



# Hudson Staffing

\* Denotes required field

This profile is for use by Dialysis RN nurses with more than one year experience in their discipline and specialty. It will not be a determining factor for the Hudson Staffing program.

Please enter your full legal name as it appears on your **Social Security Card**.

**First name\***

**Last name\***

Email

**Please indicate your level of experience**

- A. Theory, no practice  
B. Intermittent experience  
C. One - two years experience  
D. Two plus years experience

## **A. RENAL/GENITOURINARY**

1. Assessment of Renal / GU System A  B  C  D
2. Insertion of foley A  B  C  D
3. Care of the Patient With:
  - a. Nephrostomy tube A  B  C  D
  - b. AV Fistula/ AV Graft A  B  C  D
  - c. Tunneled/Non-Tunneled Catheter A  B  C  D
  - d. Ileal Conduit A  B  C  D
  - e. Supra-Pubic Catheter A  B  C  D
  - f. Chronic Renal Failure A  B  C  D
  - g. Acute Renal Failure A  B  C  D
  - h. Nephrectomy A  B  C  D
  - i. Turp A  B  C  D
  - j. Peritoneal Dialysis A  B  C  D
  - k. Hemodialysis A  B  C  D

## **B. HEMODIALYSIS SKILLS/PROCEDURES**

1. Experience
  - a. Acute/Inpatient Dialysis A  B  C  D
  - b. Chronic/Outpatient Dialysis A  B  C  D
  - c. Dialysis Home Care A  B  C  D
  - d. Pediatric Dialysis A  B  C  D
  - e. Predialysis Nursing Assessment

- f. Teaching the Dialysis Patient and Family A  B  C  D
2. Set Up/Initiate Dialysis Treatment A  B  C  D
- a. Bicarbonate Dialysate A  B  C  D
- b. Conductivity Testing A  B  C  D
- c. Priming Dialyzer A  B  C  D
- d. Checks for Machine/Alarm Settings A  B  C  D
- e. Prep Vascular Access A  B  C  D
- f. Fistula Gortex/Bovine Graft A  B  C  D
- g. Dialysis A  B  C  D
- h. Collect Blood Specimens A  B  C  D
- i. Anticoagulation A  B  C  D
3. Assess Patient and Equipment During Dialysis
- a. Systems Assessment of Patient A  B  C  D
- b. Volume Status A  B  C  D
- c. Vascular Access Function A  B  C  D
- d. Arterial and Venous Pressures A  B  C  D
- e. Blood Flow Rate A  B  C  D
- f. Subjective Response to Treatment A  B  C  D
- g. Management of Anticoagulation A  B  C  D
- h. Conductivity A  B  C  D
- i. Ultrafiltration Calculation A  B  C  D
- j. Operation of Myron L. Meter A  B  C  D
- k. Administration of Blood and Blood Products A  B  C  D
- l. Administration of Mannitol A  B  C  D
- m. Sequential Ultrafiltration/PUF A  B  C  D
- n. Documentation of Dialysis Treatment A  B  C  D
4. Management of the Patient With:
- a. Fluid Overload A  B  C  D
- b. Hypertension A  B  C  D
- c. Hypotension A  B  C  D
- d. Disequilibrium syndrome A  B  C  D
- e. Hyperkalemia A  B  C  D
- f. Seizures A  B  C  D
- g. Muscle Cramps A  B  C  D
- h. Clotted Access/Poor Blood Flow Rate From Catheter A  B  C  D
- i. Pyrogenic Reaction A  B  C  D
- j. Hemolysis A  B  C  D
- k. Air Embolus A  B  C  D
- l. Chest Pain A  B  C  D
- m. Anemia A  B  C  D
- n. Neuropathy A  B  C  D
- o. Pericarditis A  B  C  D
- p. Filter Blood Leak A  B  C  D



- Other (type):  Exp. date:  (mm/dd/yyyy)
- Computerized charting system:  Exp. date:  (mm/dd/yyyy)
- Medication administration system:  Exp. date:  (mm/dd/yyyy)
- Arrhythmia course:  Exp. date:  (mm/dd/yyyy)
- Critical care course:  Exp. date:  (mm/dd/yyyy)

**Please read and agree to the statements below by marking the checkbox.**

\* I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Dialysis RN Checklist to the Client facilities in relation to consideration of employment as a Traveler with those facilities.