

SKILLS CHECKLIST

Cath Lab

| Name | Telephone | Who is your recruiter? | Date |
|------|-----------|------------------------|------|
| | ' | , | |

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.

PROCEDURES / SKILLS

| | Never Performed | Limited Experience | Comfortable Performing | Proficient |
|--|-----------------|--------------------|------------------------|------------|
| Obtain & Interpret 12 Lead EKG | | | | |
| Defibrillation/Cardioversion | | | | |
| Interpretation of Arrhythmias | | | | |
| Perform Physiologic Monitoring | | | | |
| Record Aortic/Mitral Valve Cases | | | | |
| Record EP/Ablation Cases | | | | |
| Record Perm. Pacemaker Insertions | | | | |
| Circulate for | | | | |
| LHC/RHC | | | | |
| PCI (Interventional) | | | | |
| EP/Ablatins | | | | |
| Permanent Pacemaker Insertions | | | | |
| IABP Insertions | | | | |
| Place Leads & Pads for Cardiac Mapping | | | | |
| Scrub for: | | | | |
| LHC/RHC | | | | |
| PCI (Interventional) | | | | |
| EP/Ablations | | | | |
| Permanent Pacemaker Insertions | | | | |
| IABP Insertions | | | | |
| Knowledge of/practice Radiation Safety | | | | |
| Check and Mark Distal Pulses | | | | |
| Perform Allen Test | | | | |
| Restraints during Procedure: | | | | |
| Placement | | | | |
| Monitoring | | | | |
| Review of Pre-Procedure Checklist | | | | |
| Operation of Portable Monitor | | | | |
| Operation of Portable Defibrillator | | | | |

MEDICATION ADMINISTRATION

| | Never Performed | Limited Experience | Comfortable Performing | Proficient |
|-------------------------|-----------------|--------------------|------------------------|------------|
| Antiarrthymics | | | | |
| Antibiotics | | | | |
| Atropine | | | | |
| Anticoagulants | | | | |
| Beta Blockers | | | | |
| Conscious Sedation | | | | |
| Conscious Sedation | | | | |
| Sedation Reversal Agent | | | | |
| Thrombolytics | | | | |
| Emergency Medications | | | | |
| Ergonovine | | | | |
| Nitrates | | | | |
| Vasopressors | | | | |
| Thrombolytics | | | | |
| Contrast Medium | | | | |
| Antihistamines | | | | |
| Blood & Blood Products | | | | |

PULMONARY

| | Never Performed | Limited Experience | Comfortable Performing | Proficient |
|-------------------------------|-----------------|--------------------|------------------------|------------|
| Airway Management | | | | |
| Ventilator Management | | | | |
| O2 Therapy & Delivery Systems | | | | |
| Pulse Oximetry | | | | |
| ABG Interpretation | | | | |

PRE-PROCEDURE TEACHING

| | Never Performed | Limited Experience | Comfortable Performing | Proficient |
|----------------------------------|-----------------|--------------------|------------------------|------------|
| Obtain IV Access | | | | |
| Complete Pre-Procedure Checklist | | | | |
| O2 Therapy & Delivery Systems | | | | |
| Skin Prep & Shave | | | | |
| Lead Placements | | | | |
| Pre-Procedure Teaching | | | | |

POST-PROCEDURE TEACHING

| | Never Performed | Limited Experience | Comfortable Performing | Proficient |
|---|-----------------|--------------------|------------------------|------------|
| Monitoring & Documentation of: | | | | |
| Vital Signs | | | | |
| EKG | | | | |
| Level of Consciousness | | | | |
| Insertion Site | | | | |
| Distal Pulses | | | | |
| Use of Aldrete Sedation Recovery Scale | | | | |
| Maintain A/V Sheaths in Place | | | | |
| Set-up & Maintain: | | | | |
| Arterial Sheaths to Pressure & Monitor | | | | |
| Swan Ganz via Venous Sheath to Monitor | | | | |
| Obtain & Monitor ACT | | | | |
| Removal of AV Sheaths | | | | |
| Manual Pressure Hold | | | | |
| Clamp Hold | | | | |
| Radial Hemoband | | | | |
| Vascular Closure Device: | | | | |
| Application | | | | |
| Monitoring | | | | |
| Sterile Pressure Dressing Application | | | | |
| Maintain IABP | | | | |
| Maintain Temporary Pacemaker | | | | |
| Crash Cart Use | | | | |
| Suction | | | | |
| O2 Administration | | | | |
| Emergency Meds | | | | |
| Education of Patients/Family | | | | |

EQUIPMENT

| | Never Performed | Limited Experience | Comfortable Performing | Proficient |
|-------------------------------|-----------------|--------------------|------------------------|------------|
| Hemachron | | | | |
| Medication Dispensing Systems | | | | |
| ABG Analysis Machines | | | | |
| ACT Machine | | | | |
| PTCA Balloons | | | | |
| Stents | | | | |
| Athrectomy | | | | |
| Laser | | | | |
| Power Injectors | | | | |
| Doppler | | | | |
| Computer Charting Systems | | | | |

Do you speak any languages other than English? Yes No If yes, which language(s)?

Age Specific Skills

| Check the box under EACH age group that you have experience with and are comfortable with for each skill below. | Neonates(0-30 days) Preschool(4-6 yrs) Young Adult(19-39 yrs) | Infants(1 mo-1 yr) School Age(7-12 yrs) Middle Adults(40-64 yrs) | Toddlers(1-3 yrs) Adolescent(13-18 yrs) Older Adults(65+ yrs) |
|--|---|--|---|
| Understands the different communication needs for the age group & changes communication methods and terminology accordingly | Neonates(0-30 days) Preschool(4-6 yrs) Young Adult(19-39 yrs) | Infants(1 mo-1 yr) School Age(7-12 yrs) Middle Adults(40-64 yrs) | Toddlers(1-3 yrs) Adolescent(13-18 yrs) Older Adults(65+ yrs) |
| Understands the different medications, dosages and possible side effects for the age group and administers medications appropriately | Neonates(0-30 days) Preschool(4-6 yrs) Young Adult(19-39 yrs) | Infants(1 mo-1 yr) School Age(7-12 yrs) Middle Adults(40-64 yrs) | Toddlers(1-3 yrs) Adolescent(13-18 yrs) Older Adults(65+ yrs) |
| Understands the different safety risks for the age group and alters the environment accordingly | Neonates(0-30 days) Preschool(4-6 yrs) Young Adult(19-39 yrs) | Infants(1 mo-1 yr) School Age(7-12 yrs) Middle Adults(40-64 yrs) | Toddlers(1-3 yrs) Adolescent(13-18 yrs) Older Adults(65+ yrs) |
| Understands the normal growth and development for the age group and adapts care accordingly | Neonates(0-30 days) Preschool(4-6 yrs) Young Adult(19-39 yrs) | Infants(1 mo-1 yr) School Age(7-12 yrs) Middle Adults(40-64 yrs) | Toddlers(1-3 yrs) Adolescent(13-18 yrs) Older Adults(65+ yrs) |

I hereby certify that ALL information I have provided to Clover Health Services, on this skills checklist and all other documentation, is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.