_____	_____
Dopamine	_____	_____	_____	_____
Pronestyl	_____	_____	_____	_____
Nitroglycerine	_____	_____	_____	_____
Epinepherine	_____	_____	_____	_____
Heparin protocol	_____	_____	_____	_____

Neuro				
assess LOC	_____	_____	_____	_____
use Glasgow coma scale	_____	_____	_____	_____
cranial nerve assessment	_____	_____	_____	_____
seizure precautions	_____	_____	_____	_____
hypo/hyperthermia regulation	_____	_____	_____	_____
assist with lumbar puncture	_____	_____	_____	_____
halo traction	_____	_____	_____	_____
cervical traction	_____	_____	_____	_____
care of spinal cord injury	_____	_____	_____	_____
care of overdose	_____	_____	_____	_____
closed head injury	_____	_____	_____	_____
CVA	_____	_____	_____	_____
pre/post neuro surgery	_____	_____	_____	_____
Rotorest/kinetic bed	_____	_____	_____	_____

Oncology				
chemo admin - IV push	_____	_____	_____	_____
chemo admin-cont. infusion	_____	_____	_____	_____
chemo side effect management	_____	_____	_____	_____
bone marrow transplant	_____	_____	_____	_____
counseling for altered image	_____	_____	_____	_____
Aids/ Arc	_____	_____	_____	_____

Certifications	Expiration Date
BCLS	_____
ACLS	_____
CCRN	_____

List any additional experience/skills.
