

Cardiac Cath Lab RN

Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professional.

Experience

| 0 | Not Applicable |
|---|--|
| 1 | No Experience |
| 2 | Some Experience (Require Assistance) |
| 3 | Intermittent Experience (May Require Assistance) |
| 4 | Experienced (Performs without Assistance) |
| 5 | Very Experienced (Able to Teach/Supervise) |

| Print Name | Last 4 Digits of SS# | | | Da | ate | | | | | |
|--|-------------------------|---|------------|----|-----|---|---|--|--|--|
| General Skills | | | Experience | | | | | | | |
| Experienced in diagnostic catheterizations | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Experienced in interventional catheterization | s | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Physiologic Monitoring | | | | | | | | | | |
| Monitoring/recording of LHC/RHC | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Monitoring/recording of aortic/mitral valve ca | ases | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Monitoring/recording of PCI (Percutaneous C | Coronary Interventions) | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Monitoring/recording valve cases | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Monitoring/recording ASD closures | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Monitoring/recording of EP/ablation cases | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Monitoring/recording of permanent pacemak | ker insertions | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| National Patient Safety Goals | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Accurate patient identification | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Effective communication | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Interpretation & communication of lab values | 5 | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Medication administration | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Medication reconciliation | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Labeling (medications & specimens) | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Anticoagulation therapy | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Monitoring conscious sedation | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Pain assessment & management | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Infection control | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Universal precautions | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Isolation | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Minimize risk for falls | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Prevention of pressure ulcers | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Use of rapid response teams | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| Circulates | | | | | | | | | | |
| LHC/RHC | | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| IABP insertions | | 0 | 1 | 2 | 3 | 4 | 5 | | | |



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| General Skills - cont. Experience | | | | | :e | |
|---|---|---|---|---|----|---|
| FFR (radi wire) | 0 | 1 | 2 | 3 | 4 | 5 |
| IVUS/volcano | 0 | 1 | 2 | 3 | 4 | 5 |
| Thrombectomies | 0 | 1 | 2 | 3 | 4 | 5 |
| Valvuloplasty | 0 | 1 | 2 | 3 | 4 | 5 |
| ASD closures | 0 | 1 | 2 | 3 | 4 | 5 |
| Atherectomy | 0 | 1 | 2 | 3 | 4 | 5 |
| Filter wires | 0 | 1 | 2 | 3 | 4 | 5 |
| Embolic protection devices | 0 | 1 | 2 | 3 | 4 | 5 |
| EP/ablations | 0 | 1 | 2 | 3 | 4 | 5 |
| Permanent pacemaker insertions | 0 | 1 | 2 | 3 | 4 | 5 |
| Places leads & pads for cardiac mapping | 0 | 1 | 2 | 3 | 4 | 5 |
| Electronic charting | 0 | 1 | 2 | 3 | 4 | 5 |
| Scrubs | | | | | | |
| LHC/RHC | 0 | 1 | 2 | 3 | 4 | 5 |
| IABP insertions | 0 | 1 | 2 | 3 | 4 | 5 |
| Filter wires | 0 | 1 | 2 | 3 | 4 | 5 |
| Embolic protection devices | 0 | 1 | 2 | 3 | 4 | 5 |
| ASD closures | 0 | 1 | 2 | 3 | 4 | 5 |
| Valvuloplasty | 0 | 1 | 2 | 3 | 4 | 5 |
| Atherectomy | 0 | 1 | 2 | 3 | 4 | 5 |
| PCI | 0 | 1 | 2 | 3 | 4 | 5 |
| EP/ablations | 0 | 1 | 2 | 3 | 4 | 5 |
| Permanent pacemaker insertions | 0 | 1 | 2 | 3 | 4 | 5 |
| Maintain temporary pacemaker | 0 | 1 | 2 | 3 | 4 | 5 |
| Equipment | | | | | | |
| Hemochron | 0 | 1 | 2 | 3 | 4 | 5 |
| ABG analysis machines | 0 | 1 | 2 | 3 | 4 | 5 |
| Laser | 0 | 1 | 2 | 3 | 4 | 5 |
| Power injectors | 0 | 1 | 2 | 3 | 4 | 5 |

