



DIALYSIS TECHNICIAN SKILLS CHECKLIST

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

First Name:

Last Name:

Date:

Job Description: Renal Dialysis Technician

Monitors and operates various machines related to peritoneal dialysis, hemodialysis, plasmaphoresis, and drug overdose. Develops and establishes protocols for equipment evaluation and training materials to instruct patients and staff in practices and principles of dialysis. Requires a high school diploma or its equivalent, state certification, and 2-4 years of related experience. Has knowledge of commonly used concepts, practices, and procedures within a particular field. Relies on instructions and pre-established guidelines to perform the functions of the job. Works under immediate supervision. Typically reports to a supervisor or manager.

KEY: For each criteria

Score 1: Two plus years Expert Experience

Score 2: One-Two Years Current Experience

Score 3: Less than one year or Intermittent Experience

Score 4: Theory, no experience

| CRITERIA | SCORE | | | |
|---|-------|---|---|---|
| | 1 | 2 | 3 | 4 |
| RENAL/GENITOURINARY | | | | |
| Insertion of foley | | | | |
| <i>Care of Patient with:</i> | | | | |
| a. AV Fistula/AV Graft | | | | |
| b. Peritoneal Dialysis | | | | |
| c. Hemodialysis | | | | |
| d. Tunneled/Non-Tunneled catheter | | | | |
| <i>Experience</i> | | | | |
| a. Acute/Inpatient Dialysis | | | | |
| b. Chronic/Outpatient Dialysis | | | | |
| c. Dialysis Home Care | | | | |
| d. Pediatric Dialysis | | | | |
| Predialysis Nursing Assessment | | | | |
| Teaching the Dialysis Patient and Family | | | | |
| <i>Set Up / Initiate Dialysis Treatment</i> | | | | |
| a. Bicarbonate Dialysate | | | | |
| b. Conductivity Testing | | | | |
| c. Priming Dialyzer | | | | |
| d. Checks for Machine/Alarm Settings | | | | |
| e. Prep Vascular Access | | | | |
| f. Fistula Gortex/Bovine Graft | | | | |
| g. Dialysis | | | | |
| h. Collect Blood Specimens | | | | |
| i. Anticoagulation | | | | |
| <i>Assess Patient and Equipment During Dialysis</i> | | | | |
| a. Volume Status | | | | |
| b. Vascular Access Function | | | | |
| c. Arterial and Venous | | | | |
| d. Blood Flow Rate | | | | |

| | |
|---|--|
| e. Subjective Response to Treatment | |
| f. Management of Anticoagulation | |
| g. Conductivity | |
| h. Ultrafiltration Calculation | |
| i. Operation of Myron L. Meter | |
| j. Administration of Blood and Blood Products | |
| k. Administration of Mannitol | |
| l. Sequential Ultrafiltration/PUF | |
| m. Documentation of Dialysis Treatment | |
| <i>Care of the Patient With:</i> | |
| a. Fluid Overload | |
| b. Hypertension | |
| c. Hypotension | |
| d. Disequilibrium syndrome | |
| e. Hyperkalemia | |
| f. Seizures | |
| g. Muscle Cramps | |
| h. Pyrogenic Reaction | |
| i. Hemolysis | |
| j. Air Embolus | |
| k. Chest Pain | |
| l. Anemia | |
| m. Neuropathy | |
| n. Pericarditis | |
| o. Filter Blood Leak | |
| p. Cardiopulmonary Arrest | |
| <i>Machine Alarm Troubleshooting Procedures</i> | |
| a. Blood Leak Alarm | |
| b. Arterial Pressure Alarm | |
| c. Venous Pressure Alarm | |
| d. Conductivity Alarm | |
| e. Ultrafiltration Alarm | |
| f. High Temperature Alarm | |
| g. Air/Foam Detector Alarm | |
| h. Power Failure Alarm | |
| i. Blood Pump Alarm | |
| <i>Discontinue Dialysis</i> | |
| a. Dialysis Catheter | |
| b. Fistula / Vein Graft | |
| c. Return of Blood | |
| d. Post Treatment Access Care | |
| e. Equipment Clean Up | |
| f. Sterilization Procedures | |

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|--------------------------|--|--|--|--|
| AGE SPECIFIC CARE | | | | |
|--------------------------|--|--|--|--|

| Please indicate the frequency with which you provide care for each age group in this specialty area. | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Infant (Birth to 1 year) | | | | |
| Toddler (1-3 years) | | | | |
| Pre-school (3-6 years) | | | | |
| School Age (6-12 years) | | | | |
| Adolescent (12-18 years) | | | | |

| | | | | |
|----------------------------|--|--|--|--|
| Young Adult (18-30 years) | | | | |
| Mature Adult (30-60 years) | | | | |
| Elderly (>60 years) | | | | |

JCAHO: I acknowledge and understand JCAHO's list of "Do Not Use Abbreviations" :

The information I have given is true and accurate to the best of my knowledge. I have read and fully understand the job description. By signing below or submitting electronically, I attest that the information provided within this skills checklist represents a full and complete disclosure of information, and is true and correct to the best of my knowledge and belief. I hereby authorize ADEX Medical Staffing, LLC to release this skills checklist to client facilities for employment purposes.

I agree with the above statements. :

Signature: (please type your full name) :

Date: