



# DIALYSIS SKILLS CHECKLIST

First Name	MI	Last Name
E-mail	Last 4 digits SS#	Date

**Instructions:** Please check the appropriate column that best describes your experience level for each knowledge competency and skill. Please use the rating scale below to evaluate yourself based on experiences within the last two years.

### Self-Assessed Experience Rating Scale

1 = No Experience    2 = Minimal Experience    3 = Performs well/competent    4 = Supervise and Teach

Skills:	1	2	3	4
Renal/Genitourinary (GU)				
<b>1. Assessment of renal / GU System</b>				
<b>2. Insertion of Foley</b>				
<b>3. Care of the patient with</b>				
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				
<b>Hemodialysis Skills/Procedures</b>				
<b>1. Experience</b>				
Acute / Inpatient Dialysis				
Chronic/ Outpatient Dialysis				
Dialysis Home Care				
Pediatric Dialysis				
Pedialysis in Nursing Assessment				
Teaching the Dialysis Patient and Family				

Skills continued:	1	2	3	4
<b>1. Set Up/ Initiate Dialysis</b>				
Bicarbonate Dialysate				
Conductivity Testing				
Priming Dialyzer				
Checks for machine/ Alarm settings				
Prep Vascular access				
Fistula Gortex/ Bovine Graft				
Dialysis				
Collect Blood Specimens				
Anticoagulation				
<b>3. Assesses Patient &amp; Equipment During Dialysis</b>				
Systems Assessment of Patient				
Volume Status				
Vascular Access Function				
Arterial and Venous Pressures				
Blood Flow Rate				
Subjective Response to Treatment				
Management of Anticoagulation				
Conductivity				

<b>Skills Continued:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ultrafiltration Calculation				
Operation of Myron L. Meter				
Administration of Mannitol				
Sequential Ultrafiltration/PUF				
Documentation of Dialysis Treatment				
<b>4. Management of the Patient With</b>				
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				
<b>5. Machine Alarm Troubleshooting Procedures</b>				
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				

<b>Skills Continued:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>6. Discontinue Dialysis</b>				
Dialysis Catheter				
Fistula/ Vein Graft				
Return of Blood				
Post treatment Access Care				
Equipment Clean Up				
Sterilization Procedures				

## Certification:

Please check the boxes below and indicate the expiration date for each certificate that you hold. If you do not know the exact date, please use the last date of the specific month (i.e. 1/31/2007).

Certification:	Expiration Date:			
<b>1. Age Specific Practice Criteria</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Newborn/Neonate (birth – 30 days)				
Infant (30 days – 1 year)				
Toddler (1 – 3 years)				
Preschooler (3 – 5 yrs)				
School age children (5 – 12 years)				
Adolescents (12 – 18 years)				
Young Adults (18 – 39 years)				
Middle Adults (39 – 64 years)				
Older Adults (64+ years)				
<b>2. Care of Patient with:</b>				
Able to adapt care to incorporate normal growth and development				
Able to adapt method and terminology of patient instructions to their age, comprehension, and maturity level.				
Can ensure a safe environment, reflecting specific needs of various groups.				
Arrhythmia				
Critical Care				
Computerized charting system				
Medication administration				
ACLS				
BCLS				
BTLS				
CCRN				
CNRN				
TNCC				
Other:				

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (Print)