RNnetwork

CLINICAL SKILLS CHECKLIST

Interventional Radiology Skills Checklist

Please complete the following sections based on your last two years of experience

Name:	
Date:	
Email/Phone:	
Last Four of SS#	

CLINICAL SKILLS

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Please rate your skills in the areas below, using the following values:

Proficiency	1 = No Knowledge	2 = Theory only (requires assistance)	3 = Experienced (may require assistance)	4 = Independent
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	Proficiency				Frequency			
GENERAL	1	2	3	4	1	2	3	4
Assessments, Family History, and Risk Factors	○	○	○	○	○	○	○	○
Start Peripheral IV	○	○	○	○	○	○	○	○
Complete Pre-Procedure Checklist	○	○	○	○	○	○	○	○
National Patient Safety Goals	○	○	○	○	○	○	○	○
Transport Pre-Procedure Patient to Lab	○	○	○	○	○	○	○	○
Transport Post-Procedure Patient to Unit	○	○	○	○	○	○	○	○

PROCEDURES								
Prepare/Assist	1	2	3	4	1	2	3	4
AV Fistula/Shunt Declotting	○	○	○	○	○	○	○	○
Cerebral Angiogram	○	○	○	○	○	○	○	○
CT Scan Guided Biopsy	○	○	○	○	○	○	○	○
Line Placement - Broviac	○	○	○	○	○	○	○	○
Line Placement - Groshong	○	○	○	○	○	○	○	○
Line Placement - Hickman	○	○	○	○	○	○	○	○
Line Placement - PICC	○	○	○	○	○	○	○	○
Line Placement - PortaCath	○	○	○	○	○	○	○	○
Liver Biopsy & Embolization	○	○	○	○	○	○	○	○
Lower Extremity Angiogram	○	○	○	○	○	○	○	○
Lower Extremity Angiogram	○	○	○	○	○	○	○	○
Lumbar Puncture	○	○	○	○	○	○	○	○
Myelogram	○	○	○	○	○	○	○	○
Permanent Hemodialysis Shunt Placement	○	○	○	○	○	○	○	○
Temporary Hemodialysis Shunt Placement	○	○	○	○	○	○	○	○

I affirm that all information given on this page is true and accurate.

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	Proficiency				Frequency			
Ultrasound Guided Biopsy	○	○	○	○	○	○	○	○
Upper Extremity Angiogram	○	○	○	○	○	○	○	○
Uterine Fibroid Embolization	○	○	○	○	○	○	○	○
Vertebroplasty	○	○	○	○	○	○	○	○

CARDIOVASCULAR

	1	2	3	4	1	2	3	4
Assess Heart Sounds & Peripheral Pulses	○	○	○	○	○	○	○	○
Participate as a Team Member in Resuscitation	○	○	○	○	○	○	○	○
Perform CPR	○	○	○	○	○	○	○	○
Perform Defibrillation	○	○	○	○	○	○	○	○
Recognize & Interpret Arrhythmias	○	○	○	○	○	○	○	○
Use of Doppler	○	○	○	○	○	○	○	○

PULMONARY

	1	2	3	4	1	2	3	4
ABG's - Interpretation of Values	○	○	○	○	○	○	○	○
Assess Lung Sounds	○	○	○	○	○	○	○	○
Assist with Chest Tube Insertion	○	○	○	○	○	○	○	○
Assist with Intubation	○	○	○	○	○	○	○	○
Care of Patient with Mechanical Ventilation	○	○	○	○	○	○	○	○
Pulse Oximetry	○	○	○	○	○	○	○	○
Set Up Oxygen	○	○	○	○	○	○	○	○
Use of Ambu Bag	○	○	○	○	○	○	○	○
Monitor for PE	○	○	○	○	○	○	○	○

NEUROLOGICAL

	1	2	3	4	1	2	3	4
Identify Changes in Level of Consciousness	○	○	○	○	○	○	○	○
Assess Sensory, Motor, Speech	○	○	○	○	○	○	○	○
Assess Reflexes - Babinski, Gag	○	○	○	○	○	○	○	○

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MEDICATIONS	1	2	3	4	1	2	3	4
Calculate mcg/min & mcg/kg/min	○	○	○	○	○	○	○	○
Titrate Vasoactive Drugs	○	○	○	○	○	○	○	○
Use of IV Infusion Pumps	○	○	○	○	○	○	○	○
Atropine	○	○	○	○	○	○	○	○
Benzodiazepines	○	○	○	○	○	○	○	○
Cardizem	○	○	○	○	○	○	○	○
Dobutrex	○	○	○	○	○	○	○	○
Dopamine	○	○	○	○	○	○	○	○
Epinephrine	○	○	○	○	○	○	○	○
Heparin	○	○	○	○	○	○	○	○
Lidocaine	○	○	○	○	○	○	○	○
Narcotics - Morphine, Fentanyl	○	○	○	○	○	○	○	○
Nitroglycerin	○	○	○	○	○	○	○	○
Propofol - Diprivan	○	○	○	○	○	○	○	○

PAIN MANAGEMENT	1	2	3	4	1	2	3	4
Assess Pain Level/Tolerance	○	○	○	○	○	○	○	○
Care of Patient with Anesthesia/Analgesia	○	○	○	○	○	○	○	○
Conscious Sedation	○	○	○	○	○	○	○	○
Narcotic Analgesia	○	○	○	○	○	○	○	○
Patient Controlled Analgesia - PCA Pump	○	○	○	○	○	○	○	○

WOUND MANAGEMENT	1	2	3	4	1	2	3	4
Assess Surgical Wounds with/without Drain(s)	○	○	○	○	○	○	○	○
Assessment of VasoSeal, AngioSeal, PerClose Success	○	○	○	○	○	○	○	○
FemoStop Device	○	○	○	○	○	○	○	○
Sterile Dressing Changes	○	○	○	○	○	○	○	○

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AGE SPECIFIC COMPETENCIES	Proficiency				Frequency			
	1	2	3	4	1	2	3	4
Newborn/Neonate (Birth - 30 days)	○	○	○	○	○	○	○	○
Infant (30 days - 1 year)	○	○	○	○	○	○	○	○
Toddler (1-2 years)	○	○	○	○	○	○	○	○
Child (3-12 years)	○	○	○	○	○	○	○	○
Adolescent (13-17 years)	○	○	○	○	○	○	○	○
Adult (18-64 years)	○	○	○	○	○	○	○	○
Older Adults/Geriatrics (65+)	○	○	○	○	○	○	○	○

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