

ONCOLOGY SKILLS CHECKLIST

Name: _____ Date: _____

1=Never Performed 2=Limited Experience 3=Comfortable Performing 4=Proficient

| CARE OF PATIENTS WITH | 1 | 2 | 3 | 4 |
|----------------------------------|----------|----------|----------|----------|
| Atelectasis/Pneumothorax | | | | |
| Bowel Obstruction | | | | |
| Cardiac Arrhythmias | | | | |
| Diabetes | | | | |
| DIC | | | | |
| Electrolyte Imbalance | | | | |
| Fever | | | | |
| GI Bleed | | | | |
| Hemodialysis | | | | |
| Hemorrhage | | | | |
| Hypercalcemia | | | | |
| Hypokalemia/Hyperkalemia | | | | |
| Infection | | | | |
| Lymphedema | | | | |
| Nausea/Vomiting/Diarrhea | | | | |
| Neuropathy | | | | |
| Neutropenia | | | | |
| Oncologic Surgeries | | | | |
| Pancreatitis | | | | |
| Peritoneal Dialysis | | | | |
| Pleural Effusion | | | | |
| Pneumonia | | | | |
| Pulmonary Embolism | | | | |
| Renal Failure | | | | |
| Respiratory Distress | | | | |
| Septic Shock | | | | |
| SIADH | | | | |
| Spinal Cord Compression(SCC) | | | | |
| Stomatitis | | | | |
| Stress Fractures | | | | |
| Superior Vena Cava Syndrome | | | | |
| Thrombocytopenia | | | | |
| Tumor Lysis Syndrome | | | | |
| TURP | | | | |
| MEDICATION ADMINISTRATION | | | | |
| Bleomycin(Blenoxane) | | | | |
| Carmustine (BiCNU) | | | | |
| Cisplatin | | | | |
| Corticosteroids | | | | |
| Coumadin/Heparin | | | | |
| Cyclophosphamide (Cytosan) | | | | |
| Decadron | | | | |

| MEDICATION ADMINISTRATION | 1 | 2 | 3 | 4 |
|-----------------------------------|----------|----------|----------|----------|
| Dilantin | | | | |
| Dopamine | | | | |
| Doxorubicin(Adriamycin) | | | | |
| Epogen/Neupogen | | | | |
| Etoposide (VP-16-213) | | | | |
| Fluorouracil (5-FU) | | | | |
| Fluxuridine (FUDR) | | | | |
| Hydroxyurea (Hydrea) | | | | |
| Melphalan (Alkeran) | | | | |
| Methotrexate (Amethopterin) | | | | |
| Mitomycin (Mutamycin) | | | | |
| Titrate Morphine | | | | |
| Usulfan (Myleran) | | | | |
| Vinblastine (Velban) | | | | |
| Vincristine (Oncovin) | | | | |
| PROCEDURES/SKILLS | | | | |
| Intravenous Therapy | | | | |
| a. Peripheral line insertions | | | | |
| b. Assessment of IV site | | | | |
| c. Care of IV Extravasation | | | | |
| d. Blood/Blood Products | | | | |
| - PRBCs | | | | |
| - Platelets | | | | |
| - FFP | | | | |
| - Leukocytes/WBC | | | | |
| e. TPN | | | | |
| f. Antibiotics | | | | |
| g. Antifungals/Antivirals | | | | |
| h. IV Push | | | | |
| Oral Chemotherapy | | | | |
| IM Injections | | | | |
| SQ Injections | | | | |
| Intrathecal | | | | |
| Continuous Narcotic Infusion | | | | |
| Suctioning - Oral | | | | |
| Suctioning - Nasotracheal | | | | |
| Tube Feeding | | | | |
| NG Tube Insertion | | | | |
| Gastrostomy Jejunostomy Tube Care | | | | |
| Colostomy/Enterostomal Care | | | | |
| Ileostomy Care | | | | |
| Platelet Precautions | | | | |

