

DIALYSIS SKILLS CHECKLIST

NAME: _____ **SIGNATURE:** _____ **DATE:** _____

1 - Highly skilled (can function well independently, strong experience)

2 - Proficient (experienced, may need occasional review/assistance) **3 - Limited Skill** (limited to no experience)

CARE OF PATIENTS WITH:

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| Nephrostomy Tube | | | |
| AV Fistula/AV Graft | | | |
| Tunneled/Non-Tunneled | | | |
| Ileal Conduit | | | |
| Supra-Pubic Catheter | | | |
| Chronic Renal Failure | | | |
| Acute Renal Failure | | | |
| Nephrectomy | | | |
| Turp | | | |
| Peritoneal Dialysis | | | |
| Hemodialysis | | | |

MANAGEMENT OF PATIENT WITH:

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| Fluid Overload | | | |
| Hypertension | | | |
| Hypotension | | | |
| Disequilibrium syndrome | | | |
| Hyperkalemia | | | |
| Seizures | | | |
| Muscle Cramps | | | |
| Clotted Access | | | |
| Pyrogenic Reaction | | | |
| Hemolysis | | | |
| Air Embolus | | | |
| Chest Pain | | | |

RENAL/GENITOURINARY

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| Assessment of Renal/GU System | | | |
| Insertion of foley | | | |

HEMODIALYSIS SKILLS

| Skills (check appropriate box) | 1 | 2 | 3 |
|----------------------------------|---|---|---|
| Acute/Inpatient Dialysis | | | |
| Chronic/Outpatient Dialysis | | | |
| Dialysis Home Care | | | |
| Pediatric Dialysis | | | |
| Predialysis Nursing Assessment | | | |
| Teaching Dialysis Patient/Family | | | |
| Bicarbonate Dialysate | | | |
| Conductivity Testing | | | |
| Priming Dialyzer | | | |
| Machine/Alarm Settings | | | |
| Prep Vascular Access | | | |
| Fistula Gortex/Bovine Graft | | | |
| Dialysis | | | |
| Collect Blood Specimens | | | |
| Anticoagulation | | | |

ASSESSMENT & EQUIPMENT

| Skills (check appropriate box) | 1 | 2 | 3 |
|----------------------------------|---|---|---|
| System Assessment of Patient | | | |
| Volume Status | | | |
| Vascular Access Function | | | |
| Arterial Venous Pressures | | | |
| Conductivity | | | |
| Ultrafiltration Calculation | | | |
| Blood Flow Rate | | | |
| Management of Anticoagulation | | | |
| Operation of Myron L. Meter | | | |
| Subjective Response to treatment | | | |
| Admin of Blood & Blood Products | | | |
| Admin of Mannitol | | | |
| Sequential Ultrafiltration/PUF | | | |
| Document Dialysis Treatment | | | |

TROUBLESHOOTING

| Skills (check appropriate box) | 1 | 2 | 3 |
|--------------------------------|---|---|---|
| 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 | | | |