

**Cardiac Catheterization R.N. Skills Checklist**

Name:

Date:

**Years Experience in Cardiac Catheterization Lab:**

|                                      | Comfortable With         | Done Occasionally        | No Experience            |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| Cardiovascular Pharmacology          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cineangiography; Radiation Safety    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Invasive / Interventional Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnostic                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Angioplasty                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stents                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Atherectomy                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extraction                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Laser                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Valvuloplasty                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Infusion thrombolytics               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supported angioplasty: IABP / PCPs   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge of Sterile Technique       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sponge, Sharp Counts                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Draping Technique                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gowning and Gloving                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment:                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pulse Oximeter                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EKG Monitoring                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Automated BP Equipment               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Defibrillator                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pacemakers, internal/external        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ACT units                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Balloon Pumps: Model:                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrocautery Units                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Power Injectors                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other:                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agency Representative Signature

\_\_\_\_\_  
 Date