

Name: _____ Date: _____

Please complete this checklist as completely and as accurately as possible. In the box provided beside each item, please enter the number corresponding to your skill level according to the key below. Fax completed checklist to (866) 868-0546.

1-No Experience 2-Some Experience 3- Can perform independently 4- Proficient/can supervise and teach

CHEMOTHERAPY:	Level	BIO THERAPY:	Level
Patient Teaching		Patient teaching	
Calculate Body Surface Area (BSA)		Administration of:	
Follow Protocols		a. Interferons	
Evaluate pertinent lab data		b. Interleukins	
Check dosage		c. Growth Factors	
Care of patient with an extravasation		Recognize and manage side effects	
Safely handle cytotoxic agents and body fluids after Chemotherapy			
Routes of Administration		SURGERY:	
a. IVPB & Continuous Infusion		Patient Teaching	
b. IV Push		Reconstructive surgery	
c. Subcutaneous		Ostomy Care	
d. Assist with Intrathecal		Wounds drains and tubes	
e. Intraperitoneal		Chest tubes	
f. Intramuscular		Enteral Feeding Tubes	
g. Intrapleural		Gastrointestinal Drainage Tubes	
h. Intravesicular		Lymphedema	
i. Intra-Arterial			
		IV THERAPY:	
RADIATION THERAPY:		Administer Bone Marrow	
Patient Teaching		Administer Blood Components:	
Brachytherapy		a. Packed Red Blood Cells (PRBC)	
Nonsealed Radioactive Therapy		b. Platelet Concentrates	
Intraoperative Radiotherapy (IORT)		c. Fresh Frozen Plasma	
External Radiotherapy		d. Cryoprecipitate	
Total Body Irradiation (TBI)		e. Irradiated Components	
Radiation Safety Precautions		Total parenteral nutrition	
		Antifungals	
		Antivirals	
BONE MARROW TRANSPLANT:			
Peripheral Blood Stem Cells			
Autologous BMT		VENOUS ACCESS DEVICES:	
Allogenic BMT		Hickman	
Complications:		Broviac	
a. Graft Rejection		Quinton	
b. Infection		Groshong	
c. Pneumonitis		Insertion of PICC line	
d. Venocclusive Disease		Declot Occluded Ports or Catheters	
e. Graft-Versus-Host Disease (GVHD)		Flush Lumens and Change Caps	

Name: _____ Date: _____

Please complete this checklist as completely and as accurately as possible. In the box provided beside each item, please enter the number corresponding to your skill level according to the key below. Fax completed checklist to (866) 868-0546.

1-No Experience 2-Some Experience 3- Can perform independently 4- Proficient/can supervise and teach

IMPLANTABLE VASCULAR ACCESS PORTS:	Level	EMERGENCIES: (cont)	Level
Port-A-Cath		Superior Vens Cavae Syndrome (SVCS)	
Opti-Port		Spinal Cord Compression (SCC)	
Chemoport		Capillary Leak Syndrome	
S.E.A Port		Anaphylaxis	
Omega Port		Cardiac Tamponade	
Patient Teaching		Increased Intracranial Pressure (ICP)	
Flush Catheter			
Access Catheter Port		CARE OF PATIENTS WITH ACUTE/CHRONIC PAIN:	
Obtain Blood Specimens		Continuous Narcotic Infusion	
		IV Push Narcotic Agents	
IMPLANTABLE PUMPS:		Oral Timed Release Agents	
Infusaid		Transdermal Agents	
Medtronic		PCA Pumps	
Therex		Epidural Medication	
		Adjuvant Medications	
AMBULATORY INFUSION PUMPS:		Alternative Therapies	
Auto Syringe		Nonpharmacologic Strategies	
Pharmacia			
Pancretec		PSYCHOSOCIAL CARE/SUPPORT:	
Cormed		Identify / Refer to Resources Available	
Synchromed		Participation in Support Groups	
CADD		Palliative Care	
		Advanced Directives	
CARE OF PATIENTS WITH ALTERCATION IN PROTECTIVE MECHANISMS:		Death & Dying Counseling	
Neutropenia		Hospice Care	
Thrombocytopenia		Support during ethical decision making	
Altered Skin Integrity		Family Support	
Neuropathy			
Altered Mental Status		ASSISTING WITH PROCEDURES:	
Stomatitis		Central Line Placement	
Laminar Airflow Units		Bone Marrow Biopsy	
		Thoracentesis	
EMERGENCIES:		Pleurodesis	
Hemorrhage		Pericardiocentesis	
Disseminated Intravascular Coagulation (DIC)		Chest Tube Insertion	
Septic Shock		Bronchoscopy	
Acute Tumor Lysis Syndrome (ATLS)		Liver Biopsy	
Hypercalcemia			

Fax completed skills checklist to (866) 868-0546