

# Cardiac Catheterization Laboratory/Interventional Radiology RN Skills Checklist

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

Please indicate your level of experience (0, 1, 2, or 3)

0 = Theory, no practice    1 = Limited    2 = Confident    3 = Very Confident

## A. GENERAL

Admit patient to pre-procedure holding	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Complete assessments, obtain family history & risk factors	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Start peripheral IV	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Complete pre-procedure checklist	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Transport pre-procedure patient to the Lab.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Transport post-procedure patient to in-hospital units	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

## B. CARDIOVASCULAR

Assess heart sounds and peripheral pulses	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Interpret arrhythmias	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Assist with arterial line insertion	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Provide care to the patient with an arterial line	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Draw blood samples from arterial line	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Interpret arterial line waveform/pressures	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Remove arterial line	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Assist with S/G insertion	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Provide care to the patient with S/G	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Provide care to the patient with SvO2 S/G catheter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Interpret PA waveforms/pressures	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Remove S/G catheter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Assist with central line insertion	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Draw blood samples from central line	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Remove central line	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Set up and run 12 Lead ECG	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Provide care for the post-procedure patient	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Provide care for the patient with an IABP	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Provide care for the patient in shock	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Perform CPR	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Perform defibrillation	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Participate as a team member in resuscitation 0  1  2  3

### C. PULMONARY

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Assess lung sounds 0  1  2  3   
Set up oxygen devices 0  1  2  3   
Obtain pulse oximetry reading 0  1  2  3   
Interpret ABG 0  1  2  3   
Use Ambu bag 0  1  2  3   
Assist with intubation 0  1  2  3   
Assist with chest tube insertion 0  1  2  3   
Provide care for the patient with mechanical ventilation 0  1  2  3

### D. NEUROLOGICAL

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Identify sudden change in level of consciousness 0  1  2  3   
Assess sensory, motor, speech 0  1  2  3   
Assess reflexes (Babinski, gag) 0  1  2  3

### F. MEDICATIONS

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Titrate vasoactive drugs 0  1  2  3   
Calculate mcg/min and mcg/kg/min 0  1  2  3   
Use IV infusion pump to calculate drug doses 0  1  2  3   
Administer IV dopamine 0  1  2  3   
Administer IV nitroglycerine 0  1  2  3   
Administer IV dobutamine (Dobutrex) 0  1  2  3   
Administer IV milrinone (Primacor) 0  1  2  3   
Administer IV metoprolol (Lopressor) 0  1  2  3   
Administer IV lidocaine 0  1  2  3   
Administer IV amiodarone (Cordarone) 0  1  2  3   
Administer IV adenosine 0  1  2  3   
Administer IV diltiazem (Cardizem) 0  1  2  3   
Administer IV esmolol (Brevibloc) 0  1  2  3   
Administer IV verapamil 0  1  2  3   
Administer IV ibutilide 0  1  2  3   
Administer IV atropine 0  1  2  3   
Administer IV thrombolytics (TPA, streptokinase) 0  1  2  3   
Administer IV heparin 0  1  2  3   
Administer IV GP IIb/IIIa inhibitors (ReoPro, Aggrastat, Integrilin) 0  1  2  3   
Administer IV benzodiazepines (Valium, Versed, Ativan) 0  1  2  3   
Administer IV propofol (Diprivan) 0  1  2  3   
Administer IV neuromuscular blocking agents (Pavulon, Norcuron) 0  1  2  3   
Administer IV narcotics (morphine, fentanyl) 0  1  2  3   
Administer IV antibiotics (vancomycin, gentamycin, Ancef) 0  1  2  3   
Administer IV Lasix 0  1  2  3

## G. PAIN/WOUND MANAGEMENT

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Assess pain level/tolerance	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care of patient with anesthesia/analgesia	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care of patient with IV conscious sedation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care of patient with narcotic analgesia	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care of patient with patient controlled analgesia (PCA pump)	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Assess surgical wound status with/without drain(s)	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care of patient with sterile dressing changes	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care of patient with FemoStop device	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Assessment of VasoSeal, AngioSeal, PerClose success	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

### Age specific practice criteria

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Please check the box corresponding to each age group for which you have expertise in providing age-appropriate nursing care.

- Pediatric (1-18years)
- Adolescents (12 - 18 years)
- Adult (19 - 65 years)
- Older adults (Older than 65years)

## A. EXPERIENCE WITH AGE GROUPS

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1. Calculate body weight to verify correct dosing of medication	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
2. Assess immunization status for pediatric, and adolescent	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
3. Set age-appropriate short-term and long-term goals in care planning	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
4. Provide age-appropriate education, considering possible vision and hearing impairment for Older than 65years.	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

**Certification:** (mo/day/yr)

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- ACLS Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- BCLS Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Other (specify): \_\_\_\_\_ Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_