Advanced Medical PLACEMENT
18401 Burbank Blvd., Suite 120
Tarzana, CA 91356
Tel. (818)996-9812 Fax (818)996-9815

Monitor Tech. Skills Checklist

Please check the level of proficiency for each skill.

1. Proficient
2. Knowledgeable
3. Little or No Experience

I. Check Vital Signs:	**1**	**2**	**3**
A. Temperature-Oral	☐	☐	☐
B. Temperature-Axillary	☐	☐	☐
C. Temperature-Rectal	☐	☐	☐
D. Radial Pulse	☐	☐	☐
E. Respirations	☐	☐	☐

II. Care Of The Cardiac Patient:			
A. Ability to detect swelling of ankles	☐	☐	☐
B. Positioning of legs when in a sitting position, if edema is present	☐	☐	☐
C. Aware of signs and symptoms to be reported	☐	☐	☐
D. Management of incidents in the patient	☐	☐	☐
E. Emergency and First Aid procedures	☐	☐	☐
F. Understanding differences in families and interpersonal relationships	☐	☐	☐

III. Care of Monitor:	**1**	**2**	**3**
A. Correct lead placement	☐	☐	☐
B. Select EKG leads	☐	☐	☐
C. Adjust EKG alarms	☐	☐	☐
D. Set alarms limit	☐	☐	☐
E. Secure monitor strips and prepare for mounting	☐	☐	☐
F. Run a coutinuous rhythm strip	☐	☐	☐
G. Switch parameters on/off	☐	☐	☐
H. Changing screens	☐	☐	☐
I. Turn pacemaker selection on/off	☐	☐	☐
J. Proficient in recognition of dysrhythmias	☐	☐	☐
K. Notifies charge nurse/primary nurse of significant changes or life threatening dysrhythmias	☐	☐	☐
L. Admit/discharge patient on monitor	☐	☐	☐

I, _____ hereby acknowledge that the following information attached herein is true and correct to the best of my knowledge. In addition, I hereby authorize Advanced Medical Placement, to release the skills checklist to any client institutions of Advanced Medical Placement, in relation to my employment.

Therefore, I authorize release of this checklist on this date of _____

Signature _____ Date _____

IV. Unit Secretary Skills 1 2 3
A. Answer Telephone calls
B. File items into charts
C. Answer call lights in timely manner
D. Enter orders into computer
Please enter software system you are familiar with using_____

V. Other
A. EKG Skills
B. Phlebotomy Skills
C. _____