

Dialysis RN Skills Checklist

Name: _____

Date: _____

Indicate your level of experience rating with one of the following:

A – No Experience.

B – Minimal Experience - need review and supervision, have performed at least once.

C – Competent - able to perform independently.

D – Expert - able to act as resource to others.

A. RENAL/GENITOURINARY

- | | | | | | |
|----|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. | Assessment of Renal/GU System | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 2. | Insertion of foley | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |

B. CARE OF THE PATIENT WITH:

- | | | | | | |
|-----|--------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. | Nephrostomy tube | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 2. | AV Fistula/AV Graft | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 3. | Tunneled/Non-Tunneled Catheter | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 4. | Ileal Conduit | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 5. | Supra-Pubic Catheter | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 6. | Chronic Renal Failure | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 7. | Acute Renal Failure | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 8. | Nephrectomy | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 9. | TURP | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 10. | Peritoneal Dialysis | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 11. | Hemodialysis | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |

C. HEMODIALYSIS SKILLS/PROCEDURES EXPERIENCE

- | | | | | | |
|----|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. | Acute/In-patient Dialysis | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 2. | Chronic/Outpatient Dialysis | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 3. | Dialysis Home Care | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 4. | Pediatric Dialysis | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 5. | Predialysis Nursing Assessment | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 6. | Teaching the Dialysis Patient and Family | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |

D. SET UP/INITIATE DIALYSIS

- | | | | | | |
|----|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. | Bicarbonate Dialysate | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 2. | Conductivity Testing | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 3. | Priming Dialyzer | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 4. | Checks for Machine/Alarm Settings | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 5. | Prep Vascular Access | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 6. | Fistula Gortex/Bovine Graft | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 7. | Dialysis | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 8. | Collect Blood Specimens | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 9. | Anticoagulation | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |

Initials _____

E. ASSESS PATIENT AND EQUIPMENT DURING DIALYSIS

- 1. Systems Assessment of Patient A B C D
- 2. Volume Status A B C D
- 3. Vascular Access Function A B C D
- 4. Arterial and Venous Pressures A B C D
- 5. Blood Flow Rate A B C D
- 6. Subjective Response to Treatment A B C D
- 7. Management of Anticoagulation A B C D
- 8. Conductivity A B C D
- 9. Ultrafiltration Calculation A B C D
- 10. Operation of Myron L. Meter A B C D
- 11. Administration of Mannitol A B C D
- 12. Sequential Ultrafiltration/PUF A B C D
- 13. Documentation of Dialysis Treatment A B C D

F. MANAGEMENT OF THE PATIENT WITH:

- 1. Fluid Overload A B C D
- 2. Hypertension A B C D
- 3. Hypotension A B C D
- 4. Disequilibrium syndrome A B C D
- 5. Hyperkalemia A B C D
- 6. Seizures A B C D
- 7. Muscle Cramps A B C D
- 8. Clotted Access/Poor Blood Flow Rate from Catheter A B C D
- 9. Pyrogenic Reaction A B C D
- 10. Hemolysis A B C D
- 11. Air Embolus A B C D
- 12. Chest Pain A B C D
- 13. Anemia A B C D
- 14. Neuropathy A B C D
- 15. Pericarditis A B C D
- 16. Filter Book Leak A B C D
- 17. Cardiopulmonary Arrest A B C D

G. MACHINE ALARM TROUBLESHOOTING PROCEDURES

- 1. Blood Leak Alarm A B C D
- 2. Arterial Pressure Alarm A B C D
- 3. Venous Pressure Alarm A B C D
- 4. Conductivity Alarm A B C D
- 5. Ultrafiltration Alarm A B C D
- 6. High Temperature Alarm A B C D
- 7. Air/Foam Detector Alarm A B C D
- 8. Power Failure Alarm A B C D
- 9. Blood Pump Alarm A B C D

H. DISCONTINUE DIALYSIS

- | | | | | |
|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Dialysis Catheter | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 2. Fistula/Vein Graft | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 3. Return of Blood | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 4. Post Treatment Access Care | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 5. Equipment Clean Up | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
| 6. Sterilization Procedures | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |

Age Specific Practice Criteria

Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.

