

**Cardiac Catheterization R.N. Skills Checklist**

Name:

Date:

**Years Experience in Cardiac Catheterization Lab:**

	<b>Comfortable With</b>	<b>Done Occasionally</b>	<b>No Experience</b>
Cardiovascular Pharmacology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cineangiography; Radiation Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invasive / Interventional Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angioplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atherectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valvuloplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infusion thrombolytics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supported angioplasty: IABP / PCPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Sterile Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sponge, Sharp Counts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draping Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gowning and Gloving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulse Oximeter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EKG Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automated BP Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacemakers, internal/external	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACT units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balloon Pumps: Model:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrocautery Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Injectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agency Representative Signature

\_\_\_\_\_  
 Date