

# FRONTIER HEALTH CARE SERVICES

## Critical Care Skills Checklist

### \* Denotes required field

This profile is used for by Critical Care nurses with more than one year experience in their discipline and specialty. It will not be a determining factor for the Frontier Health Care Services program.

Please enter your full legal name as it appears on your Social Security Card.

First name\*

Last name\*

Social Security Number

Date

Email

### Please indicate your level of experience

1. Theory, no practice      3. One – two years of experience  
2. Intermittent experience      4. Two plus years of experience

### A. CARDIOVASCULAR

#### 1. Assessment

- a. Abnormal heart sounds/murmurs      1  2  3  4   
b. Auscultation (rate, rhythm)      1  2  3  4   
c. Blood pressure/non-invasive      1  2  3  4   
d. Doppler      1  2  3  4   
e. Pulses/circulation checks      1  2  3  4

#### 2. Interpretation of lab results

- a. Cardiac enzymes & isoenzymes      1  2  3  4   
b. Coagulation studies      1  2  3  4

#### 3. Equipment & procedures

##### a. Assist with

- (1) Arterial line insertion      1  2  3  4   
(2) Central line insertion      1  2  3  4   
(3) Open chest emergency      1  2  3  4   
(4) PA catheter/Swan-Ganz insertion      1  2  3  4   
(5) Pericardiocentesis      1  2  3  4   
(6) Transesophageal echocardiogram      1  2  3  4

b. Automatic internal cardioverter defibrillator      1  2  3  4

c. Cardioversion      1  2  3  4

d. CAVH-D      1  2  3  4

##### e. Hemodynamic monitoring

- (1) Cardiac index      1  2  3  4   
(2) Cardiac output      1  2  3  4   
(3) CVP monitoring      1  2  3  4   
(4) Femoral artery sheath removal      1  2  3  4

- |  |   |
|--|---|
| (5) MAP  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (6) PA/Swan-Ganz   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (7) PCW pressure   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (8) PVR  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (9) Radial a-line  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (10) SVO <sub>2</sub>                                      | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (11) SVR   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| f. Intra aortic balloon pump                               | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| g. Monitoring  |   |
| (1) 12 lead EKG interpretation                             | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (2) Arrhythmia interpretation                              | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (3) Lead placement   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (4) Rhythm strip assessment                                | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (5) Set up and run 12 lead EKG                             | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| h. Pacemaker   |   |
| (1) External   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (2) Permanent  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (3) Temporary  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| (4) Transthoracic (epicardial)                             | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| i. Ventricular assist device (RVAD or LVAD)                | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 4. Care of the patient with:                               |   |
| a. Abdominal aortic aneurysm repair                        | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| b. Acute MI  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| c. Cardiac arrest  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| d. Cardiac tamponade                                       | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| e. Congestive heart failure (CHF)                          | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| f. EP study & ablation                                     | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| g. Heart transplant  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| h. Immediate post open-heart surgery                       | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| i. Infective endocarditis                                  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| j. Myocardial contusion                                    | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| k. Pericarditis  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| l. Post AICD insertion                                     | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| m. Post arthroctomy (DCA)                                  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| n. Post commissurotomy, valve repair,<br>valve replacement | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| o. Post intracoronary stent placement                      |   |
| p. Post percutaneous ballon valvuloplasty                  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| q. Post rotoblade  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| r. Pre/post angioplasty                                    | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| s. Pre/post cardiac cath                                   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 5. Medications   |   |
| a. Amiodarone (Cardarone)                                  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| b. Atropine  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| c. Bicarbonate   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| d. Bretylium (Bretylol)                                    | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| e. Digoxin (Lanoxin)                                       | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| f. Diltiazem (Cardizem)                                    | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| g. Dobutamine (Dobutex)                                    | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| h. Dopamine (Intropin)                                     | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| i. Epinephrine (Adrenalin)                                 | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| j. Esmolo (Brevibloc)                                      | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| k. Inocor (Amrinone)                                       | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |

- |  |   |                          |   |                          |   |                          |   |                          |
|--|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| l. Lidocaine (Xylocaine)                                     | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| m. Metroprolo (Lopressor)                                    | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| n. Nipride (Nitroprusside)                                   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| o. Nitroglycerine (Tridil)                                   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| p. Procainamide (Pronestyl)                                  | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| q. Reteplase recombinant (Retavase)                          | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| r. Streptokinase   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| s. TPA (Alteplase)   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| t. Verapamil (Calan, Isoptin, Verelan)                       | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| <b>B. PULMONARY</b>  |   |                          |   |                          |   |                          |   |                          |
| 1. Assessment  |   |                          |   |                          |   |                          |   |                          |
| a. Adventitious  | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| b. Rate and work of breathing                                | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 2. Interpretation of lab results – arterial blood gases      | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 3. Equipment & Procedures                                    |   |                          |   |                          |   |                          |   |                          |
| a. Air Leak troubleshooting                                  |   |                          |   |                          |   |                          |   |                          |
| (1) Mediastinal chest tube removal                           | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (2) Pleural chest tube removal                               | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| b. Airway management devices/suctioning                      |   |                          |   |                          |   |                          |   |                          |
| (1) Endotracheal tube/suctioning                             | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (2) Extubation   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (3) Nasal airway/suctioning                                  | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (4) Oximetry   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (5) Sputum specimen collection                               | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (6) Tracheotomy/suctioning                                   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| c. Assist with   |   |                          |   |                          |   |                          |   |                          |
| (1) Bronchoscopy   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (2) Chest tube insertion                                     | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (3) Emergency tracheostomy                                   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (4) Thoracentesis  | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| d. Establishing an airway                                    |   |                          |   |                          |   |                          |   |                          |
| (1) Assist with intubation                                   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (2) Oral airway insertion                                    | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| e. Identification/intervention for respiratory complications |   |                          |   |                          |   |                          |   |                          |
| (1) Aspiration   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (2) Laryngospasm   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (3) Tension pneumothorax                                     | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (4) Use of Pleurevac or Thoraclex drainage                   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (5) Use of water seal drainage                               | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| f. O <sub>2</sub> therapy & medication delivery systems      |   |                          |   |                          |   |                          |   |                          |
| (1) Ambu bag and mask  | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (2) ET tube  | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (3) Face masks   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (4) Nasal cannula  | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (5) Portable O <sub>2</sub> tank                             | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (6) Trach collar   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| g. Ventilator management                                     |   |                          |   |                          |   |                          |   |                          |
| (1) External CPAP  | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (2) High Frequency jet ventilator                            | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| (3) IMV  | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |



