

Oncology Skills Checklist

Level of Proficiency:

- 1. Can function independently**
- 2. Experienced but may need review**
- 3. Limited or no experience**

By accurately filling out this checklist, you will help us match your skills and interest with available assignments. Please select the button in the column that best describes your experience level with each skill.

I.V THERAPY	1	2	3	PSYCHOSOCIAL CARE	1	2	3
Antivirals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospice Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antifungals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Death and Dying Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Parental Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advance Directives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration of Bone Marrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality of Life Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration of Blood Components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist with Goal Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packed Red Blood Cells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participate in Ethical Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Platelet Concentrates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patient and Family Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh Frozen Plasma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer Screening and Detection, Risk factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cryoprecipitate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patient Teaching Self-Care and Coping Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irradiated Components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify Sources/Support Groups for Patients and Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VENOUS ACCESS DEVICES

Care of patient with

Central Venous Thrombosis

Insertion of PICC Line

Hickman

Broviac

Quinton

Grosshong

Declot Occluded Ports or Catheters

Temporary Repair of Severed or

Punctured Catheter

Obtain Blood Specimens

Flush Lumens and Change Caps

Dressing Change

Patient Teaching

Peripherally Inserted Central Catheter

IMPLANTABLE VASCULAR ACCESS

PORTS

Port-O-Cath

Opti-Port

Chemoport

Referral to Interdisciplinary Team Members

PROCEDURES-ASSIST WITH:

Liver Biopsy

Bronchoscopy

Chest Tube Insertion

Pericardiocentesis

Pleurodesis

Thoracentesis

Bone Marrow Biopsy

Central Line Placement

CARE OF PATIENTS WITH:

Alteration In Protective Mechanism

Neutropenia

Laminar Airflow Units

Stomatitis

Neuropathy

Altered Skin Integrity

Thrombocytopenia

RECEIVING CHEMOTHERAPY

IV Push

S.E.A. Port	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IVPB and Continuous Infusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Omega Port	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access Catheter Port	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ONCOLOGICAL EMERGENCIES			
IMPLANTABLE PUMPS				Hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminated Intravascular Coagulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medtronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septic Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infusaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Increased intracranial Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARE OF PATIENTS:				Cardiac Tamponade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Capillary Leak Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconstructive Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spinal Cord Compression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ostomy Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Superior Vena Cava Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lymphedema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acute Tumor Lysis Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal Drainage Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypokalemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enteral Feeding Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperkalemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypomagnesemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Drains and Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypercalcemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECEIVING RADIATION THERAPY				Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syndrome of Inappropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation Safety Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Total Body Irradiation (TBI)

External Radiotherapy

Brachytherapy

Non-sealed Radioactive Therapy

Intraoperative Radiotherapy (IORT)

Ambulatory Infusion Pumps

CADD

Synchromed

Cormed

Prancretec

Pharmacia

Auto Syringe

RECEIVING BONE MARROW

TRANSPLANT

Complications

Graft Rejection

Infection

Graft-Versus-Host Disease

Venoclusive Disease

Pneumonitis

Allogeneic BMT

Autologous BMT

Antidiuretic Hormone

ACUTE/CHRONIC PAIN

Nonpharmacologic Strategies

Alternative Therapies

Adjuvant Medications

Epidural Medications

PCA Pump

Transdermal Agents

IV Push Narcotic Agents

Continuous Narcotic Infusion

Peripheral Blood Stem Cells

Receiving Biotherapy

Patient Teaching

Administration of :

Interferons

Growth Factors

Interleukins

Recognize and Manage Side Effects

Effects

RECEIVING CHEMOTHERAPY:

Follow Protocols

Patient Teaching

Check Dosage

Calculate Body Surface Area

Evaluate Pertinent Lab Data

Care of patients with Extravasation

Manage Cytotoxic Spills

Handle Cytotoxic Agents and Body Fluids After Chemotherapy

Administer Chemotherapy Using Following Routes:

Intra-Arterial

- | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|
| Intravascular | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intrapleural | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intraperitoneal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intrathecal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intramuscular | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assist with Intrathecal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Subcutaneous | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Name _____

Address _____

Date _____

Signature _____