



CLINICAL COMPETENCY EVALUATION DIALYSIS TECHNICIAN

EMPLOYEE NAME: _____ DATE: _____

This profile is for use by Dialysis Technicians with more than one year's experience in their discipline and specialty.

LEVEL OF EXPERIENCE

- 0 = No experience
- 1 = Infrequent experience
- 2 = 1 year consistent experience
- 3 = 2 years consistent experience
- 4 = Able to teach and supervise

RENAL/GENITOURINARY

1. **Insertion of Foley** _____
2. **Care of the Patient with:** _____
 - AV Fistula _____
 - Peritoneal Dialysis _____
 - Hemodialysis _____
 - Tunneled/Non-Tunneled Catheter _____

HEMODIALYSIS SKILLS/PROCEDURES

1. **Experience**
 - Acute/Inpatient Dialysis _____
 - Chronic/Outpatient Dialysis _____
 - Dialysis Home Care _____
 - Pediatric Dialysis _____
2. **Set-Up/ Initiate Dialysis Treatment**
 - Bicarbonate Dialysate _____
 - Conductivity Testing _____
 - Priming Dialyzer _____
 - Checks for Machine/Alarm Settings _____
 - Prep Vascular Access _____
 - Fistula Gortex/Bovine Graft _____
 - Dialysis _____
 - Collect Blood Specimens _____
 - Anticoagulation _____
3. **Assess Patient & Equipment During Dialysis**
 - Volume Status _____
 - Vascular Assess Foundation _____
 - Arterial and Venous _____
 - Blood Flow Rate _____
 - Subjective Response to Treatment _____
 - Management of Anticoagulation _____
 - Conductivity _____
 - Ultrafiltration _____
 - Operation of Myron L. Meter _____
 - Sequential Ultrafiltration/PUF _____
 - Documentation of Dialysis Treatment _____

4. **Care of the Patient with:**

- Fluid Overload _____
- Hypertension _____
- Hypotension _____
- Disequilibrium Syndrome _____
- Hyperkalemia _____
- Seizures _____
- Muscle Cramps _____
- Pyrogenic Reaction _____
- Hemolysis _____
- Air Embolus _____
- Chest Pain _____
- Anemia _____
- Neuropathy _____
- Pericarditis _____
- Filter Blood Leak _____
- Cardiopulmonary Arrest _____

5. **Machine Alarm Troubleshooting Procedures**

- Blood Leak Alarm _____
- Arterial Pressure Alarm _____
- Venous Pressure Alarm _____
- Conductivity Alarm _____
- Ultrafiltration Alarms _____
- High Temperature Alarm _____
- Air/Foam Detector Alarm _____
- Power Failure Alarm _____
- Blood Pump Failure _____

6. **Discontinue Dialysis**

- Dialysis Catheter _____
- Fistula/Vein Graft _____
- Return of Blood _____
- Post Treatment Access Care _____
- Equipment Clean-Up _____
- Sterilization Procedures _____



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AGE SPECIFIC PRACTICE CRITERIA

Please check below each age group that you have expertise in providing age-appropriate nursing care.

- _____ Newborn/Neonate (birth – 30 days)
- _____ Infant (30 days – 1 year)
- _____ Toddler (1 – 3 years)
- _____ Preschooler (3 – 5 years)
- _____ School Age Children (5 – 12 years)
- _____ Adolescents (12 – 18 years)
- _____ Young Adults (18 – 39 years)
- _____ Middle Adults (39 – 64 years)
- _____ Older Adults (64+)

CERTIFICATION

Please 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., 08/31/2013).

CHT Exp. Date: _____ **BCLS Exp. Date:** _____ **ACLS Exp. Date:** _____

Dialysis Training Other than CHT Exp. Date: _____ **Computerized Charting System Exp. Date:** _____