



Dialysis Competency Self Assessment

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 professionals.

Frequency	Experience
1 Observed Only or Never Done	1 No Experience
2 Rarely Done (<6 times/year)	2 Some Experience (Requires Assistance)
3 Occasionally Done (1-2 times/month)	3 Experienced (Performs without Assistance)
4 Frequently Done (daily or weekly)	4 Very Experienced (Performs Well)

Print Name _____ SS# _____ Date _____

Dialysis	Frequency				Experience			
Experience								
Acute/Inpatient Dialysis	1	2	3	4	1	2	3	4
Chronic Outpatient Dialysis	1	2	3	4	1	2	3	4
Pediatric Dialysis	1	2	3	4	1	2	3	4
Peritoneal Dialysis	1	2	3	4	1	2	3	4
Apheresis	1	2	3	4	1	2	3	4
Plasmapheresis	1	2	3	4	1	2	3	4
Dialysis Home Care	1	2	3	4	1	2	3	4
Predialysis RN Assessment	1	2	3	4	1	2	3	4
Teaching the Dialysis Patient / Family	1	2	3	4	1	2	3	4
CVVH	1	2	3	4	1	2	3	4
CAPD	1	2	3	4	1	2	3	4
Cycled PD (CCPD)	1	2	3	4	1	2	3	4
Set Up / Initiate Dialysis								
Set Up/ Plasmapheresis	1	2	3	4	1	2	3	4
Set Up/ Apheresis	1	2	3	4	1	2	3	4
Bicarbonate Dialysate	1	2	3	4	1	2	3	4
Conductivity and pH Testing- Chlorine/chloramine	1	2	3	4	1	2	3	4
Priming the Dialyzer	1	2	3	4	1	2	3	4
Checks for Machine / Alarm Settings	1	2	3	4	1	2	3	4
Prep Vascular Access	1	2	3	4	1	2	3	4
Catheter Vascular Access	1	2	3	4	1	2	3	4
Fistula or Graft	1	2	3	4	1	2	3	4



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Dialysis cont'd.	Frequency				Experience			
Collect Blood Specimen	1	2	3	4	1	2	3	4
Anticoagulation	1	2	3	4	1	2	3	4
Set up for Cycler PD Machine	1	2	3	4	1	2	3	4
Set up for CVHD	1	2	3	4	1	2	3	4
Assessment of Equipment and Patient During Dialysis								
Systems Assessment of the Patient	1	2	3	4	1	2	3	4
Volume Assessment	1	2	3	4	1	2	3	4
Vascular Access Function	1	2	3	4	1	2	3	4
Arterial and Venous Function	1	2	3	4	1	2	3	4
Blood Flow Rates	1	2	3	4	1	2	3	4
Subjective Assessment of Response to Treatment	1	2	3	4	1	2	3	4
Management of Anticoagulant	1	2	3	4	1	2	3	4
Conductivity Meters	1	2	3	4	1	2	3	4
Ultra Filtration Calculation	1	2	3	4	1	2	3	4
Ultra Filtration Modeling	1	2	3	4	1	2	3	4
Sodium Modeling	1	2	3	4	1	2	3	4
Knowledge of Peritoneal Dialysis Solutions	1	2	3	4	1	2	3	4
Administration of IV Push Medication / IV Pump Medications	1	2	3	4	1	2	3	4
Levocarnitine	1	2	3	4	1	2	3	4
Epogen	1	2	3	4	1	2	3	4
Vitamin D Derivatives	1	2	3	4	1	2	3	4
Iron Replacement	1	2	3	4	1	2	3	4
Administration of Blood and Blood Products	1	2	3	4	1	2	3	4
Administration of Mannitol/ Albumin/ 23.4%NaCl	1	2	3	4	1	2	3	4
Administration of Antibiotics	1	2	3	4	1	2	3	4
Sequential Ultra Filtration /PUF/DUF	1	2	3	4	1	2	3	4
Management of a Patient with:								
Pericarditis	1	2	3	4	1	2	3	4
Air Emboli	1	2	3	4	1	2	3	4
Chest Pain	1	2	3	4	1	2	3	4
Filter Blood Leak	1	2	3	4	1	2	3	4
Seizures	1	2	3	4	1	2	3	4
Pyrogenic Reactions	1	2	3	4	1	2	3	4
Disequilibrium Syndrome	1	2	3	4	1	2	3	4
Fluid Overload	1	2	3	4	1	2	3	4
Hypotension	1	2	3	4	1	2	3	4
Hypertension	1	2	3	4	1	2	3	4
Muscle Cramps	1	2	3	4	1	2	3	4