NAME: _____

| PROCEDURES/SKILLS | 1 | 2 | 3 | 4 |
|-----------------------------------|----------|----------|----------|----------|
| Foley Catheter | | | | |
| a. Insertion/Care | | | | |
| b. Irrigations | | | | |
| Suprapubic Catheter Care | | | | |
| Chest Tube and drainage system | | | | |
| a. Set up | | | | |
| b. Assist with Insertion | | | | |
| c. Care and maintenance | | | | |
| d. Troubleshooting | | | | |
| e. Removal | | | | |
| Thoracentesis - assist | | | | |
| Paracentesis - assist | | | | |
| Liver Biopsy - assist | | | | |
| Bone Marrow Biopsy - assist | | | | |
| Central Line Placement - assist | | | | |
| Skin Care | | | | |
| Immunosuppression/Laminar Airflow | | | | |
| Venous Access Devices | | | | |
| a. Hickman/Broviac/Groshong | | | | |
| b. PICC Lines | | | | |
| c. Site Care/Dressing Changes | | | | |
| d. Assist with Insertion | | | | |
| e. Declot Occluded | | | | |
| Ports/Catheters | | | | |
| f . Temporary Repair of Catheters | | | | |
| g. Flush Lumens | | | | |
| h. Change Caps | | | | |
| i. Obtain Blood Specimens | | | | |
| j. Patient/Family Teaching | | | | |
| RADIATION THERAPY | | | | |
| External Radiotherapy | | | | |
| Total Body Irradiation | | | | |
| Intraoperative Radiation Therapy | | | | |
| IORT Implants | | | | |
| Brachytherapy | | | | |
| Radiation Safety Procedures | | | | |
| Patient/Family Teaching | | | | |
| Management of Side Effects | | | | |
| BONE MARROW TRANSPLANT | | | | |
| Peripheral Blood Stem Cells | | | | |
| Autologous BMT | | | | |
| Allogeneic BMT | | | | |
| Patient/Donor Education | | | | |
| Infection | | | | |
| Graft Rejection | | | | |
| GVHD Graft vs. Host Disease | | | | |
| Venocclusive Disease | | | | |
| Pneumonitis | | | | |

| EQUIPMENT | 1 | 2 | 3 | 4 |
|--|----------|----------|----------|----------|
| Ambulatory Infusion Pumps | | | | |
| a. Cormed | | | | |
| b. Auto Syringe | | | | |
| c. Pharmacia | | | | |
| d. Pancretec | | | | |
| e. Synchroned | | | | |
| f. Patient/Family Teaching of | | | | |
| Automated Med. Dispensing System | | | | |
| Automatic BP Cuffs | | | | |
| Implantable Infusion Pumps | | | | |
| a. Infusaid Implantable Pump | | | | |
| b. Medtronic | | | | |
| Glucometer/Accucheck | | | | |
| Isolation | | | | |
| PCA Pumps | | | | |
| Pressure Relief Devices | | | | |
| Pulse Oximetry | | | | |
| Reverse Isolation | | | | |
| PSYCHOSOCIAL CARE/SUPPORT | | | | |
| Identify/Refer to Resources Available | | | | |
| Participation in Support Groups | | | | |
| Palliative Care | | | | |
| Advanced Directives | | | | |
| Death and Dying Counseling | | | | |
| Hospice Care | | | | |
| Support during ethical decision making | | | | |
| Family Support | | | | |
| PAIN MANAGEMENT | | | | |
| Pain assessment using pain scales | | | | |
| Epidural analgesia | | | | |
| IV Conscious sedation | | | | |
| Patient Controlled analgesia (PCA) | | | | |
| Narcotic Agents | | | | |
| Non-narcotic agents | | | | |
| Non-pharmacological measures | | | | |
| ASSESSMENT/OTHER | | | | |
| Admission of patients to unit | | | | |
| Assess Breath Sounds | | | | |
| Assess Heart Sounds | | | | |
| Care Planning | | | | |
| Charge Nurse responsibilities | | | | |
| Circulation Checks | | | | |
| Computerized Charting | | | | |
| Manage Cytotoxic Spills | | | | |
| Neurological Assessments | | | | |
| Patient Teaching-General re:oncology | | | | |
| Universal Precautions | | | | |
| Vital Signs | | | | |

Oncology
AGE SPECIFIC SKILLS

| Check the box under EACH age group that you have experience with and are comfortable with for each skill below | Neonates 0-30 | Infants 1mo-1yr | Toddlers 1-3yrs | Preschool 4-6yrs | School Age 7-12yrs | Adolescent 13-18yrs | Young Adult 19-39yrs | Middle Adult 4-64 yrs | Older Adults Years 65+ |
|---|------------------|--------------------|--------------------|---------------------|-----------------------|------------------------|-------------------------|--------------------------|---------------------------|
| Understands the different communication needs for the age group and changes communication methods and terminology accordingly | | | | | | | | | |
| Understands the different medications, dosages, and possible side effects for the age group and administers medications appropriately | | | | | | | | | |
| Understands the different safety risks for the age group and alters the environment accordingly | | | | | | | | | |
| Understands the normal growth and development for the age group and adapts care accordingly | | | | | | | | | |

I certify that All the information I have provided on this skills checklist is true and accurate.

Nurse Signature _____