

# FRONTIER HEALTH CARE SERVICES

## Intermediate Care/Telemetry Skills Checklist

### \* Denotes required field

This profile is used for by IMC/Telemetry nurses with more than one year experience in their discipline and specialty. It will not be a determining factor for the Frontier Health Care Services program.

Please enter your full legal name as it appears on your Social Security Card.

First name\*

Last name\*

Social Security Number

Date

Email

### Please indicate your level of experience

1. Theory, no practice      3. One – two years of experience  
2. Intermittent experience      4. Two plus years of experience

### A. CARDIOVASCULAR

#### 1. Assessment

- a. Auscultation (rate, rhythm)      1  2  3  4   
b. Heart sounds/murmurs      1  2  3  4   
c. pulses/circulation checks      1  2  3  4

#### 2. Interpretation of lab results

- a. Cardiac enzymes/isoenzymes      1  2  3  4   
b. Coagulation studies      1  2  3  4

#### 3. Equipment & Procedures

- a. Monitoring/telemetry      1  2  3  4   
    (1) Arrhythmia interpretation      1  2  3  4   
    (2) Basic 12 lead interpretation      1  2  3  4   
    (3) Lead placement: 5 electrode tele      1  2  3  4   
    (4) Lead placement: I, III, V-leads      1  2  3  4   
    (5) Lead placement: Lead II and MCL<sup>1</sup>      1  2  3  4   
b. Pacemaker      1  2  3  4   
    (1) Permanent      1  2  3  4   
    (2) Temporary epicardial wires      1  2  3  4   
    (3) Temporary external pacing      1  2  3  4   
    (4) Temporary transvenous      1  2  3  4   
c. Assist with      1  2  3  4   
    (1) Arterial line insertion      1  2  3  4   
    (2) Central line insertion      1  2  3  4   
d. Hemodynamic monitoring      1  2  3  4   
    (1) A-line (radial)      1  2  3  4   
    (2) CVP monitoring      1  2  3  4   
    (3) Femoral artery sheath removal      1  2  3  4

- |   |   |
|---|---|
| (4) Swan-Ganz                                   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| e. Perform                                      |   |
| (1) Controlled cardioversion                    | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (2) Emergency defibrillation                    | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 4. Care of the patient with:                    |   |
| a. Abdominal aortic bypass                      | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| b. Aneurysm                                     | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| c. Angina                                       | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| d. Cardiac Arrest                               | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| e. Cardiomyopathy                               | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| f. Carotid endarterectomy                       | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| g. Congestive Heart Failure (CHF)               | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| h. Femoral-popliteal bypass                     | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| i. Post Acute MI (24-48 hours)                  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| j. Post angioplasty                             | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| k. Post arthroectomy (DCA)                      | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| l. Post CABG (24 hours)                         | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| m. Post Cardiac cath                            | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| n. Post stent placement                         | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 5. Medications                                  |   |
| a. Atropine                                     | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| b. Bretylium (Bretylol)                         | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| c. Cardizem (Diltiazem hydrochloride)           | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| d. Digoxin (lanoxin)                            | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| e. Dobutamine (Dobutrex)                        | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| f. Dopamine (Intropin)                          | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| g. Epinephrine (Adrenalin)                      | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| h. Heparin                                      | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| i. Lidocaine (Xylocaine)                        | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| j. Nipride (Nitroprusside)                      | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| k. Nitroglycerine (Tridil)                      | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| l. Oral anticogulants                           | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| m. Oral & IVP antihypertensives                 | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| n. Oral & topical nitrates                      | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| o. Verapamil                                    | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| <b>B. PULMONARY</b>                             |   |
| 1. Assessment                                   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| a. Breath Sounds                                | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| b. Breathing Patterns                           | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 2. Interpretation of lab results                | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| a. Arterial blood gases                         | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| b. Blood chemistry                              | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 3. Equipment & Procedures                       |   |
| a. Assist with intubations                      | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| b. Assist with thoracentesis                    | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| c. Care of airway management devices/suctioning |   |
| (1) Endotracheal tube/suctioning                | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (2) Nasal airway/suctioning                     | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (3) Oropharyngeal/suctioning                    | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (4) Oximetry                                    | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (5) Sputum specimen Collection                  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (6) Tracheostomy/suctioning                     | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |

