

# MEDICAL SURGICAL / TELEMETRY



Please indicate your level of experience (1, 2, or 3) One year experience in profiled specialty required.

**1. Limited** - Less than one year    **2. Experienced** - One to Two years    **3. Independent** - Two or more years

<b>CARDIOVASCULAR</b>	1	2	3
Aneurysm			
Anticoagulation Therapy			
Arrhythmia			
Cardiac Arrest resuscitation			
Cardiomyopathy			
Congestive Heart Failure			
EKG 12 lead_obtain/interpret			
Fluid Overload			
MI Acute unstable / Angina			
Open Sternal Wound			
Pacemaker			
Status Post MI			
Surgery_Cardiac			
Telemetry/Monitoring			
Thrombophebitis			
<b>ENDOCRINE</b>	1	2	3
Adrenal Disorders			
Diabetes Care/Teaching			
Diabetic Coma			
Glucose Monitoring			
Hyper-Hypothyroidism			
Thyroidectomy			
<b>GASTROINTESTINAL</b>	1	2	3
Bowel Obstruction/Torsion			
Colostomy/Ileostomy			
G Tube, J Tube, NG Tube			
GI Bleeding			
Hepatitis			
Inflammatory Bowel Disease			
Invasive Diagnostic Testing			
Liver Failure / Resection			
Pancreatitis			
Paralytic Ileus			
Peritoneal/Gastric Lavage			
Surgery_GI			
TPN/Hyperalimentation			
Tube Feedings / TPN			
<b>GENERAL</b>	1	2	3
Abuse / Neglect			
Burn Management			
Communicable Disease			
Hemodynamic Monitoring			
Infectious Disease			
Medication Administration			
Medication Calculation			
Overdose			

Pain Assess / Manage			
Pressure sores/Decubitus			
Psychiatric Disorders			
Sickle Cell Anemia			
Sterile Technique			
Surgery Pre / Post			
Teaching Pt/Others			
Wound / Dressing Care			
<b>GENITOURINARY</b>	1	2	3
Acute/Chronic Renal Failure			
Electrolyte Imbalance/Replace			
GU Infections			
GU Irrigation			
Hemodialysis			
Peritoneal Dialysis			
Renal Transplant			
Supra-Pubic Catheter			
Surgery GU			
TURP			
Urinary Diversion_Ileal Conduit			
<b>NEUROLOGICAL</b>	1	2	3
Aneurysm			
Closed Head Injuries			
Coma Management / Care			
Cranial Hemorrhage			
CVA			
DT's			
Encephalitis			
Lumbar Puncture			
Meningitis			
Multiple Sclerosis			
Nat Inst Health Stroke Assessment			
Neuromuscular Disorders			
Seizures			
Spinal Cord Injury			
Surgery_Neuro			
VP Shunts			
<b>ONCOLOGY</b>	1	2	3
Bone Marrow Transplant			
Chemotherapy_Care			
Hospice			
Leukemia			
Lymphoma			
Radiation Implant			
Reverse Isolation			
Surgery_Oncology			
Chemotherapy Certification	Yes	No	

<b>ORTHOPEDICS</b>	1	2	3
Ambulation Assist devices			
Amputations			
Arthroscopic Surgery			
Casting_Body/Spika			
Cervical Collar			
Continuous Passive Motion			
External Fixation/Pins			
Fractures			
Osteoporosis			
Prosthetics			
Rheumatic/Arthritic Disease			
Surgery-Orthopedic			
Total Joint Replacements			
<b>RESPIRATORY</b>	1	2	3
Airway Maintenance			
Aspiration			
Asthma			
COPD / Pulmonary Edema			
Emphysema			
Intubation / Extubation			
O2 Saturations / Oxygen Therapy			
Pneumonia			
Pneumothorax			
Pulmonary Embolism			
Pulmonary Resuscitation			
Surgery_Thoracic			
Tracheostomy			
Tube care Chest/Mediastinal			
Tuberculosis			
Ventilator Maintain/Wearing			
<b>PROCEDURES</b>	1	2	3
ABG (Artery & A line)			
Alarm resolution			
AMA procedures			
Blood/Blood Products			
Central Line Management			
Chest Tube/Drains			
Consent treatment all ages			
Drains_Surgical wound			
Epidural Management			
Catheter Care/Insertion			
Infusion Pumps			
Instrument Trays			
Isolation			
IV Catheters/Ports			
IV's, Hep Locks			
Lab_Obtain/Interpret			
Latex Allergy Guidelines/Procedure			
Restraints			
Scopes			
Specimen collection/values			
Sterile Technique			
Suctioning			
System assessment			
Universal Precautions			

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

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

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

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