



# Staff Relief Inc.

## Critical Care Skills Checklist

Applicant Full Legal Name (please print): \_\_\_\_\_

The following checklist is a profile used to assess your clinical efficiency and assist in matching your skills with available assignments. Your employment is not dependent upon responses given in this checklist. Please rate your ability as accurately as possible by circling the appropriate number.

The information given below is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Mark your Level of Experience

- (1) No Experience: Theory Observed Only
- (2) Intermittent Experience: <5 Times a Year; May Need Review
- (3) Moderate Experience: >5 Times a Year; May Need Minimal Resources
- (4) Competent: Performs on Daily or Weekly Basis; Proficient

### Cardiac

- Arrhythmia.....1 2 3 4
- Arterial Line.....1 2 3 4
- Assist with Central Line Insertion .....1 2 3 4
- Assist with Sheath Removal (A/V).....1 2 3 4
- Automatic Internal Cardiac Defib (AICD) ....1 2 3 4
- Basic 12-Lead EKG Interpretation .....1 2 3 4
- Cardiac Arrest/CPR .....1 2 3 4

### Care of Patient with:

- Abdominal Aortic Aneurysm.....1 2 3 4
- Acute MI/U Unstable Angina .....1 2 3 4
- Cardiogenic/Hypovolemic Shock.....1 2 3 4
- CHF.....1 2 3 4
- Heart Transplant.....1 2 3 4
- MAST Suit/Rotating Tourniquets .....1 2 3 4
- Pre/Post Cardiac Surgery .....1 2 3 4
- Pre/Post PTCA.....1 2 3 4
- Thrombolytic Therapy .....1 2 3 4
- Ventricular Assist Device (RVAD/LVAD) ....1 2 3 4
- Defibrillation/Cardioversion .....1 2 3 4
- Hemodynamic Monitoring Interpretation .....1 2 3 4
- Intra Aortic Balloon Pump.....1 2 3 4
  - Cardizem.....1 2 3 4
  - Heparin.....1 2 3 4

### Management and Titration of:

- Inocur .....1 2 3 4
- Isuprel .....1 2 3 4
- Morphine.....1 2 3 4
- Nipride .....1 2 3 4
- Nitroglycerine .....1 2 3 4
- Pacemakers .....1 2 3 4
  - External.....1 2 3 4
  - Permanent .....1 2 3 4
  - Temporary.....1 2 3 4
- Problem Solve PA
  - Catheter Complications.....1 2 3 4
- Sheath Removal – Femoral.....1 2 3 4
- SVO2 Monitoring .....1 2 3 4
- Swan Ganz/Pulmonary Artery Catheter.....1 2 3 4
- Transducer Set-Up and D/C .....1 2 3 4
- Use and Administration of
  - Atropine .....1 2 3 4
  - Bicarbonate .....1 2 3 4
  - Bretyllium .....1 2 3 4
  - Digoxin .....1 2 3 4
  - Dobutamine.....1 2 3 4
  - Dopamine.....1 2 3 4
  - Epinephrine.....1 2 3 4
  - Levophed.....1 2 3 4



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### Cardiac (cont.)

Use and Administration of:

- Lidocaine.....1 2 3 4
- Pronestyl .....1 2 3 4

- GU Irrigation (Continuous/Intermittent).....1 2 3 4
- Hemodialysis.....1 2 3 4
- Peritoneal Dialysis .....1 2 3 4

### Gastrointestinal

Assessment of Bowel Sounds .....1 2 3 4

Care of Patient with:

- Bowel Obstruction .....1 2 3 4
- ERCP.....1 2 3 4
- GI Bleed .....1 2 3 4
- Liver Transplant.....1 2 3 4
- Pancreatitis .....1 2 3 4
- TPN .....1 2 3 4
- Tube Feedings .....1 2 3 4
- Whipple Procedure.....1 2 3 4
- Enterostomal Care.....1 2 3 4
- Gastrostomy/Jejunostomy Tubes .....1 2 3 4
- NG Tube Insertion .....1 2 3 4

### Genitourinary/Renal

Care of Patient with:

- Ileal Conduit.....1 2 3 4
- Nephrostomy/Suprapubic Tubes.....1 2 3 4
- Renal Failure (Acute/Chronic).....1 2 3 4
- Renal Transplant .....1 2 3 4
- Shunts/Fistulas .....1 2 3 4
- TURP .....1 2 3 4
- CAVH Dialysis .....1 2 3 4
- Electrolyte Imbalance/Replacement .....1 2 3 4
- Foley Catheter Insertion.....1 2 3 4