- d. Care of patient on ventilator
- (1) Extubation 1  2  3  4
  - (2) Weaning modes 1  2  3  4
- e. Care of patient with chest tube
- (1) Assist with set-up \*insertion 1  2  3  4
  - (2) Mediastinal tube removal 1  2  3  4
  - (3) Pleural tube removal 1  2  3  4
  - (4) Use of Pleurevac or Thoraclex 1  2  3  4
  - (5) Use of water seal drainage system 1  2  3  4
- f. Chest physiotherapy 1  2  3  4
- g. Establishing an airway 1  2  3  4
- h. Incentive spirometry 1  2  3  4
- i. O<sub>2</sub> therapy & medication delivery systems 1  2  3  4
- (1) Ambu bag and mask 1  2  3  4
  - (2) ET tube 1  2  3  4
  - (3) External CPAP 1  2  3  4
  - (4) Face masks 1  2  3  4
  - (5) Inhalers 1  2  3  4
  - (6) Nasal cannula 1  2  3  4
  - (7) Portable O<sub>2</sub> tank 1  2  3  4
  - (8) Tracheostomy 1  2  3  4
  - (9) Transtracheal cannulation 1  2  3  4
- j. Oral airway insertion 1  2  3  4
4. Care of the patient with:
- a. ARDS 1  2  3  4
  - b. Bronchoscopy 1  2  3  4
  - c. COPD 1  2  3  4
  - d. Fresh tracheostomy 1  2  3  4
  - e. Loectomy 1  2  3  4
  - f. Pneumonectomy 1  2  3  4
  - g. Pneumonia 1  2  3  4
  - h. Pulmonary edema 1  2  3  4
  - i. Pulmonary embolism 1  2  3  4
  - j. Status asthmaticus 1  2  3  4
  - k. Thoracotomy 1  2  3  4
  - l. Tuberculosis 1  2  3  4
5. Medications
- a. Alupent (Metroproterenol) 1  2  3  4
  - b. Aminophylline (Theophylline) 1  2  3  4
  - c. Bronkosol (Isoetharine hydrochloride) 1  2  3  4
  - d. Corticosteroids 1  2  3  4
  - e. Ventolin (Albuterol) 1  2  3  4
- C. NEUROLOGICAL**
1. Assessment
- a. Cerebellar function 1  2  3  4
  - b. Cranial nerves 1  2  3  4
  - c. Glasgow coma scale 1  2  3  4
  - d. Level of consciousness 1  2  3  4
  - e. Pathologic reflexes 1  2  3  4
2. Equipment & Procedures
- a. Assist with lumbar puncture 1  2  3  4
  - b. Halo traction 1  2  3  4

- c. Nerve stimulator 1  2  3  4
- d. Rotation Bed 1  2  3  4
- e. Seizures precautions 1  2  3  4
- f. Use of hyper/hypothermia blanket 1  2  3  4
3. Care of the patient with:
- a. Aneurysm precautions 1  2  3  4
- b. Basal skull fracture 1  2  3  4
- c. Closed head injury 1  2  3  4
- d. Coma 1  2  3  4
- e. CVA 1  2  3  4
- f. DTs 1  2  3  4
- g. Encephalitis 1  2  3  4
- h. Externalized VP shunts 1  2  3  4
- i. Meningitis 1  2  3  4
- j. Multiple Sclerosis 1  2  3  4
- k. Neuromuscular disease 1  2  3  4
- l. Post craniotomy 1  2  3  4
- m. Seizures 1  2  3  4
- n. Spinal Cord injury 1  2  3  4
4. Medications
- a. Carbamazepine (Tegretol) 1  2  3  4
- b. Carbidopa-Levodopa (Sinemet) 1  2  3  4
- c. Clonazepam (Klonopin) 1  2  3  4
- d. Decadron (Dexamethasone) 1  2  3  4
- e. Dilantin (Phenytoin) 1  2  3  4
- f. Lorazepam (Ativan) 1  2  3  4
- g. Methylprednisolone (Solu-Medrol) 1  2  3  4
- h. Phenobarbital 1  2  3  4
- i. Valium (Dizepam) 1  2  3  4
- D. GASTROINTESTINAL**
1. Assessment
- a. Abdominal/bowel sounds 1  2  3  4
- b. Fluid balance 1  2  3  4
- c. Nutritional 1  2  3  4
2. Interpretation of blood chemistry 1  2  3  4
3. Equipment & Procedures
- a. Administration of tube feeding 1  2  3  4
- (1) Feeding pump 1  2  3  4
- (2) Gravity feeding 1  2  3  4
- b. Flexible feeding tube (i.e., Copak, Dobhoff) 1  2  3  4
- c. Placement of nasogastric tube 1  2  3  4
- d. Salem sump to suction 1  2  3  4
- e. Saline lavage 1  2  3  4
4. Management of
- a. Gastrostomy tube 1  2  3  4
- b. Jejunostomy 1  2  3  4
- c. PPN (peripheral parenteral nutrition) 1  2  3  4
- d. TPN and lipids administration 1  2  3  4
- e. T-tube 1  2  3  4
5. Care of the patient with:
- a. Bowel obstruction 1  2  3  4
- b. Colostomy 1  2  3  4

