



Hudson Staffing

* Denotes required field

This profile is for use by IMC/Telemetry 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 C. One - two years experience
B. Intermittent experience D. Two plus years experience

A. CARDIOVASCULAR

1. Assessment

- a. Auscultation (rate, rhythm) A B C D
- b. Heart sounds/murmurs A B C D
- c. Pulses/circulation checks A B C D

2. Interpretation of lab results

- a. Cardiac enzymes/isoenzymes A B C D
- b. Coagulation studies A B C D

3. Equipment & procedures

- a. Monitoring/telemetry
- (1) Arrhythmia interpretation A B C D
 - (2) Basic 12 lead interpretation A B C D
 - (3) Lead placement: 5 electrode tele A B C D
 - (4) Lead placement: I, III, V-leads A B C D
 - (5) Lead placement: Lead II and MCL¹ A B C D

b. Pacemaker

- (1) Permanent A B C D
- (2) Temporary epicardial wires A B C D
- (3) Temporary external pacing A B C D
- (4) Temporary transvenous A B C D

c. Assist with

- (1) Arterial line insertion A B C D
- (2) Central line insertion A B C D

d. Hemodynamic monitoring

- (1) A-line (radial) A B C D
- (2) CVP monitoring A B C D
- (3) Femoral artery sheath removal A B C D
- (4) Swan-Ganz A B C D
- e. Perform
 - (1) Controlled cardioversion A B C D
 - (2) Emergency defibrillation A B C D
- 4. Care of the patient with:
 - a. Abdominal aortic bypass A B C D
 - b. Aneurysm A B C D
 - c. Angina A B C D
 - d. Cardiac arrest A B C D
 - e. Cardiomyopathy A B C D
 - f. Carotid endarterectomy A B C D
 - g. Congestive heart failure (CHF) A B C D
 - h. Femoral-popliteal bypass A B C D
 - i. Post acute MI (24-48 hours) A B C D
 - j. Post angioplasty A B C D
 - k. Post arthroectomy (DCA) A B C D
 - l. Post CABG (24 hours) A B C D
 - m. Post cardiac cath A B C D
 - n. Post stent placement A B C D
- 5. Medications
 - a. Atropine A B C D
 - b. Bretylium (Bretylol) A B C D
 - c. Cardizem (Diltiazem hydrochloride) A B C D
 - d. Digoxin (Lanoxin) A B C D
 - e. Dobutamine (Dobutrex) A B C D
 - f. Dopamine (Intropin) A B C D
 - g. Epinephrine (Adrenalin) A B C D
 - h. Heparin A B C D
 - i. Lidocaine (Xylocaine) A B C D
 - j. Nipride (Nitroprusside) A B C D
 - k. Nitroglycerine (Tridil) A B C D
 - l. Oral anticoagulants A B C D
 - m. Oral & IVP antihypertensives A B C D
 - n. Oral & topical nitrates A B C D
 - o. Verapamil (Calan, Isoptin, Verelan) A B C D

B. PULMONARY

- 1. Assessment
 - a. Breath sounds A B C D
 - b. Breathing patterns A B C D
- 2. Interpretation of lab results
 - a. Arterial blood gases A B C D
 - b. Blood chemistry A B C D
- 3. Equipment & procedures
 - a. Assist with intubation A B C D

- b. Assist with thoracentesis A B C D
- c. Care of airway management devices/suctioning
 - (1) Endotracheal tube/suctioning A B C D
 - (2) Nasal airway/suctioning A B C D
 - (3) Oropharyngeal/suctioning A B C D
 - (4) Oximetry A B C D
 - (5) Sputum specimen collection A B C D
 - (6) Tracheostomy/suctioning A B C D
- d. Care of patient on ventilator
 - (1) Extubation A B C D
 - (2) Weaning modes A B C D
- e. Care of patient with chest tube
 - (1) Assist with set-up & insertion A B C D
 - (2) Mediastinal tube removal A B C D
 - (3) Pleural tube removal A B C D
 - (4) Use of Pleurevac or Thoraclex A B C D
 - (5) Use of water seal drainage system A B C D
- f. Chest physiotherapy A B C D
- g. Establishing an airway A B C D
- h. Incentive spirometry A B C D
- i. O₂ therapy & medication delivery systems
 - (1) Ambu bag and mask A B C D
 - (2) ET tube A B C D
 - (3) External CPAP A B C D
 - (4) Face masks A B C D
 - (5) Inhalers A B C D
 - (6) Nasal cannula A B C D
 - (7) Portable O₂ tank A B C D
 - (8) Tracheostomy A B C D
 - (9) Transtracheal cannulation A B C D
- j. Oral airway insertion A B C D
- 4. Care of the patient with:
 - a. ARDS A B C D
 - b. Bronchoscopy A B C D
 - c. COPD A B C D
 - d. Fresh tracheostomy A B C D
 - e. Lobectomy A B C D
 - f. Pneumonectomy A B C D
 - g. Pneumonia A B C D
 - h. Pulmonary edema A B C D
 - i. Pulmonary embolism A B C D
 - j. Status asthmaticus A B C D
 - k. Thoracotomy A B C D
 - l. Tuberculosis A B C D
- 5. Medications