### Miscellaneous

- Accu-check .....1 2 3 4
- Chemotherapy .....1 2 3 4
- Conscious Sedation.....1 2 3 4
- Diabetic Teaching .....1 2 3 4
- HIV/AIDS .....1 2 3 4
- Hyperbaric Oxygenation.....1 2 3 4
- Isolation Techniques .....1 2 3 4
- Obtaining Cultures .....1 2 3 4
- Pain Management.....1 2 3 4
- PCA Pumps.....1 2 3 4
- Pyxis.....1 2 3 4
- Use of Restraints .....1 2 3 4

### Neurological

Assist with Lumbar Procedure

Care of Patient with:

- CNS Infections.....1 2 3 4
- Coma.....1 2 3 4
- Crutchfield Tongs .....1 2 3 4
- CVA .....1 2 3 4
- Halo Traction .....1 2 3 4
- Neuro Injury/Trauma .....1 2 3 4
- Overdose .....1 2 3 4
- Pre/Post Neuro Surgery.....1 2 3 4
- Seizure Activity .....1 2 3 4



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### Neurological (cont.)

Care of Patient with:

- Spinal Cord Injury.....1 2 3 4
- Ventriculostomy.....1 2 3 4
- Epidural Medication Administration ....1 2 3 4
- Glascow Coma Scale .....1 2 3 4
- Identify & Intervene During Complications  
(eg. CSF Leak, Clor, Herniation) .....1 2 3 4
- Increased ICP Management .....1 2 3 4  
(eg. Positioning, Temperature Regulation  
& Medication)
- Intra-cranial Pressure Monitoring .....1 2 3 4
- Perform Neuro Assessment.....1 2 3 4
- Seizure Precautions .....1 2 3 4
- Use of Stryker Frame .....1 2 3 4

### Pulmonary

Assess Lung Sounds

Assist with:

- Chest Tube Insertion/Set-up/Removal..1 2 3 4
- Extubation.....1 2 3 4
- Intubation .....1 2 3 4
- Thoracentesis .....1 2 3 4

Care of Patient with:

- ARDS.....1 2 3 4
- Chest Tubes (Pleuro-Evac) .....1 2 3 4
- COPD.....1 2 3 4
- Inhalation Injuries .....1 2 3 4
- Pneumonia.....1 2 3 4
- Pre/Post Throacic Surgery .....1 2 3 4
- Pulmonary Edema.....1 2 3 4
- Pulmonary Embolism.....1 2 3 4

Care of Patient with:

- Tracheostomy.....1 2 3 4
- Ventilator .....1 2 3 4
- Weaning Parameters  
(Pressure Support, CPAP).....1 2 3 4
- Establish an Airway
- Identify & Intervene Respiratory Complications  
(eg. Tension Pneumothorax, Aspiration,  
Pulmonary Edema, Laryngospasm) .....1 2 3 4
- Incentive Spirometry.....1 2 3 4
- Interpret ABG Results.....1 2 3 4
- O2 Therapy Administration .....1 2 3 4
- Obtain ABG From A-Line .....1 2 3 4
- Problem Solve Ventilation Complications..1 2 3 4  
(eg. High Pressure Alarm, Low Exhale Volume)
- Pulse Oximetry.....1 2 3 4
- Use and Administration of:
- Amiaophylline.....1 2 3 4
- Caristeriods .....1 2 3 4
- Nebulizer Treatments.....1 2 3 4

### Vascular

- Administration of Blood/Blood Products ...1 2 3 4
- Central Line Maintenance.....1 2 3 4
- Hickman/Broviac/Groshong Catheter.....1 2 3 4
- Infusion Pumps .....1 2 3 4
- Normal Serum Lab Values.....1 2 3 4
- Peripheral Pulses .....1 2 3 4
- Start IVs .....1 2 3 4
- Ultrasonic Doppler Use.....1 2 3 4



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### Types of Critical Work

<u>Units Worked</u>	<u>Years Experience</u>	<u>Certifications</u>	<u>Expiration</u>
Burn	_____	<input type="checkbox"/> ACLS	_____
Cardiothoracic	_____	<input type="checkbox"/> BCLS	_____
Coronary Care	_____	<input type="checkbox"/> CCRN	_____
Medical	_____	<input type="checkbox"/> CNRN	_____
Neuro	_____	<input type="checkbox"/> TNCC	_____
Recovery Room	_____		
Step Down	_____		
Surgical	_____		
Trauma	_____		
Total Number of Years Experience in Critical Care Nursing	_____		

### Equipment Experience

Please list all brands of equipment you have used:  
Ventilators

\_\_\_\_\_

\_\_\_\_\_

Infusion

\_\_\_\_\_

\_\_\_\_\_

Cardiac Monitors

\_\_\_\_\_

\_\_\_\_\_

Other Monitors (APNEA, etc.)

\_\_\_\_\_

\_\_\_\_\_

### List Courses for Critical Care

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### List Courses for Arrhythmias

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Additional Skills

Please list any additional experience or skills that have not been included above

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\_\_\_\_\_