

Dialysis RN Skills Checklist

Name: Date: Experience Since:

	Comfortable With	Done Occasionally	No Experience
A. RENAL/ GENITOURINARY			
1. Assessment of Renal/GU System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Insertion of Foley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Care of the Patient with:			
a. Nephrostomy Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. AV Fistula/AV Graft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Tunneled/Non-Tunneled Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ileal Conduit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Supra-Pubic Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Chronic Renal Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Acute Renal Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Nephrectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. TURP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Peritoneal Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. HEMODIALYSIS SKILLS AND PROCEDURES			
1. Experience			
a. Acute/Inpatient Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Chronic/Outpatient Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dialysis Home Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pediatric Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Predialysis Nursing Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Teaching the Dialysis Patient and Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Set Up/Initiate Dialysis Treatment			
a. Bicarbonate Dialysate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Conductivity Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Priming Dialyzer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Checks for Machine/Alarm Settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prep Vascular Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fistula Gortex/Bovine Graft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Collect Blood Samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Anticoagulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assess Patient and Equipment during dialysis			
a. System Assessment of Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volume Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vascular Access Function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Arterial and Venous Pressures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Blood Flow Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Subjective Response to Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Management of Anticoagulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Conductivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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i. Ultrafiltration Calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Operation of Myron L. Meter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Administration of Blood and Blood Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Administration of Mannitol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Sequential Ultrafiltration/PUF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Documentation of dialysis treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Management of a Patient with			
a. Fluid Overload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hypotension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Disequilibrium Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hyperkalemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Muscle Cramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Clotted Access/Poor Blood Flow Rate from Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Pyrogenic Reaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Hemolysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Air Embolus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Neuropathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Pericarditis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Filter Blood Leak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Cardiopulmonary Arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Machine Alarm Troubleshooting Procedures			
a. Blood leak alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Arterial Pressure Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Venous Pressure Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Conductivity Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ultrafiltration Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. High Temperature Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Air/Foam Detector Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Power Failure Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Blood Pump Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Discontinue Dialysis			
a. Dialysis Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fistula/Vein Graft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Return of Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Post Treatment Access Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Equipment Clean Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sterilization Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____

Date: _____

Agency Representative Signature: _____

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