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Dialysis cont'd.	Frequency	Experience
Activase/ Catheter Dec clotting Protocols	1 2 3 4	1 2 3 4
Clotted Access / Poor Flow Rate from Catheter	1 2 3 4	1 2 3 4
Anemia	1 2 3 4	1 2 3 4
Neuropathy	1 2 3 4	1 2 3 4
Hemolysis	1 2 3 4	1 2 3 4
Infiltration of an AV Access	1 2 3 4	1 2 3 4
Machine/Alarm Troubleshooting Procedures		
Air/foam Detector Alarm	1 2 3 4	1 2 3 4
Blood Leak Alarm	1 2 3 4	1 2 3 4
Blood Pump Alarm	1 2 3 4	1 2 3 4
Power Failure Alarm	1 2 3 4	1 2 3 4
Ultra Filtration Alarm	1 2 3 4	1 2 3 4
High Temperature Alarm	1 2 3 4	1 2 3 4
Conductivity Alarm	1 2 3 4	1 2 3 4
Arterial Pressure Alarm	1 2 3 4	1 2 3 4
Venous Pressure Alarm	1 2 3 4	1 2 3 4
Discontinuation of Dialysis Treatment		
Retransfusion Procedure	1 2 3 4	1 2 3 4
Dialysis Catheter Procedure	1 2 3 4	1 2 3 4
Fistula/Graft Procedure	1 2 3 4	1 2 3 4
Post Treatment Access Care	1 2 3 4	1 2 3 4
Equipment Clean Up	1 2 3 4	1 2 3 4
Sterilization Procedure	1 2 3 4	1 2 3 4
Biohazard Waste Procedures	1 2 3 4	1 2 3 4

Skilled Nursing Care	Frequency	Experience
Charge Nurse/ Management Experience	1 2 3 4	1 2 3 4
Care of Patient in Isolation	1 2 3 4	1 2 3 4
Care of Patient in Restraints	1 2 3 4	1 2 3 4
Documentation of Dialysis Treatment	1 2 3 4	1 2 3 4
Computer Documentation	1 2 3 4	1 2 3 4
Cardiac Monitoring	1 2 3 4	1 2 3 4
Airway management	1 2 3 4	1 2 3 4
Oxygen Therapy	1 2 3 4	1 2 3 4
Oral/Nasotracheal Suctioning	1 2 3 4	1 2 3 4
Pulse Oximetry	1 2 3 4	1 2 3 4
Venipuncture	1 2 3 4	1 2 3 4
Saline Lock / Peripheral Intravenous Insertion	1 2 3 4	1 2 3 4
Assessment of Circulation / Peripheral Pulses	1 2 3 4	1 2 3 4



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Skilled Nursing Care cont'd.	Frequency	Experience
Blood Glucose Monitoring	1 2 3 4	1 2 3 4
Foley Catheter Insertion / Maintenance	1 2 3 4	1 2 3 4
NG Tube Insertion/Maintenance	1 2 3 4	1 2 3 4
Management of Fluid / Electrolyte Balance	1 2 3 4	1 2 3 4
Seizure Precautions	1 2 3 4	1 2 3 4
Cardiac Arrest / CPR	1 2 3 4	1 2 3 4
Knowledge of Lab Values for ESRD Patients	1 2 3 4	1 2 3 4
Knowledge of ESRD Dietary Recommendations	1 2 3 4	1 2 3 4

Age Specific Practice	Frequency	Experience
Newborn/Neonate (Birth-30 Days)	1 2 3 4	1 2 3 4
Infant (30 Days-1 Year)	1 2 3 4	1 2 3 4
Toddler (1-3 Years)	1 2 3 4	1 2 3 4
Preschooler (3-5 Years)	1 2 3 4	1 2 3 4
School Age (5-12 Yr)	1 2 3 4	1 2 3 4
Adolescents (12-18 Yr)	1 2 3 4	1 2 3 4
Young Adult (18-39 Yr)	1 2 3 4	1 2 3 4
Adults (40-64 Yr)	1 2 3 4	1 2 3 4
Older Adult (65-79 Yr)	1 2 3 4	1 2 3 4

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