



Dialysis Skills Assessment Checklist

Name: _____ Date: _____

Please indicate your level of experience

A. Theory, no practice	C. One - two years experience
B. Intermittent experience	D. Two plus years experience

1. Renal/Genitourinary

a. Assessment of Renal / GU System	A	B	C	D
b. Insertion of foley	A	B	C	D
c. Care of the Patient With:				
i. Nephrostomy tube	A	B	C	D
ii. AV Fistula/ AV Graft	A	B	C	D
iii. Tunneled/Non-Tunneled Catheter	A	B	C	D
iv. Ileal Conduit	A	B	C	D
v. Supra-Pubic Catheter	A	B	C	D
vi. Chronic Renal Failure	A	B	C	D
vii. Acute Renal Failure	A	B	C	D
viii. Nephrectomy	A	B	C	D
ix. TURP	A	B	C	D
x. Peritoneal Dialysis	A	B	C	D
xi. Hemodialysis	A	B	C	D

2. Hemodialysis Skills and Procedures

a. Acute/Inpatient Dialysis	A	B	C	D
b. Chronic/Outpatient Dialysis	A	B	C	D
c. Dialysis Home Care	A	B	C	D
d. Pediatric Dialysis	A	B	C	D
e. Pre-dialysis Nursing Assessment	A	B	C	D
f. Teaching the Dialysis Patient and Family	A	B	C	D
g. Set Up/Initiate Dialysis Treatment				
i. Bicarbonate Dialysate	A	B	C	D
ii. Conductivity Testing	A	B	C	D
iii. Priming Dialyzer	A	B	C	D
iv. Checks for Machine/Alarm Settings	A	B	C	D
v. Prep Vascular Access	A	B	C	D
vi. Fistula Gortex/Bovine Graft	A	B	C	D



vii.	Dialysis	A	B	C	D
viii.	Collect Blood Specimens	A	B	C	D
ix.	Anticoagulation	A	B	C	D
h.	Assess Patient and Equipment During Dialysis				
i.	Systems Assessment of Patient	A	B	C	D
ii.	Volume Status	A	B	C	D
iii.	Vascular Access Function	A	B	C	D
iv.	Arterial and Venous Pressures	A	B	C	D
v.	Blood Flow Rate	A	B	C	D
vi.	Subjective Response to Treatment	A	B	C	D
vii.	Management of Anticoagulation	A	B	C	D
viii.	Conductivity	A	B	C	D
ix.	Ultrafiltration Calculation	A	B	C	D
x.	Operation of Myron L. Meter	A	B	C	D
xi.	Administration of Blood Products	A	B	C	D
xii.	Administration of Mannitol	A	B	C	D
xiii.	Sequential Ultrafiltration/PUF	A	B	C	D
xiv.	Documentation of Dialysis Treatment	A	B	C	D
i.	Management of the Patient With:				
i.	Fluid Overload	A	B	C	D
ii.	Hypertension	A	B	C	D
iii.	Hypotension	A	B	C	D
iv.	Disequilibrium syndrome	A	B	C	D
v.	Hyperkalemia	A	B	C	D
vi.	Seizures	A	B	C	D
vii.	Muscle Cramps	A	B	C	D
viii.	Clotted Access/Poor Blood Flow Rate	A	B	C	D
ix.	Pyrogenic Reaction	A	B	C	D
x.	Hemolysis	A	B	C	D
xi.	Air Embolus	A	B	C	D
xii.	Chest Pain	A	B	C	D
xiii.	Anemia	A	B	C	D
xiv.	Neuropathy	A	B	C	D
xv.	Pericarditis	A	B	C	D
xvi.	Filter Blood Leak	A	B	C	D
xvii.	Cardiopulmonary Arrest	A	B	C	D
j.	Machine Alarm Troubleshooting Procedures				
i.	Blood Leak Alarm	A	B	C	D
ii.	Arterial Pressure Alarm	A	B	C	D
iii.	Venous Pressure Alarm	A	B	C	D
iv.	Conductivity Alarm	A	B	C	D



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| v. | Ultra-filtration Alarm | A | B | C | D |
| vi. | High Temperature Alarm | A | B | C | D |
| vii. | Air/Foam Detector Alarm | A | B | C | D |
| viii. | Power Failure Alarm | A | B | C | D |
| ix. | Blood Pump Alarm | A | B | C | D |
| k. | Discontinue Dialysis | | | | |
| i. | Dialysis Catheter | A | B | C | D |
| ii. | Fistula/ Vein Graft | A | B | C | D |
| iii. | Return of Blood | A | B | C | D |
| iv. | Post Treatment Access Care | A | B | C | D |
| v. | Equipment Clean Up | A | B | C | D |
| vi. | Sterilization Procedures | A | B | C | D |

Certification:

Please read and agree to the statements below by signing and dating the bottom of this form.

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 RN Exclusive to release this Skills Checklist to the Client facilities in relation to consideration of employment with those facilities.

Signature: _____ Date: _____