| Interventional Radiology (RN) | | | Experience | | | | | | | |
|--|---|---|------------|---|---|---|--|--|--|--|
| Circulates for interventional procedures | 0 | 1 | 2 | 3 | 4 | 5 | | | | |
| Scrubs for interventional procedures | 0 | 1 | 2 | 3 | 4 | 5 | | | | |
| Angiogram/aortogram | 0 | 1 | 2 | 3 | 4 | 5 | | | | |
| Angioplasty | 0 | 1 | 2 | 3 | 4 | 5 | | | | |
| Vascular stenting | 0 | 1 | 2 | 3 | 4 | 5 | | | | |
| Declotting | 0 | 1 | 2 | 3 | 4 | 5 | | | | |
| Embolization | 0 | 1 | 2 | 3 | 4 | 5 | | | | |
| TIPS | 0 | 1 | 2 | 3 | 4 | 5 | | | | |



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| Interventional Radiology (RN) - cont. | | E | xper | iend | :e | |
|---------------------------------------|---|---|------|------|----|---|
| Port placement | 0 | 1 | 2 | 3 | 4 | 5 |
| Dialysis catheter placement | 0 | 1 | 2 | 3 | 4 | 5 |
| Retrieval of foreign body | 0 | 1 | 2 | 3 | 4 | 5 |
| UAE (Uterine Arterial Embolization) | 0 | 1 | 2 | 3 | 4 | 5 |
| EVLT (Endovascular Laser Therapy) | 0 | 1 | 2 | 3 | 4 | 5 |
| Vertebro/kyphoplasty | 0 | 1 | 2 | 3 | 4 | 5 |
| Neuroradiology | 0 | 1 | 2 | 3 | 4 | 5 |
| Discogram | 0 | 1 | 2 | 3 | 4 | 5 |
| AAA endograft repair | 0 | 1 | 2 | 3 | 4 | 5 |
| Carotids | 0 | 1 | 2 | 3 | 4 | 5 |
| Extremities | 0 | 1 | 2 | 3 | 4 | 5 |

| Age Specific Competencies | Experience | | | | | |
|---------------------------------|------------|---|---|---|---|---|
| Newborn/neonate (birth-30 days) | 0 | 1 | 2 | 3 | 4 | 5 |
| Infant (31 days-1 year) | 0 | 1 | 2 | 3 | 4 | 5 |
| Toddler (ages 2-3 years) | 0 | 1 | 2 | 3 | 4 | 5 |
| Preschool (ages 4-5 years) | 0 | 1 | 2 | 3 | 4 | 5 |
| School age (ages 6-12 years) | 0 | 1 | 2 | 3 | 4 | 5 |
| Adolescent (ages 13-21 years) | 0 | 1 | 2 | 3 | 4 | 5 |
| Young adult (ages 22-39 years) | 0 | 1 | 2 | 3 | 4 | 5 |
| Adult (ages 40-64 years) | 0 | 1 | 2 | 3 | 4 | 5 |
| Older adult (ages 65-79 years) | 0 | 1 | 2 | 3 | 4 | 5 |
| Elderly (ages 80+ years) | 0 | 1 | 2 | 3 | 4 | 5 |

| Please list any Additional Skills: | | | | | | | |
|------------------------------------|----|--|--|--|--|--|--|
| 1. | 2. | | | | | | |
| 3. | 4. | | | | | | |
| Additional training: | | | | | | | |
| 1. | 2. | | | | | | |
| 3. | 4. | | | | | | |
| Additional equipment: | | | | | | | |
| 1. | 2. | | | | | | |
| 3. | 4. | | | | | | |

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.

Signature

Date