MOBILE HEALTH TEAM
HEALTHCARE STAFFING

Dialysis Nurse Skills Checklist

Name: _____ **Date:** _____

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (√) in the appropriate box.

1 = No experience; Theory/observed only
2 = Limited competency; < 5 times per year; Needs supervision
3 = Acceptable competency; > 5 times per year
4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
Renal/Genitourinary				
Assessment of Renal/GU System				
Insertion of Foley				
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				
Hemodialysis/Procedures				
Acute/Inpatient Dialysis				
Chronic/Outpatient Dialysis				
Dialysis Home Care				
Pediatric Dialysis				
Predialysis Nursing Assessment				
Teaching the Dialysis Patient and Family				
Set-Up/Starting Dialysis Treatment				
Collect Blood Specimens				
Anticoagulation				
Dialysis				
Fistula Gortex/Bovine Graft				
Prep Vascular Access				
Checking Alarm Settings/Machine				
Priming Dialyzer				
Conductivity Testing				
Bicarbonate Dialysis				
Assess Patient and Equipment During Dialysis				
Systems Assessment of Patient				
Volume Status				

Skill Level	1	2	3	4
Assess Patient and Equipment During Dialysis cont…				
Vascular Access Function				
Arterial and Venous Pressures				
Blood Flow Rare				
Subjective Response to Treatment				
Management of Anticoagulation				
Conductivity				
Ultrafiltration Calculation				
Operation of Myron L Meter				
Administration of Blood/Blood Products				
Administration of Mannitol				
Sequential Ultrafiltration/PUF				
Documentation of Treatment				
Care of Patient with				
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				
Discontinue Dialysis				
Dialysis Catheter				
Fistula/Vein Graft				

Discontinue Dialysis cont…				
Return of Blood				
Post Treatment Access Care				
Equipment Clean Up				
Sterilization Procedures				
Miscellaneous				
Care of Immunosupressed Patient				
Care of Patient with AIDS				
Isolation Techniques				
Assessment of Wound Healing				
Sterile Dressing Changes				
Phlebotomy/Venous Blood Draw				
Discussing Organ & Tissue Donation				

Age Specific Practice Criteria				
Newborn/Neonate (birth - 30 days)				
Infant (30 days - 1 year)				
Toddler (1 - 3 years)				
Preschooler (3 - 5 years)				
School age children (5 - 12 years)				
Adolescents (12 - 18 years)				
Young adults (18 - 39 years)				
Middle adults (39 - 64 years)				
Older adults (64+ years)				
EMR				
Epic				
Cerner				
Eclipsys				
McKesson				
Meditech				
Other Computerized System				

Please list any areas of expertise below:

_____

_____

_____

_____

_____

_____

I hereby certify that all information I have provided to Mobile Health Team 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: _____