



EKG Tech Skills Checklist

Name _____ Date _____

Years of Experience - Adult _____ Pediatric _____ Combined _____

Signature: _____

Please rate your experience / frequency (within the last year) using the following scale (check the appropriate boxes below):

Experience Scale:

- 0 - No Experience / Theory Only
- 1 - Limited Experience / Need Review
- 2 - Frequent Experience / May Need Some Review
- 3 - Experienced / Perform Well

Frequency Scale:

- 0 - Observed Only / Never Done
- 1 - Rarely Done (<6 times/year)
- 2 - Occasionally Done (1-2 times/month)
- 3 - Frequently Done (daily or weekly)

Experience | Frequency

Experience | Frequency

CARDIOVASCULAR

Heart Sounds	0	1	2	3	0	1	2	3
Coronary Circulation	0	1	2	3	0	1	2	3
Vascular System	0	1	2	3	0	1	2	3
Conduction System	0	1	2	3	0	1	2	3
CHF (Congestive Heart Failure)	0	1	2	3	0	1	2	3
Ischemia	0	1	2	3	0	1	2	3
Pulmonary Hypertension	0	1	2	3	0	1	2	3
Systemic Hypertension	0	1	2	3	0	1	2	3
Diseases of the Aorta	0	1	2	3	0	1	2	3

ELECTROCARDIOGRAM

Application of Leads	0	1	2	3	0	1	2	3
Interpretation	0	1	2	3	0	1	2	3
Monitoring	0	1	2	3	0	1	2	3
Arrhythmias	0	1	2	3	0	1	2	3
Other:	0	1	2	3	0	1	2	3

STRESS EKG WITH TREADMILL

TESTING

Preparation of equipment	0	1	2	3	0	1	2	3
Monitoring	0	1	2	3	0	1	2	3
Complications	0	1	2	3	0	1	2	3

EQUIPMENT/INSTRUMENTATION

Temporary Pacemakers	0	1	2	3	0	1	2	3
Permanent Pacemakers	0	1	2	3	0	1	2	3
Defibrillators	0	1	2	3	0	1	2	3
Event monitors	0	1	2	3	0	1	2	3

HOLTER MONITORING

Preparation of equipment	0	1	2	3	0	1	2	3
Application of leads	0	1	2	3	0	1	2	3
Monitoring	0	1	2	3	0	1	2	3

PATIENT CARE

Vital signs	0	1	2	3	0	1	2	3
Normal lab values	0	1	2	3	0	1	2	3
Emergency procedures	0	1	2	3	0	1	2	3
Pulse oximetry	0	1	2	3	0	1	2	3
Documentation	0	1	2	3	0	1	2	3

EXPERIENCE

Hospital	0	1	2	3	0	1	2	3
Clinics	0	1	2	3	0	1	2	3

AGE COMPETENCY FOR EKG SKILLS

Infants & toddlers	0	1	2	3	0	1	2	3
Preschool & school age	0	1	2	3	0	1	2	3
Adolescents	0	1	2	3	0	1	2	3
Young and middle age adults	0	1	2	3	0	1	2	3
Older adults	0	1	2	3	0	1	2	3