



Please Complete and Fax to: 800-807-1963

Or mail to:

Medical Staffers, LLC
910 Brooks St.
Missoula, MT 59801

Questions? 800-393-1559

Last Name _____ First Name _____ MI _____

TELEMETRY SKILLS CHECKLIST

The following checklist is used to assess your experience and skills and help us place you in the proper assignment. Please provide an accurate self-assessment of your skills using the following guidelines:

1. No experience
2. Limited Experience
3. Experienced
4. Highly Skilled
5. Able to teach and supervise

PROCEDURES AND SKILLS	1	2	3	4	5
Cardio Assessment – Pulses					
Pacemaker Rhythms					
Twelve Lead EKG					
Doppler					
Resuscitation w/ ACLS protocol					
Inspection of Chest to include Rate					
ABG's					
Use of Face Tents					
Use of Nasal Trumpet					
Use of Emerson Pump					
Use of Nasal Tracheal Suctioning					
Assist with Chest Tube Removal					
CT Scan					
Hyperthermia Blanket					
Prepare & Assist w/ Insertion of Central Line					
Foley Drainage & Irrigation Devices					
Percussion & Palpation of Abdomen					
Dobb-Hoff Tube					
Gomco Suction					
Removal of Various Gastric Tubes					
Jackson-Pratt Drain					
Cardiac Enzymes					
Cardiac Scans					
Portable Cardiac Monitoring System					
Defibrillation					
Calculate dosages of Cardiac Drugs					
Inspection of Chest to include Rhythm					
Radiographic Pulmonary Tests					
Use of Face Masks					
Use of Oral Airway					
Use of Pleur-E-Vac					
Prepare & Assist with Chest Tube Insertion					
Neuro Check/Glasgow Coma Scale					
Spinal Tap Results					
Urinary Output – Color & Amount					
Maintenance of Central Line					
Infusion Pump					
Salem Sump Tube					
Enteroflex					
Insertion of Various Gastric Tubes					
J-Vac Drain					
Hemovac					

PROCEDURES AND SKILLS	1	2	3	4	5
Capillary Refill					
Electrolytes					
Dinamap					
Cardioversion					
Inspection of Chest to include Respirations					
Palpation & Percussion of Chest Lung Sounds					
Use of Nasal Cannula					
Use of Ambu Bag					
Use of Chest Tube					
Use of Thoraflex					
Chest Tube Maintenance					
EEG					
Hypothermia Blanket					
Test Urine, S/A, BUN, Crea, NA, K+					
Removal of Central Line					
Ascultation of Abdomen					
Levine Tube					
Feeding Pump					
Maintenance of Various Gastric Tubes					
Penrose Drain					
Peripheral Edema					
Cardiac Dysrhythmias					
Junctional Dysrhythmias					
Blood Pressure					
Heart Sounds					
Sinus Dysrhythmias					
Ventricular Dysrhythmias					
Neck Vein Distention					
Atrial Dysrhythmias					
Heart Blocks					
Use/administration of Pronestyl					
Use/administration of Dobutrex					
Use/administration of Heparin					
Use / Admin of Lidocain					
Use/administration of Dopamine					
Central Cardiac Monitoring System					
Bedside Cardiac Monitoring System					

TELEMETRY SKILLS CHECKLIST

Age Appropriate Care: The ability to adapt care to incorporate normal growth and development, adapt method and terminology of client instructions as it relates to the age and comprehension level of the client, and to ensure a safe environment - reflecting specific needs of the client and various age groups.

AGE	1	2	3	4	5
Newborn (birth- 30 days)					
Infant (30 days-1 year)					
Toddler (1-3 years)					
Preschooler (3- 5 years)					
School Age (5 -12 years)					
Adolescents (12-18 years)					
Young Adults (18-39 years)					
Middle Adults (39-64 years)					
Older Adults (64+ years_					

The information I have provided above is true and accurate to the best of my knowledge, and I hereby authorize Medical Staffers, LLC to release this checklist to any potential employer that is contracted with Medical Staffers, LLC.

Employee Signature _____

Name and Title (please print) _____

Date _____