



Skills Checklist

EKG Tech

The following checklist will be used to assess your skills and experience and to help your Supervisor place you in the proper assignment.

Name _____ Date _____

Years of Experience - Adult _____ Pediatric _____ Combined _____

Experience Scale:

- 0 - No Experience / Theory Only
- 1 - Limited Experience / Need Review
- 2 - Frequent Experience / May Need Some Review
- 3 - Experienced / Perform Well

I hereby certify that the information provided in this application is true to the best of my knowledge. I authorize the release of the information in this document to Nurses 247 and to the facilities where I may be employed.

Signature _____ Date _____

Experience

CARDIOVASCULAR

Heart Sounds	0	1	2	3
Coronary Circulation	0	1	2	3
Vascular System	0	1	2	3
Conduction System	0	1	2	3
CHF (Congestive Heart Failure)	0	1	2	3
Ischemia	0	1	2	3
Pulmonary Hypertension	0	1	2	3
Systemic Hypertension	0	1	2	3
Diseases of the Aorta	0	1	2	3

ELECTROCARDIOGRAM

Application of Leads	0	1	2	3
Interpretation	0	1	2	3
Monitoring	0	1	2	3
Arrhythmias	0	1	2	3
Other:				
	0	1	2	3

STRESS EKG WITH TREADMILL

TESTING

Preparation of equipment	0	1	2	3
Monitoring	0	1	2	3
Complications	0	1	2	3

EQUIPMENT/INSTRUMENTATION

Temporary Pacemakers	0	1	2	3
Permanent Pacemakers	0	1	2	3
Defibrillators	0	1	2	3
Event monitors	0	1	2	3

HOLTER MONITORING

Preparation of equipment	0	1	2	3
Application of leads	0	1	2	3
Monitoring	0	1	2	3

PATIENT CARE

Vital signs	0	1	2	3
Normal lab values	0	1	2	3
Emergency procedures	0	1	2	3
Pulse oximetry	0	1	2	3
Documentation	0	1	2	3

EXPERIENCE

Hospital	0	1	2	3
Clinics	0	1	2	3

Experience

AGE COMPETENCY FOR EKG SKILLS

Infants & toddlers	0	1	2	3
Preschool & school age	0	1	2	3
Adolescents	0	1	2	3
Young and middle age adults	0	1	2	3
Older adults	0	1	2	3