- a. Alupent (Metaproterenol sulfate) A B C D
- b. Aminophylline (Theophylline) A B C D
- c. Bronkosol (Isoetharine hydrochloride) A B C D
- d. Corticosteroids A B C D
- e. Ventolin (Albuterol) A B C D

C. NEUROLOGICAL

1. Assessment
 - a. Cerebellar function A B C D
 - b. Cranial nerves A B C D
 - c. Glasgow coma scale A B C D
 - d. Level of consciousness A B C D
 - e. Pathologic reflexes A B C D
2. Equipments & procedures
 - a. Assist with lumbar puncture A B C D
 - b. Halo traction A B C D
 - c. Nerve stimulator A B C D
 - d. Rotation bed A B C D
 - e. Seizure precautions A B C D
 - f. Use of hyper/hypothermia blanket A B C D
3. Care of the patient with:
 - a. Aneurysm precautions A B C D
 - b. Basal skull fracture A B C D
 - c. Closed head injury A B C D
 - d. Coma A B C D
 - e. CVA A B C D
 - f. DTs A B C D
 - g. Encephalitis A B C D
 - h. Externalized VP shunts A B C D
 - i. Meningitis A B C D
 - j. Multiple sclerosis A B C D
 - k. Neuromuscular disease A B C D
 - l. Post craniotomy A B C D
 - m. Seizures A B C D
 - n. Spinal cord injury A B C D
4. Medications
 - a. Carbamazepine (Tegretol) A B C D
 - b. Carbidopa-Levodopa (Sinemet) A B C D
 - c. Clonazepam (Klonopin) A B C D
 - d. Decadron (Dexamethasone) A B C D
 - e. Dilantin (Phenytoin) A B C D
 - f. Lorazepam (Ativan) A B C D
 - g. Methylprednisolone (Solu-Medrol) A B C D
 - h. Phenobarbital A B C D
 - i. Valium (Diazepam) A B C D

D. GASTROINTESTINAL

1. Assessment
 - a. Abdominal/bowel sounds A B C D
 - b. Fluid balance A B C D
 - c. Nutritional A B C D
2. Interpretation of blood chemistry A B C D
3. Equipment & procedures
 - a. Administration of tube feeding
 - (1) Feeding pump A B C D
 - (2) Gravity feeding A B C D
 - b. Flexible feeding tube (i.e., Corpak, Dobhoff) A B C D
 - c. Placement of nasogastric tube A B C D
 - d. Salem sump to suction A B C D
 - e. Saline lavage A B C D
4. Management of
 - a. Gastrostomy tube A B C D
 - b. Jejunostomy tube A B C D
 - c. PPN (peripheral parenteral nutrition) A B C D
 - d. TPN and lipids administration A B C D
 - e. T-tube A B C D
5. Care of the patient with:
 - a. Bowel obstruction A B C D
 - b. Colostomy A B C D
 - c. ERCP A B C D
 - d. Esophageal bleeding A B C D
 - e. GI bleeding A B C D
 - f. GI surgery A B C D
 - g. Hepatitis A B C D
 - h. Ileostomy A B C D
 - i. Inflammatory bowel disease A B C D
 - j. Liver failure A B C D
 - k. Liver transplant A B C D
 - l. Pancreatitis A B C D
 - m. Paralytic ileus A B C D
 - n. Whipple procedure A B C D

E. RENAL/GENITOURINARY

1. Assessment
 - a. A-V fistula/shunt A B C D
 - b. Fluid & electrolyte balance A B C D
2. Interpretation of BUN & creatinine A B C D
3. Equipment & procedures
 - a. Insertion & care of straight and Foley catheter
 - (1) Female A B C D

- (2) Male A B C D
- b. Supra-pubic A B C D
- c. Bladder irrigation
 - (1) Continuous A B C D
 - (2) Intermittent A B C D
- d. Specimen collection
 - (1) Routine A B C D
 - (2) 24 hour A B C D
- e. Nephrostomy tube care A B C D
- f. Manual CAPD administration A B C D
- g. Peritoneal dialysis via Automatic cycler A B C D
- 4. Care of the patient with:
 - a. Hemodialysis A B C D
 - b. Nephrectomy A B C D
 - c. Peritoneal dialysis A B C D
 - d. Renal failure A B C D
 - e. Renal transplant A B C D
 - f. TURP A B C D