- c. ERCP 1  2  3  4
- d. Esophageal bleeding 1  2  3  4
- e. GI Bleeding 1  2  3  4
- f. GI surgery 1  2  3  4
- g. Hepatitis 1  2  3  4
- h. Ileostomy 1  2  3  4
- i. Inflammatory bowel disease 1  2  3  4
- j. Liver failure 1  2  3  4
- k. Liver transplant 1  2  3  4
- l. Pancreatitis 1  2  3  4
- m. Paralytic ileus 1  2  3  4
- n. Whipple procedure 1  2  3  4

#### E. RENAL/GENITOURINARY

- 1. Assessment
  - a. A-V fistula/shunt 1  2  3  4
  - b. Fluid & electrolyte balance 1  2  3  4
- 2. Interpretation of BUN & creatinine 1  2  3  4
- 3. Equipment & Procedures
  - a. Insertion & care of straight and Foley catheter 1  2  3  4 
    - (1) Female 1  2  3  4
    - (2) Male 1  2  3  4
  - b. Supra-pubic 1  2  3  4
  - c. Bladder irrigation 1  2  3  4 
    - (1) Continuous 1  2  3  4
    - (2) Intermittent 1  2  3  4
  - d. Specimen collection 1  2  3  4 
    - (1) Routine 1  2  3  4
    - (2) 24 hour 1  2  3  4
  - e. Nephrostomy tube care 1  2  3  4
  - f. Manual CAPD administration 1  2  3  4
  - g. Peritoneal dialysis via Automatic Cycler 1  2  3  4
- 4. Care of the patient with:
  - a. Hemodialysis 1  2  3  4
  - b. Nephrectomy 1  2  3  4
  - c. Peritoneal dialysis 1  2  3  4
  - d. Renal failure 1  2  3  4
  - e. Renal transplant 1  2  3  4
  - f. TURP 1  2  3  4

#### F. METABOLIC

- 1. Assessment
  - a. S/S diabetic ketoacidosis 1  2  3  4
  - b. S/S insulin shock 1  2  3  4
- 2. Interpretation of Lab Results
  - a. Blood glucose 1  2  3  4
  - b. Thyroid levels 1  2  3  4
- 3. Equipment & Procedures
  - a. Blood glucose monitoring 1  2  3  4 
    - (1) Blood glucose measuring device : type 1  2  3  4
    - (2) Insulin administration – IV drip 1  2  3  4
    - (3) Visual blood glucose strips 1  2  3  4
- 4. Care with patient with:
  - a. Cushing's Syndrome 1  2  3  4
  - b. Diabetes insipidus 1  2  3  4

