

DIALYSIS RN SKILLS CHECKLIST

Your Completion of this checklist will help us match your skills to the assignment of your choice. Please place a "√" in the column that best describes your experience level with each skill.

KEY

1. Two or more years consistent experience
2. One year consistent experience
3. Intermittent experience
4. No experience

	1	2	3	4		1	2	3	4
RENAL/GENITOURIARY:					d) Clotted Access				
Assessment of Renal/GU system	___	___	___	___					
Insertion of Foley	___	___	___	___	e) Chest Pain	___	___	___	___
AV Fistula/AV graph	___	___	___	___	f) Disequilibrium Syndrome	___	___	___	___
Acute Renal failure	___	___	___	___	g) Filter Blood Leak	___	___	___	___
Chronic Renal failure	___	___	___	___	h) Fluid Overload	___	___	___	___
Ileal Conduit	___	___	___	___	i) Hemolysis	___	___	___	___
Nephrectomy	___	___	___	___	j) Hyperkalemia	___	___	___	___
Nephrostomy tube	___	___	___	___	k) Hypertension	___	___	___	___
Supra-Pubic Catheter	___	___	___	___	l) Hypotension	___	___	___	___
Tunneled/Non Tunneled Catheter	___	___	___	___	m) Muscle cramps	___	___	___	___
TURP	___	___	___	___	n) Neuropathy	___	___	___	___
Hemodialysis	___	___	___	___	o) Pericarditis	___	___	___	___
Peritoneal Dialysis	___	___	___	___	p) Pyrogenic Reaction	___	___	___	___
					q) Seizures	___	___	___	___
HEMODIALYSIS SKILLS/PROCEDURES:					Machine Alarm Procedures:				
Set-up Dialysis Treatment					a) Arterial Pressure Alarm	___	___	___	___
a) Anticoagulation	___	___	___	___	b) Air/Foam Detector Alarm	___	___	___	___
b) Bicarbonate Dialysate	___	___	___	___	c) Blood Leak Alarm	___	___	___	___
c) Check Machine/Alarm Settings	___	___	___	___	d) Conductivity Alarm	___	___	___	___
d) Collect blood samples	___	___	___	___	e) High Temperature Alarm	___	___	___	___
e) Conductivity	___	___	___	___	f) Power Failure Alarm	___	___	___	___
f) Dialysis	___	___	___	___	g) Ultrafiltration Alarm	___	___	___	___
g) Fistula Gortex/Bovine Graft	___	___	___	___	h) Venous Pressure Alarm	___	___	___	___
h) Prep Vascular Access	___	___	___	___	Discontinue Dialysis:				
i) Priming Dialyzer	___	___	___	___	a) Dialysis Catheter	___	___	___	___
Assess Patient & Equipment During Dialysis:					b) Fistula/Vein Graft	___	___	___	___
a) Systems assessment of patient	___	___	___	___	c) Return of Blood	___	___	___	___
b) Volume status	___	___	___	___	d) Access Care	___	___	___	___
c) Vascular Access	___	___	___	___	e) Equipment Clean up	___	___	___	___
d) Arterial & Venous pressures	___	___	___	___	f) Sterilization procedures	___	___	___	___
e) Blood Flow Rate	___	___	___	___					
f) Management of Anticoagulation	___	___	___	___	HEMODIALYSIS SKILLS:				
g) Conductivity	___	___	___	___	Experience with Inpatient Dialysis	___	___	___	___
h) Ultrafiltration Calculation	___	___	___	___	Experience with Outpatient Dialysis	___	___	___	___
i) Operation of Myron L. Meter	___	___	___	___	Experience with Dialysis Home Care	___	___	___	___
j) Administration of Blood/Blood Products	___	___	___	___	Experience with Pediatric Dialysis	___	___	___	___
k) Administration of Mannitol	___	___	___	___					
l) Sequential Ultrafiltration	___	___	___	___	_____				
Management of patients with:					Name				
a) Air Embolysis	___	___	___	___					
b) Anemia	___	___	___	___	_____				
c) Cardiopulmonary Arrest	___	___	___	___	Signature				

Date
