



# Dialysis Skills Checklist

Name \_\_\_\_\_ Date \_\_\_\_\_

Years of Experience - Adult \_\_\_\_\_ Pediatric \_\_\_\_\_ Combined \_\_\_\_\_

RN \_\_\_\_\_ LPN \_\_\_\_\_

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

**RENAL/GENITOURINARY**

Assessment of Renal / GU System	0	1	2	3	0	1	2	3
Insertion of Foley	0	1	2	3	0	1	2	3

**CARE OF PATIENT WITH:**

Nephrostomy Tube	0	1	2	3	0	1	2	3
AV Fistula / AV Graft	0	1	2	3	0	1	2	3
Tunneled/Non-Tunneled Catheter	0	1	2	3	0	1	2	3
Ileal Conduit	0	1	2	3	0	1	2	3
Supra-Pubic Catheter	0	1	2	3	0	1	2	3
Chronic Renal Failure	0	1	2	3	0	1	2	3
Acute Renal Failure	0	1	2	3	0	1	2	3
Nephrectomy	0	1	2	3	0	1	2	3
TURP	0	1	2	3	0	1	2	3
Peritoneal Dialysis	0	1	2	3	0	1	2	3
Hemodialysis	0	1	2	3	0	1	2	3

**HEMODIALYSIS SKILLS/PROCEDURES**

**EXPERIENCE**

Acute / Inpatient Dialysis	0	1	2	3	0	1	2	3
Chronic / Outpatient Dialysis	0	1	2	3	0	1	2	3
Dialysis Home Care	0	1	2	3	0	1	2	3
Pediatric Dialysis	0	1	2	3	0	1	2	3
Predialysis Nursing Assessment	0	1	2	3	0	1	2	3
Teaching the Dialysis Patient and Family	0	1	2	3	0	1	2	3

**SET UP/INITIATE DIALYSIS TREATMENT**

Bicarbonate Dialysate	0	1	2	3	0	1	2	3
Conductivity Testing	0	1	2	3	0	1	2	3
Priming Dialyzer	0	1	2	3	0	1	2	3
Checks for Machine/Alarm Settings	0	1	2	3	0	1	2	3
Prep Vascular Access	0	1	2	3	0	1	2	3
Fistula Gortex/Bovine Graft	0	1	2	3	0	1	2	3
Dialysis	0	1	2	3	0	1	2	3
Collect Blood Specimens	0	1	2	3	0	1	2	3
Anticoagulation	0	1	2	3	0	1	2	3

**ASSESS PATIENT AND EQUIPMENT**

**DURING DIALYSIS**

Systems Assessment of Patient	0	1	2	3	0	1	2	3
Volume Status	0	1	2	3	0	1	2	3
Vascular Access Function	0	1	2	3	0	1	2	3
Arterial and Venous Pressures	0	1	2	3	0	1	2	3
Blood Flow Rate	0	1	2	3	0	1	2	3

**ASSESS PATIENT AND EQUIPMENT**

**DURING DIALYSIS cont'd**

Subjective Response to Treatment	0	1	2	3	0	1	2	3
Management of Anticoagulation	0	1	2	3	0	1	2	3
Conductivity	0	1	2	3	0	1	2	3
Ultrafiltration Calculation	0	1	2	3	0	1	2	3
Operation of Myron L. Meter	0	1	2	3	0	1	2	3
Administration of Mannitol	0	1	2	3	0	1	2	3
Sequential Ultrafiltration/PUF	0	1	2	3	0	1	2	3
Documentation of Dialysis Treatment	0	1	2	3	0	1	2	3

**MANAGEMENT OF PATIENT WITH:**

Fluid Overload	0	1	2	3	0	1	2	3
Hypertension	0	1	2	3	0	1	2	3
Hypotension	0	1	2	3	0	1	2	3
Disequilibrium syndrome	0	1	2	3	0	1	2	3
Hyperkalemia	0	1	2	3	0	1	2	3
Seizures	0	1	2	3	0	1	2	3
Muscle Cramps	0	1	2	3	0	1	2	3
Clotted Access/Poor Blood Flow Rate from Catheter	0	1	2	3	0	1	2	3
Pyrogenic Reaction	0	1	2	3	0	1	2	3
Hemolysis	0	1	2	3	0	1	2	3
Air Embolus	0	1	2	3	0	1	2	3
Chest Pain	0	1	2	3	0	1	2	3
Anemia	0	1	2	3	0	1	2	3
Neuropathy	0	1	2	3	0	1	2	3
Pericarditis	0	1	2	3	0	1	2	3
Filter Blood Leak	0	1	2	3	0	1	2	3
Cardiopulmonary Arrest	0	1	2	3	0	1	2	3

**MACHINE ALARM TROUBLESHOOTING**

**PROCEDURES**

Blood Leak Alarm	0	1	2	3	0	1	2	3
Arterial Pressure Alarm	0	1	2	3	0	1	2	3
Venous Pressure Alarm	0	1	2	3	0	1	2	3
Conductivity Alarm	0	1	2	3	0	1	2	3
Ultrafiltration Alarm	0	1	2	3	0	1	2	3
High Temperature Alarm	0	1	2	3	0	1	2	3
Air/Foam Detector Alarm	0	1	2	3	0	1	2	3
Power Failure Alarm	0	1	2	3	0	1	2	3
Blood Pump Alarm	0	1	2	3	0	1	2	3