c. Diabetes mellitus	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
d. Diabetes ketoacidosis	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
e. Disorder of adrenal gland (Addison's Disease)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
f. Drug overdose	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
g. Hyperthyroidism (Grave's Disease)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
h. Hyperthyroidism	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
i. Pheochromocytoma	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
j. Post adrenalectomy	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
k. Post hypophysectomy	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
l. Post thyroidectomy	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
<b>5. Medications</b>	
a. Hydrocortisone	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
b. IM vasopressin (Pitressin)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
c. Insulin	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
d. Prednisone	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
e. Radioactive iodine	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
<b>G. WOUND MANAGEMENT</b>	
<b>1. Assessment</b>	
a. Skin for impending breakdown	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
b. Stasis ulcers	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
c. Surgical Wounds Healing	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
<b>2. Equipment &amp; procedures</b>	
a. Air fluidized, low airloss beds	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
b. Sterile gressing changes	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
c. Wound Care/irrigations	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
<b>3. Care with patient with:</b>	
a. Burns	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
b. Pressure Sores	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
c. Staged decubitus ulcers	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
d. Surgical wounds wit drain(s)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
e. Traumatic Wounds	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
<b>H. PHLEBOTOMY/IV THERAPY</b>	
<b>1. Equipment &amp; Procedures</b>	
a. Drawing blood from central line	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
b. Drawing venous blood	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
c. Starting Ivs	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
(1) Angiocath	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
(2) Butterfly	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
(3) Herparin lock	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
d. Administration of Blood/blood products	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
(1) Albumin/plasma	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
(2) Cryoprecipitate	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
(3) Packed red blood cells	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
(4) Whole blood	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
<b>2. Care of patient with:</b>	
a. Peripheral line/dressing	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
b. Central line/catheter/dressing	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
(1) Broviac	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
(2) Groshong	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
(3) Hickman	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
(4) Portacath	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
(5) Quinton	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
<b>I. PAIN MANAGEMENT</b>	

- |  |   |
|--|---|
| 1. Assessment of pain level/tolerance      | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 2. Care of patient with :                  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| a. Anesthesia/analgesia                    | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| b. IV conscious sedation                   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| c. Narcotic analgesia                      | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| d. Patient controlled analgesia (PCA) pump | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <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)  | F. Adolescents (12 – 18 years)   |
| B. Infant (30 days – 1 year)          | G. Young Adults (18 – 39 years)  |
| C. Toddler 1 – 3 years)               | H. Middle adults (39 – 64 years) |
| D. Preschooler (3 – 5 years)          | I. Older adults (64+)            |
| E. School age children (5 – 12 years) |                                  |

### EXPERIENCE WITH AGE GROUPS:

Able to adapt care to incorporate normal growth and development. 1  2  3  4  5

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level. 1  2  3  4  5

Can ensure a safe environment reflecting needs of various age groups. 1  2  3  4  5

**My experience is primarily in:** (Please indicate number of years)

- |  |               |                                    |               |
|--|---------------|------------------------------------|---------------|
| <input type="checkbox"/> Cardiac               | _____ year(s) | <input type="checkbox"/> Neuro     | _____ year(s) |
| <input type="checkbox"/> Trauma                | _____ year(s) | <input type="checkbox"/> Telemetry | _____ year(s) |
| <input type="checkbox"/> Cardiac Surgical      | _____ year(s) |                                    |               |
| <input type="checkbox"/> Other (specify) _____ | _____ year(s) |                                    |               |

### Certification:

Please check the boxes and indicate the expiration date for each certificate that you have. If you know the exact date, please use the last date of the specific month(e.g., 08/31/2003)

- |  |                              |
|--|------------------------------|
| <input type="checkbox"/> Arrhythmia course date:           | _____ (mm/dd/yyyy)           |
| <input type="checkbox"/> Critical Care course date:        | _____ (mm/dd/yyyy)           |
| <input type="checkbox"/> Other (specify)                   | Exp Date: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> Computerized charting system:     | Exp Date: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> Medication Administration system: | Exp Date: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> ACLS:                             | Exp Date: _____ (mm/dd/yyyy) |

**BCLS:** 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 I am the individual completing this form. I hereby authorize the Company to release this Intermediate Care/Telemetry Checklist to the Client Facilities in relation to consideration of employment as a Traveler with those facilities.

**Submit**