| MARY BALDWIN | MURPHY DEMING COLLEGE OF |
|--------------|-----------------------------|
| UNIVERSITY | HEALTH SCIENCES |

Nurse Anesthesiology Program Critical Care Skills Checklist

| Critical Care Skills Checklist | | | | | | | | | | | |
|---|------------------------|-----------------|-----------|----------------------|---------------|----------|----------|----------------|-----------|----------|--|
| DATE: | Name: | | | | | | | | | | |
| HOW FREQUENTLY DO | YOU PERFORM THESE | NEVER | DAILY | 2- | ' | WEEKI | .Y | 2X \ | NEEK | MONTHLY | |
| SKILLS? | | | | 3X/WE | EK | | | | | | |
| Intravenous line insertion | | | | | | | | | | | |
| Arterial line setup | | | | | | | | | | | |
| Arterial line monitoring | | | | | | | | | | | |
| Central venous pressure line setup | | | | | | | | | | | |
| Central venous pressure monitoring | | | | | | | | | | | |
| Pulmonary artery pressure line setup | | | | | | | | | | | |
| Pulmonary artery pressure line monitoring | | | | | | | | | | | |
| Cardiac Output monitoring | | | | | | | | | | | |
| SVR & PVR monitoring | | | | | | | | | | | |
| Cardiac rhythm monitoring & interpretation | | | | | | | | | | | |
| Code leader | | | | | | | | | | | |
| Management of ventila | tor patients | | | | | | | | | | |
| Monitor neuromuscula | r blockade | | | | | | | | | | |
| HOW OFTEN DO YOU ADMINISTER THESE PHARMACOLOGIC AGENTS? | | NEVER | DAILY | 2- 3X/WE | | WEEKI | KLY 2X V | | WEEK | MONTHLY | |
| Dopamine infusion | | | | | | | | | | | |
| Dobutamine infusion | | | | | | | | | | | |
| Dysrhythmia agents | | | | | | | | | | | |
| Epinephrine infusion | | | | | | | | | | | |
| Heparin infusion | | | | | | | | | | | |
| Norepinephrine infusion | | | | | | | | | | | |
| Neuromuscular Blocking Agents | | | | | | | | | | | |
| Nitroglycerine infusion | | | | | | | | | | | |
| Nitroprusside infusion | | | | | | | | | | | |
| Phenylephrine infusion | /bolus | | | | | | | | | | |
| Propofol infusion | | | | | | | | | | | |
| Sedation agents | | | | | | | | | | | |
| Please tell us abou | t your primary emplo | oyment | | | | | | | | | |
| How many beds are in | the unit where you | 1-5 | 6-10 | 6-10 11 (| | | | | | | |
| currently work? | | | | more | | | | | | | |
| Approximately how ma | ny hours per week are | 10-20 | 21-30 | 21-30 3 | | 40 41-5 | |) | 51-60 | >60 | |
| you working? | | | | | | | | | | | |
| How many beds are in | the hospital where you | 1-50 | 51-100 | | 101-150 | | 151-200 | | 201-250 | >250 | |
| currently work? | | Down | Codecode | | I I sele e se | | | | | | |
| Characterize your hosp | ıtal | Rural | | Suburban | | Jrban | | inal NICH/RICH | | O+k - :- | |
| Type of ICU | 1 1: 11 10::2 | Cardiac | | Medical 23-36 months | | uro Surg | | caı | NICU/PICU | Other | |
| How long have you wo | rkea in the ICU? | 12-23 months | 23-36 MOI | ILMS | >36 months | s | | | | | |
| | | • | • | | • | | | | | • | |