F. METABOLIC

- 1. Assessment
 - a. S/S diabetic ketoacidosis A B C D
 - b. S/S insulin shock A B C D
- 2. Interpretation of lab results
 - a. Blood glucose A B C D
 - b. Thyroid levels A B C D
- 3. Equipment & procedures
 - a. Blood glucose monitoring
 - (1) Blood glucose measuring device: type
 - (2) Insulin administration - IV drip A B C D
 - (3) Visual blood glucose strips A B C D
- 4. Care of the patient with:
 - a. Cushing's syndrome A B C D
 - b. Diabetes insipidus A B C D
 - c. Diabetes mellitus A B C D
 - d. Diabetic ketoacidosis A B C D
 - e. Disorders of adrenal gland (Addison's disease) A B C D
 - f. Drug overdose A B C D
 - g. Hyperthyroidism (Grave's disease) A B C D
 - h. Hypothyroidism A B C D
 - i. Pheochromocytoma A B C D
 - j. Post adrenalectomy A B C D
 - k. Post hypophysectomy A B C D
 - l. Post thyroidectomy A B C D
- 5. Medications

- a. Hydrocortisone A B C D
- b. IM vasopressin (Pitressin) A B C D
- c. Insulin A B C D
- d. Prednisone A B C D
- e. Radioactive iodine A B C D

G. WOUND MANAGEMENT

1. Assessment
 - a. Skin for impending breakdown A B C D
 - b. Stasis ulcers A B C D
 - c. Surgical wound healing A B C D
2. Equipment & procedures
 - a. Air fluidized, low airloss beds A B C D
 - b. Sterile dressing changes A B C D
 - c. Wound care/irrigations A B C D
3. Care of the patient with:
 - a. Burns A B C D
 - b. Pressure sores A B C D
 - c. Staged decubitus ulcers A B C D
 - d. Surgical wounds with drain(s) A B C D
 - e. Traumatic wounds A B C D

H. PHLEBOTOMY/IV THERAPY

1. Equipment & procedures
 - a. Drawing blood from central line A B C D
 - b. Drawing venous blood A B C D
 - c. Starting IVs
 - (1) Angiocath A B C D
 - (2) Butterfly A B C D
 - (3) Heparin lock A B C D
 - d. Administration of blood/blood products
 - (1) Albumin/plasma A B C D
 - (2) Cryoprecipitate A B C D
 - (3) Packed red blood cells A B C D
 - (4) Whole blood A B C D
2. Care of the patient with:
 - a. Peripheral line/dressing A B C D
 - b. Central line/catheter/dressing
 - (1) Broviac A B C D
 - (2) Groshong A B C D
 - (3) Hickman A B C D
 - (4) Portacath A B C D
 - (5) Quinton A B C D

I. PAIN MANAGEMENT

- 1. Assessment of pain level/tolerance A B C D
- 2. Care of the patient with:
 - a. Anesthesia/analgesia A B C D
 - b. IV conscious sedation A B C D
 - c. Narcotic analgesia A B C D
 - d. Patient controlled analgesia (PCA pump) A B C D

AGE SPECIFIC PRACTICE CRITERIA

Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.

- A. Newborn/Neonate (birth - 30 days)
- B. Infant (30 days - 1 year)
- C. Toddler (1 - 3 years)
- D. Preschooler (3 - 5 years)
- E. School age children (5 - 12 years)
- F. Adolescents (12 - 18 years)
- G. Young adults (18 - 39 years)
- H. Middle adults (39 - 64 years)
- I. Older adults (64+)

EXPERIENCE WITH AGE GROUPS:

- | | A | B | C | D | E | F | G | H | I |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Able to adapt care to incorporate normal growth and development. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can ensure a safe environment reflecting specific needs of various age groups. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

My experience is primarily in: (Please indicate number of years.)

- | | | | |
|---|---------------|------------------------------------|---------------|
| <input type="checkbox"/> Cardiac | _____ year(s) | <input type="checkbox"/> Neuro | _____ year(s) |
| <input type="checkbox"/> Trauma | _____ year(s) | <input type="checkbox"/> Telemetry | _____ year(s) |
| <input type="checkbox"/> Cardiac surgical | _____ year(s) | | |
| <input type="checkbox"/> Other (specify) | _____ | | _____ year(s) |

Certification:

Please check the boxes below and indicate the expiration date for each certificate that you have. If you do not know the exact date, please use the last date of the specific month (e.g., 08/31/2003).

- | | | | |
|--|-----------------|--------------|-------------------------------|
| <input type="checkbox"/> Arrhythmia course date: | _____ | (mm/dd/yyyy) | |
| <input type="checkbox"/> Critical care course date: | _____ | (mm/dd/yyyy) | |
| <input type="checkbox"/> Other (specify): | _____ | | Exp. date: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> Computerized charting system: | _____ | | date: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> Medication administration system: | _____ | | date: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> ACLS | Exp.date: _____ | (mm/dd/yyyy) | |
| <input type="checkbox"/> BCLS | 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 Intermediate Care/Telemetry Checklist to the Client facilities in relation to consideration of employment as a Traveler with those facilities.