

Intermediate Care/Telemetry Skills Checklist

First Name

Last Name

Social Security number

Date

Email

Please indicate your level of experience (0, 1, 2, or 3)

0 = Theory, no practice 1 = Limited 2 = Confident 3 = Very Confident

A. CARDIOVASCULAR

Assess heart sounds and peripheral pulses	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Initiate cardiac monitoring with alarms	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Initiate noninvasive blood pressure monitoring	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Interpret arrhythmias	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Identify pacemaker malfunction	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Intervene appropriately for arrhythmias	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Assist with cardioversion	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Set up and run 12 lead ECG	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Provide care for the patient with myocardial infarction	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Provide care for the post-op cardiac surgery patient	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Provide care for the pre- and post-cardiac cath patient	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Provide care for the pre- and post-PTCA/stent/atherectomy patient	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Provide care for the post-op peripheral vascular surgery patient	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Perform CPR	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Perform defibrillation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Participate as a team member in resuscitation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

B. PULMONARY

Assess lung sounds	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Set up oxygen devices	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Obtain pulse oximetry reading	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Establish patent airway	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Interpret ABG	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

C. NEUROLOGICAL

Identify sudden change in level of consciousness	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Assess sensory, motor, speech	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Identify and intervene with a seizure	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Provide care for the post-op neurosurgical patient	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Provide care for the acute stroke patient	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Provide care for the comatose patient 0 1 2 3

D. GI/RENAL/ENDOCRINE

Insert NG, duodenal tube 0 1 2 3

Provide care for the hemodialysis patient 0 1 2 3

Provide care for the patient with TPN 0 1 2 3

Provide care for the patient with enteral nutrition 0 1 2 3

E. MEDICATION

Titrate vasoactive drugs 0 1 2 3

Calculate mcg/min and mcg/kg/min 0 1 2 3

Use IV infusion pump to calculate drug doses 0 1 2 3

Use PCA pump 0 1 2 3

Administer IV nitroglycerine 0 1 2 3

Administer IV dobutamine (Dobutrex) 0 1 2 3

Administer IV milrinone (Primacor) 0 1 2 3

Administer IV lidocaine 0 1 2 3

Administer IV diltiazem (Cardizem) 0 1 2 3

Administer IV verapamil 0 1 2 3

Administer IV atropine 0 1 2 3

Administer IV heparin 0 1 2 3

Administer IV diuretics 0 1 2 3

Administer IV potassium riders 0 1 2 3

Administer IV morphine 0 1 2 3

F. PAIN/ WOUND MANAGEMENT

Assess pain level/tolerance 0 1 2 3

Care of the patient with narcotic analgesia 0 1 2 3

Assess skin for impending breakdown/ stasis ulcer 0 1 2 3

Assess wound status/ healing 0 1 2 3

Care of the patient with air fluidized, low air loss beds 0 1 2 3

Care of the patient with sterile dressing changes 0 1 2 3

Care of the patient with burns 0 1 2 3

Care of the patient with pressure sores/decubitus ulcers 0 1 2 3

G. GENERAL

Transport patient with portable monitor 0 1 2 3

Interpret cardiac biomarkers (Troponin I, enzymes) 0 1 2 3

Start peripheral IV 0 1 2 3

Isolation technique 0 1 2 3

Administration of blood/blood products 0 1 2 3

Age specific practice criteria

Please check the box corresponding to each age group for which you have expertise in providing age-appropriate nursing care.

- Pediatric (1-12years)
- Adolescents (12 - 18 years)
- Adult (19-65 years)
- Older Adult (Older than 65years)

EXPERIENCE WITH AGE GROUPS

- | | | | | | | | | |
|---|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 1. Calculate body weight to verify correct dosing of medication | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 2. Assess immunization status for pediatric, and adolescent | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 1. Set age-appropriate short-term and long-term goals in care planning | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 2. Provide age-appropriate education, considering possible vision and hearing impairment for Older than 65years . | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |

Certification: (mo/day/yr)

- Arrhythmia course date: ____/____/____
- Critical care course date: ____/____/____
- ACLS Completion Date: ____/____/____
- BCLS Completion Date: ____/____/____
- Other (specify): _____ Completion Date: ____/____/____

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Professional Nursing, Inc. to release this Intermediate Care/Telemetry Skills Checklist to Client facilities of Professional Nursing, Inc. in consideration of my assignment to work at those facilities.

Signature

Date