

Name: _____

Skills Checklist

HEMODIALYSIS SELF-ASSESSMENT SKILLS CHECKLIST

By accurately filling out this checklist, you will help us match your skills & interests with available assignments. Please place an "X" in the column that best describes your experience level with each skill.

Level of Proficiency:

1. Can function independently
2. Experienced but may need review
3. Limited experience
4. No experience

Skills/Procedures 1 2 3 4

- Acute Inpatient Dialysis.....
- Dialysis Home Care.....
- Pediatric Dialysis.....
- Predialysis Nursing Assessment.....
- Teaching Patient & Family.....
- EMR Systems.....
- (Electronic Medical Records)

Setup/Initiate 1 2 3 4

- Bicarbonate Dialysate.....
- Conductivity Testing.....
- Priming Dialyzer.....
- Checks for Machine/Alarm Setting.....
- Prep Vascular Access.....
- Fistula Gortex/Bovine Graft.....
- Dialysis Collect Blood Specimens.....
- Anticoagulation.....

Access PT/Equipment During Procedure 1 2 3 4

- Systems Assessment of Patient.....
- Volume Status.....
- Vascular Access Function.....
- Arterial & Venous Pressures.....
- Blood Flow Rate.....
- Subjective Response to Treatment.....
- Management of Anticoagulation.....
- Conductivity.....
- Ultra Filtration Calculation.....
- Administration of Blood & Byproducts.....
- Administration of Mannitol.....
- Sequential Ultrafiltration PUF.....
- Documentation/Charting of Procedure.....

Care of the Patient With 1 2 3 4

- Fluid Overload.....
- Hypertension.....
- Hypotension.....
- Disequilibrium Syndrome.....
- Hyperkalemia.....
- Seizures.....
- Muscle Cramps.....
- Clotted Access.....
- Pyrogenic Reaction.....
- Hemolysis.....

- Air Embolus.....
- Chest Pain.....
- Anemia.....
- Neuropathy.....
- Pericarditis.....
- Filter Blood Leak.....
- Cardiopulmonary Arrest.....

Machine Alarm Troubleshooting 1 2 3 4

- Blood Leak Alarm.....
- Arterial Pressure Alarm.....
- Venous Pressure Alarm.....
- Conductivity Alarm.....
- Ultra Filtration Alarm.....
- High Temperature Alarm.....
- Air/Foam Detector Alarm.....
- Power Failure Alarm.....
- Blood Pump Alarm.....

Discontinuing Dialysis 1 2 3 4

- Dialysis Catheter.....
- Fistula/Vein Graft.....
- Return of Blood.....
- Post Treatment Access Care.....
- Equipment Clean Up.....
- Sterilization Procedure.....

Signature: _____ Date: _____