

**AL HADA ARMED FORCES HOSPITAL
TAIF
SAUDIA ARABIA**

**HAEMODIALYSIS
SKILLS CHECKLIST**

REQUIRED CLINICAL SKILL	FREQUENCY				EXPERIENCE				COMMENT
Administering blood & blood products									
Knowledge of and ability to apply isolation procedures in the ff.									
1.H.I.V.									
2.Hepatitis B									
3.Hepatitis C									
Initiate and maintain Basic Life Support (CPR)									
Care of pediatric patients on haemodialysis									
General Responsibilities									
1.On call duty									
2.Patient teaching									
3.Charge Nurse									
4.New employee preceptorship									
5.Inservice presentation									
6.Quality Improvement									
1.No. of years of nursing work experience in haemodialysis is:									
2.Your haemodialysis knowledge based from									
On -the -job training			Specialist certificate			Duration of course			
3.Average no.of patients dialysed in unit per day:									
4.No. of stations in unit:									
5.Staff patient ratio :									
Any further comments:									
Thank you for completing the above. In signing at the bottom of each page you acknowiegde that you can demonstrate the skills stated above.									
Signature:									
Date:									

**ALHADA MILITARY HOSPITAL
NURSING DEPARTMENT**

HEMODIALYSIS SKILLS CHECKLIST

REQUIRED CLINICAL SKILLS	CURRENTLY COMPETENT		COMPETENT
Initiate and discontinue routine hemodialysis Treatments including:			
1. Care and use of machine: (set-up, dismantle & Troubleshoot)	YES	NO	
2. Double needle techniques.	YES	NO	
3. Single needle techniques	YES	NO	
Vascular Access			
1. A.V Fistula	YES	NO	
2. Graft	YES	NO	
3. Central line, including Perm Cath.	YES	NO	
Monitor routine hemodialysis Treatments and Patient response including:			
1. Assembly dry weight	YES	NO	
2. Fluid removal calculations	YES	NO	
3. Interpretation of lab work	YES	NO	
4. Heparinization	YES	NO	
5. Patient Assessment	YES	NO	
List of Hemodialysis machines used			
1.			
2.			
3.			
List types of dialyzers used			
1.			
2.			
3.			
Provide hemodialysis in the ICU setting			

Name and Signature

Date

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Medication administration			
1. Routine P.O medication	YES	NO	
2. IV medication: iron, antibiotics	YES	NO	
Administer Blood & Blood Products	YES	NO	
Universal Blood Precautions	YES	NO	
1.Hepatitis B	YES	NO	
2.Hepatitis C	YES	NO	
3.HIV	YES	NO	
Basic Cardiac Life Support (CPR)	YES	NO	
Care of Pediatric patient on hemodialysis	YES	NO	
On-Call duty	YES	NO	
Charge Nurse	YES	NO	

Name&Signature

Date