

ALLEN MEDICAL STAFFING INC.

P: (718) 364-7250

F: (718) 364-7355

INTERMEDIATE CARE / TELEMETRY SKILLS COMPETENCY CHECKLIST

Name: _____ Date: _____

Total years of Intermediate Care / Telemetry nursing experience: _____

Please rate your Skill Level:

- 0** – No Experience. Theory Only.
- 1** – Limited competency / proficiency. Supervision Required.

- 2** – Acceptable competency / proficiency.
- 3** – Competent / proficient. Performed frequently and independently during the past 2 years.

| 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 | | | | |

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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 Allen Medical Staffing 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: _____

Reviewer Signature: _____ Date: _____