

CATH LAB/CARDIAC LAB SKILLS CHECKLIST

This profile is for use by Registered Nurses with more than one year of experience in their discipline and specialty.

Please enter your full legal name as it appears on your Social Security Card:

First Name: _____ **Last Name:** _____

Social Security Number: _____ **Date Completed:** _____ **Email:** _____

Please check the boxes below for each group for which you have provided age appropriate care:

- A. Newborn/Neonate (birth-30days)
 B. Infant (30 days-1 year)
 C. Toddler (1-3 years)
 D. Preschooler (3-5 years)
 E. School age children (5-12 years)

- F. Adolescents (12-18 years)
 G. Young adults (18-39 years)
 H. Middle adults (39-64 years)
 I. Older adults (64+)

Please indicate your level of experience:

- A.** Theory, no practice **B.** Intermittent **C.** One-Two Years Current Experience
D. Two plus years of experience; can function independently

A. Assessment

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Neurological | A ☐ | B ☐ | C ☐ | D ☐ |
| 2. Respiratory | A ☐ | B ☐ | C ☐ | D ☐ |
| 3. Gastrointestinal | A ☐ | B ☐ | C ☐ | D ☐ |
| 4. Genitourinary | A ☐ | B ☐ | C ☐ | D ☐ |
| 5. Integumentary | A ☐ | B ☐ | C ☐ | D ☐ |
| 6. Vital Signs | A ☐ | B ☐ | C ☐ | D ☐ |
| 7. Pain Scale | A ☐ | B ☐ | C ☐ | D ☐ |
| 8. Psychosocial | A ☐ | B ☐ | C ☐ | D ☐ |
| 9. Patient/Family Teaching | A ☐ | B ☐ | C ☐ | D ☐ |

B. Cardiac Assessment

- | | | | | |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Evaluate Chest Pain | A ☐ | B ☐ | C ☐ | D ☐ |
| 2. ECG Interpretation | A ☐ | B ☐ | C ☐ | D ☐ |
| 3. Peripheral Pulses | A ☐ | B ☐ | C ☐ | D ☐ |
| 4. Arterial Pressure | A ☐ | B ☐ | C ☐ | D ☐ |
| 5. Left Ventricular Pressure | A ☐ | B ☐ | C ☐ | D ☐ |
| 6. LVEDP | A ☐ | B ☐ | C ☐ | D ☐ |
| 7. Ejection Fraction | A ☐ | B ☐ | C ☐ | D ☐ |
| 8. RA, RV, PA, PCW Pressure | A ☐ | B ☐ | C ☐ | D ☐ |
| 9. Pre/Intra/Post Procedures | A ☐ | B ☐ | C ☐ | D ☐ |

C. Respiratory Procedures/Equipment

- | | | | | |
|---------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Blood Gases | A ☐ | B ☐ | C ☐ | D ☐ |
| 2. Oxygen Administration | | | | |
| a. Cannula | A ☐ | B ☐ | C ☐ | D ☐ |
| b. Mask | A ☐ | B ☐ | C ☐ | D ☐ |
| c. BVM | A ☐ | B ☐ | C ☐ | D ☐ |
| d. C-Pap | A ☐ | B ☐ | C ☐ | D ☐ |
| e. Bi-Pap | A ☐ | B ☐ | C ☐ | D ☐ |
| f. Mechanical Ventilators | A ☐ | B ☐ | C ☐ | D ☐ |
| g. Tracheotomy Tube | A ☐ | B ☐ | C ☐ | D ☐ |
| h. Venturi Oxygen Mask | A ☐ | B ☐ | C ☐ | D ☐ |

3. Suctioning

- | | | | | |
|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Oral | A ☐ | B ☐ | C ☐ | D ☐ |
| b. Nasopharyngeal | A ☐ | B ☐ | C ☐ | D ☐ |
| c. Tracheal | A ☐ | B ☐ | C ☐ | D ☐ |

D. Cardiovascular

- | | | | | |
|--------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Assessment of Pulse | | | | |
| a. Apical | A ☐ | B ☐ | C ☐ | D ☐ |
| b. Carotid | A ☐ | B ☐ | C ☐ | D ☐ |
| c. Femoral | A ☐ | B ☐ | C ☐ | D ☐ |
| d. Pedal | A ☐ | B ☐ | C ☐ | D ☐ |
| e. Radial | A ☐ | B ☐ | C ☐ | D ☐ |
| 2. Procedures | | | | |
| a. Resting EKG | A ☐ | B ☐ | C ☐ | D ☐ |
| b. Pulse Oximetry | A ☐ | B ☐ | C ☐ | D ☐ |
| c. Stress Test EKG | A ☐ | B ☐ | C ☐ | D ☐ |
| d. Cardiolite/Thallium Scans | A ☐ | B ☐ | C ☐ | D ☐ |
| e. Echocardiogram | A ☐ | B ☐ | C ☐ | D ☐ |
| f. Stress Echocardiogram | A ☐ | B ☐ | C ☐ | D ☐ |
| g. TEE | A ☐ | B ☐ | C ☐ | D ☐ |
| 3. Code Procedures | | | | |
| a. Call a Code | A ☐ | B ☐ | C ☐ | D ☐ |
| b. Perform CPR/Defibrillation | A ☐ | B ☐ | C ☐ | D ☐ |
| c. Administer Code Medications | A ☐ | B ☐ | C ☐ | D ☐ |
| d. Nurse Responsibilities | A ☐ | B ☐ | C ☐ | D ☐ |
| e. Documentation of Code | A ☐ | B ☐ | C ☐ | D ☐ |
| f. Replenish Crash Cart | A ☐ | B ☐ | C ☐ | D ☐ |
| 4. No Code Orders | | | | |
| a. DNR | A ☐ | B ☐ | C ☐ | D ☐ |
| b. DNR-CC | A ☐ | B ☐ | C ☐ | D ☐ |
| c. DNR-CC Arrest | A ☐ | B ☐ | C ☐ | D ☐ |

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