- A. Newborn/Neonate (birth-30 days)
- B. Infant (30 days – 1 year)
- C. Toddler (1 - 3 years)
- D. Preschooler (3 - 5 years)
- E. School age children (5 - 12 years)
- F. Adolescents (12 - 18 years)
- G. Young adults (18 - 39 years)
- H. Middle adults (39 - 64 years)
- I. Older adults (64+)

Experience with Age Groups

	A	B	C	D	E	F	G	H	I
Able to adapt care to incorporate normal growth and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can ensure a safe environment reflecting specific needs of various age groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Certification:

Please check the boxes below and indicate the expiration day for each certificate that you have. If you do not know the exact day, please use the last date of the specific month (e.g., 8/31/2003).

- | | |
|--|-------------------------------|
| <input type="checkbox"/> ACLS | Exp. Date: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> BCLS | Exp. Date: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> BTLS | Exp. Date: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> CCRN | Exp. Date: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> CNRN | Exp. Date: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> TNCC | Exp. Date: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> Other (type): | Exp. Date: _____ (mm/dd/yyyy) |

Please read and agree to the statements below by marking the checkbox.

I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Dialysis RN Skills Checklist to the Client facilities in relation to consideration of employment as a Registered Nurse with those facilities.

Signature

Date



Registered Professional Nurse Job Description Dialysis

Job Summary:

The Dialysis RN is responsible for managing the care of the pediatric and adult patient requiring a surgical procedure that requires moderate to complex assessment, interventions and levels of nursing vigilance. The Dialysis RN is responsible to the Clinical Manager assigned to the Dialysis unit.

Qualifications

- Current licensure in good standing in the state of practice
- Evidence of 1 year of Dialysis nursing experience within the past two years; scrub and/or circulating experience mandatory
- Evidence of current BLS credential mandatory; additionally, the RN may have resuscitation credentials including but not limited to ACLS & PALS

Responsibilities

- Conducts an individualized patient assessment and reassessment, prioritizing the data collected based on the neonatal, infant, toddler, preschool, school age, adolescent, adult or elderly patient's immediate condition or needs within timeframe specified by client facility's policies, procedures or protocols.
- Develops individualized plan of care reflecting collaboration with other members of the healthcare team.
- Collaborates with physician and other team members to implement orders and plan of care in an accurate and timely manner.
- Provides individualize patient/family education and discharge planning customized to the neonatal, infant, toddler, preschool, school age, adolescent, adult or elderly patient and his/her family.
- Documents patient assessment findings, physical/psychosocial responses to nursing intervention and progress toward problem resolution and communicates these responses to team members as appropriate.
- Responds to emergencies according to facility policy and procedure.
- Maintains confidentiality in matters related to patient, family and client facility staff.
- Provides care in a non-judgmental, non-discriminatory manner that is sensitive to the neonatal, infant, toddler, preschool, school age, adolescent, adult or elderly patient's and family's diversity, preserving their autonomy, dignity and rights.
- Reports relative indicators of patient condition to appropriate personnel during and at the end of each shift.
- Maintains current competency in Dialysis nursing.

RN Name: _____

RN Signature: _____

Date: _____

Initials _____

Joint Commission
**2006 Critical Access Hospital and Hospital
National Patient Safety Goals**

Note: New Goals and Requirements are indicated in **bold**.

- Goal 1 Improve the accuracy of patient identification.
- 1A Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.
- 1B Not applicable.
- Goal 2 Improve the effectiveness of communication among caregivers.
- 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
- 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- 2D Not applicable.
- 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.**
- Goal 3 Improve the safety of using medications.
- 3A Retired in 2006.
- 3B Standardize and limit the number of drug concentrations available in the organization.
- 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.
- 3D Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.**
- Goal 4 Not applicable.
- Goal 5 Retired in 2006
- Goal 6 Not applicable.
- Goal 7 Reduce the risk of health care-associated infections.

- 7A Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.
- 8A Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.
- 8B A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.
- Goal 9 Reduce the risk of patient harm resulting from falls.
- 9B Implement a fall reduction program and evaluate the effectiveness of the program.
Note: Replacement for 9A.
- Goal 10 Not applicable.
- Goal 11 Not applicable.
- Goal 12 Not applicable.
- Goal 13 Not applicable.
- Goal 14 Not applicable.