ONYX
HEALTH CARE STAFFING

Cath Lab Skills Checklist

Name: _____   **Date:** _____

This assessment is for determining your experience in the below outlined clinical areas. This checklist will not be used as a determining factor in accepting your application for employment with Freedom HCS.

PROFICIENCY SCALE
1. No Experience   2. Need Training
3. Able to perform with supervision   4. Able to perform independently

Proficiency Scale	1	2	3	4	Proficiency Scale	1	2	3	4
Assessment of:					**Hemodynamic Monitoring:**				
Abnormal heart sounds / murmurs					A-line / radial				
Auscultation (rate, rhythm, volume)					Cardiac index				
Blood pressure / non-invasive					Cardiac output				
Doppler					CVP monitoring				
Pulses / circulation checks					Femoral artery sheath removal				
Lab results of cardiac enzymes & isoenzymes					MAP				
Lab results of coagulation studies					PA / Swan-Ganz				
EKG Interpretation					PCW pressure				
					PVR				
Equipment and Procedures:					SVO2				
Arterial line insertion					SVR				
Central line insertion									
Open chest emergency					**Pacemaker:**				
PA catheter / Swan Ganz insertion					Permanent				
Pericardocentesis					Temporary epicardial / transthoracic				
Transesophageal echocardiogram					Temporary external pacing				
Auto internal cardioverter defibrillator					Temporary transvenous				
Controlled caridioversion					Ventricular assist device (RVAD / LVAD)				
CAVH-D									
Emergency defibrillation					**Pain management:**				
IABP (intra-aortic balloon pump)					Pain level assessment				
					Epidural anesthesia / analgesia				
Monitoring / telemetry:					Narcotic analgesia				
Basic 12 lead EKD interpretation					Patient controlled analgesia (PCA) pump				
Arrhythmia interpretation					Oncology diseases				
Lead placement: 5 electrode tele					Drug addiction / withdrawals				
Lead placement: I, III, V-leads									
Lead placement: Lead II and MCL									
Set up and rerun 12 lead EKG									
Rhythm strip assessment									

Proficiency Scale	1	2	3	4	Proficiency Scale	1	2	3	4
Care of patients with:					**Administration of:**				
Abdominal aortic aneurysm repair					Amiodarone (Cordarone)				
Abdominal aortic bypass					Atropine				
Acute MI					Bicarbonate				
Aneurysm					Bretylium (Bretylol)				
Angina					Cardizem (Diltiasem hydrochloride)				
Cardiac arrest					Digoxin (Lanoxin)				
Cardiac tamponade					Dobutamine (Dobutrex)				
Cardiomypathy					Dopamine (Intropin)				
Carotid endarteretomy					Epinephrine (Adrenalin)				
Congestive heart failure (CHF)					Esmolol (Brevibloc)				
EP study & ablation					Heparin				
Femoral-popliteal bypass					Inocor (Amrinone)				
Heart transplant					Lidocaine (Xylocaine)				
Immediate post open-heart surgery					Metoprolol (Lopressor)				
Infective endocarditis					Nipride (Nitroprusside)				
Myocardial contusion					Nitroglycerine (Tridil)				
Pericarditis					Oral anticoagulants				
Post acute MI (24 - 48 hours)					Oral & IVP antihypertensives				
Post AICD insertion					Oral & topical nitrates				
Post arthrectomy (DCA)					Procainamide (Pronestyl)				
Post CABG (24 hours)					Reteplase recominant (Retavase)				
Post intracoronary stent replacement					Strepokinase				
Post percutaneous balloon valvuoplasty					TPA (Alteplase)				
Post rotoblade					Verapamil (Calan, Isoptin, Verelan)				
Post valve repair / replacement					Versed				
Pre/post angioplasty									
Pre/post cardiac cath									

Age Specific Competency

Able to ensure a safe and caring environment for the specific age groups indicated below; able to communicate and instruct patients from various age groups; able to evaluate age-appropriate behavior and skills.

PROFICIENCY SCALE	1	2	3	4
Newborn (birth-30 days)				
Infant (30 days-1 yrs)				
Toddler (1-3 yrs)				
Preschooler (3-5 yrs)				
School Age (5-12 yrs)				
Adolescents (12-18 yrs)				
Young Adults (18-39 yrs)				
Middle Adults (39-64 yrs)				
Older Adults (64 yrs +)				

The information represented above is true and correct to the best of my knowledge. I also authorize Onyx Healthcare Staffing to share the above skills checklist with its hospital clients.

Signature _____   Date_____