

MSI HEALTH INTERNATIONAL.

TELEMETRY NURSING SKILLS CHECKLIST

The following checklist is used to assess your experience and skills. Please provide a self-assessment of your skills using the following guidelines: **(MARK WITH AN "X")**

- 1 - No experience
- 2 - Require training
- 3 - Have performed this task and able to perform without supervision
- 4 - Experienced and able to perform independently
- 5 - Able to teach and supervise

I understand that the information provided in this application is true to the best of my knowledge. I authorize the release of the information in this document to Master Staffing, Inc. and the facilities where I may be employed.

Name -

Date -

CARDIAC					
	1	2	3	4	5
A – Line (Transducer set-up, D/C)					
Cardiac Arrest/CPR					
Interpretation of Arrhythmias					
Interpretation of Hemodynamic Monitoring					
Pacemakers – Permanent					
Sheath Removal – Femoral					
Swan Ganz (Transducer set-up, D/C)					
Telemetry					
CARE OF PATIENT WITH:					
Aneurysm					
Angina					
CHF					
Open Sternal Wound					
Post MI					
Pre/Post Cardiac Cath					
Pre/Post Cardiac Surgery					
USE AND ADMINISTRATION OF THE FOLLOWING:					
Atropine					
Digoxin					
Dopamine					
Inderal					
Lidocaine					
Neosynephrine/Nipride					
NTG					
Prep. /Titration of Emergency Drugs					
Pronestyl					
Quinidine					
Thrombolytic					
Thrombolytic Agents					
Titrate Morphine					
Verapamil					
GASTROINTESTINAL					

Enterostomal Care					
Gastrostomy Tube					
Jejunostomy Tube					
NG Tube Insertion					
CARE OF PATIENT WITH:					
Bowel Obstruction					
ERCP					
Esophageal Bleeding					
G.I. Bleed					
Liver Transplant					
Pancreatitis					
Paralytic Ileus					
Whipple Procedure					
GENITOURINARY/RENAL					
Electrolyte Imbalance/Replacement					
Foley Catheter Insertion					
GU Irrigations					
Nephrostomy Tube					
Suprapubic Tube					
CARE OF PATIENT WITH:					
Chronic/Acute Renal Failure					
Nephrectomy					
Renal Transplant					
Renal Trauma					
Shunts and Fistulas					
T.U.R.P.					
GYNECOLOGY					
Ectopic Pregnancy					
Endometriosis					
Gyn Exam/Pap					
Hysterectomy					
Mastectomy					
Repair of Cystocele/Rectocele					
Self Breast Exam					

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Tubal Ligation					
NEUROLOGY					
Assessment of Neuro Signs					
Assist with Lumbar Puncture					
Glasgow Coma Scale					
Halo Traction					
Seizure Precautions					
CARE OF PATIENT WITH:					
Cranial Hemorrhage					
CVA					
Head Injury/Trauma					
Multiple Sclerosis					
Neuro Injury/Trauma					
Overdose					
Post-Op AV-Shunts					
Pre/Post Neuro Surgery					
Seizure Activity					
USE AND ADMINISTRATION OF THE FOLLOWING:					
Decadron					
Dilantin					
Magnesium Sulfate					
Phenobarbital					
Steroids					
Valium					
Versed					
ORTHOPEDIC					
Amputation					
Arthroscopic Surgery					
Bucks Extension					
K-Wires/Steinman Pins					
Laminectomy					
Otho Trauma					
Removal of Hardware					
Skeletal Traction					
Spika Cast/Body Cast					
Total Joint Replacement					
CARE OF PATIENT WITH:					

AIDS					
Delirium Tremens					
HIV Infection					
RESPIRATORY					
Ambuing Techniques					
Chest Tubes (Emerson/Pleuravac)					
Establishing an Airway					
Incentive Spirometer					
Interpretation of ABG					
Nasotracheal Suctioning					
Oral Suctioning					
Pulse Oximetry					
Use of IPPB					
CARE OF PATIENT WITH:					
ARDS					
Asthma					
COPD					
Emphysema					
Inhalation Injuries					
Pneumonia					
Pneumothorax					
Pre/Post Thoracic Surgery					
Pulmonary Edema					
Pulmonary Embolism					
USE AND ADMINISTRATION OF THE FOLLOWING:					
Alupent					
Aminophylline					
Bronkosol					
Corticosteroids					
Ventolin					
VASCULAR					
Administration of Blood & Blood Products					
Air Occlusive Dressing					
Assist with IV Cutdown					
Fluid Overload					

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- I certify that all of the above information is correct and that any misrepresentation or falsification of fact may be considered sufficient cause for Immediate dismissal from _____.
I have filled out this skills checklist to the best of my knowledge and agree that all of the information Provided is correct (please check box).

NAME (Please Print Clearly)

DATE

SIGNATURE

LICENSE NUMBER

When you have completed the application form, below.

To send this form please completed this form then go to save as type your title and first and last name save this into your documents or any file so wish.. You will be able to email this form back to richard@msinursing.com we hope this will save you time.