

# DIALYSIS

Please indicate your level of experience (1, 2, or 3.)	<b>1. Limited experience - less than one year</b>
	<b>2. Experienced - One to Two years</b>
	<b>3. Performs independently - Two or more years</b>

(HealthSource requires minimum One year experience in profiled specialty)

<b>Provides Care to Patient with:</b>	1	2	3
Acute Renal Failure			
AV Fistula /AV Graft			
Chronic Renal Failure			
Hemodialysis			
Ileal Conduit			
Nephrectomy			
Nephrostomy Tube			
Peritoneal Dialysis			
Supra-Pubic Catheter			
Tunneled / Non-Tunneled Catheter			
TURP			
<b>Experience:</b>	1	2	3
Acute Inpatient Dialysis			
Assessment Renal / GI System			
Chronic Outpatient Dialysis			
Dialysis Home Care			
Pediatric Dialysis			
Pre-Treatment Nursing Assessment			
IV Care/Therapy			
Teaching Pt/Others			
<b>Administer Patient Care:</b>	1	2	3
Anticoagulation			
Bicarbonate Dialysis			
Collecting Blood Specimens			
Conductivity Testing			
Fistula Gortex / Bovine Grafts			
Hemodynamic Monitoring			
Insertion Urinary Catheter / Care			
Lab obtain_Values/Interpretation			
Mannitol			
Medication Administration			
Prep Vascular Access			
Priming Dialyzer			
Communicable Disease			
Infectious Disease			

<b>Assess Pt. / Equipment</b>	1	2	3
Anticoagulation management			
Arterial and Venous Pressures			
Blood / Blood Products Administration			
Blood Flow Rates			
Machine /Alarm settings & Checks			
O2 Saturations / Oxygen Therapy			
Sequential Ultrafiltration / PFU			
Sterile Technique			
Subjective response to treatment			
System Assessments of Patient			
Ultrafiltration Calculation			
Vascular Access Function			
Volume Status			
<b>Manage Patient Care with:</b>	1	2	3
Air Embolus			
Anemia			
Cardiac Arrest resuscitation			
Chest Pain			
Clotted access/poor blood return			
Filter blood Leak			
Fluid Overload			
Hemolysis			
Hyper/Hypotension			
HyperKalemia			
Latex Allergy Guidelines/Procedure			
Muscle Cramps			
Neuropathy			
Pain Assess / Manage			
Pericarditis			
Pyrogenic Reaction			
Restraints: Policy/Procedures			
Seizures			
Wound / Dressing Care			
<b>Discontinuing Dialysis:</b>	1	2	3
Access Care post treatment			
Blood return			
Dialysis Catheter			
Equipment use/cleaning/maintenance			
Fistula / Vein Graft			
Sterilization protocol/procedures			

I attest the information submitted is true and accurate to the best of my knowledge.

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_