- i. Increase ICP 1  2  3  4
- j. Laminectomy 1  2  3  4
- k. Meningitis 1  2  3  4
- l. Metastatic tumor/intracranial tumor resection 1  2  3  4
- m. Multiple sclerosis 1  2  3  4
- n. Post craniotomy 1  2  3  4
- o. Spinal cord injury 1  2  3  4
- p. Ventriculostomy 1  2  3  4
- 4. Medications**
- a. Barbiturate induced coma 1  2  3  4
- b. Decadron (Dexamethasone) 1  2  3  4
- c. Dilantin ( Phenytoin) 1  2  3  4
- d. Epidural administration 1  2  3  4
- e. Phenobarbital 1  2  3  4
- f. Valium (Diazepam) 1  2  3  4
- D. GASTROINTESTINAL**
- 1. Assessment**
- a. Abdominal/bowel sounds 1  2  3  4
- b. Nutritional 1  2  3  4
- 2. Interpretation of lab results**
- a. Serum ammonia 1  2  3  4
- b. Serum amylase 1  2  3  4
- c. LFTs 1  2  3  4
- 3. Equipment & procedures**
- a. Administration of tube feeding 1  2  3  4
- b. Balloon tamponade (Sengstaken Blakemore) 1  2  3  4
- c. Feeding pump 1  2  3  4
- d. Flexible feeding tube (i.e., Corpak, Dobhoff) 1  2  3  4
- e. Gravity feeding 1  2  3  4
- f. Iced saline lavage 1  2  3  4
- g. Management of
- (1) Gastrostomy Tube 1  2  3  4
- (2) Jejunostomy Tube 1  2  3  4
- (3) T-tube 1  2  3  4
- (4) TPN and lipids administration 1  2  3  4
- (5) PPN (peripheral parenteral nutrition) 1  2  3  4
- h. Placement of nasogastric tube 1  2  3  4
- i. Salem sump to suction 1  2  3  4
- 4. Care of the patient with:**
- a. Blunt trauma 1  2  3  4
- b. Bowel obstruction 1  2  3  4
- c. Colostomy 1  2  3  4
- d. ERCP 1  2  3  4
- e. Esophageal bleeding 1  2  3  4
- f. GI bleeding 1  2  3  4
- g. GI surgery 1  2  3  4
- h. Hepatitis 1  2  3  4
- i. Ileostomy 1  2  3  4
- j. Inflammatory bowel disease 1  2  3  4
- k. Liver failure 1  2  3  4
- l. Liver transplant 1  2  3  4
- m. Pancreatitis 1  2  3  4

- n. Paralytic ileus 1  2  3  4
- o. Penetrating trauma 1  2  3  4
5. Medications
- a. AquaMephyton (Vitamin K) 1  2  3  4
- b. Inderal (Propranolol) 1  2  3  4
- c. Kayexelate 1  2  3  4
- d. Lactulose (Cephulac) 1  2  3  4
- e. Pitressin (Vasopressin) 1  2  3  4
- E. RENAL/GENITOURINARY**
1. Assessment
- a. A-V fistula/shunt 1  2  3  4
- b. Fluid status 1  2  3  4
2. Interpretation of lab results
- a. BUN & creatinine 1  2  3  4
- b. Serum electrolytes 1  2  3  4
3. Equipment & procedures
- a. Bladder irrigation 1  2  3  4
- b. Insertion & care of straight and Foley catheter
- (1) 3 –way Foley 1  2  3  4
- (2) Female 1  2  3  4
- (3) Male 1  2  3  4
- c. Supra –pubic 1  2  3  4
4. Care of the patient with:
- a. Acute renal failure 1  2  3  4
- b. CAVH dialysis 1  2  3  4
- c. Hemodialysis 1  2  3  4
- d. Nephrectomy 1  2  3  4
- e. Peritoneal dialysis 1  2  3  4
- f. Renal rejection syndrome 1  2  3  4
- g. Renal transplant 1  2  3  4
- h. TURP 1  2  3  4
- i. Urinary diversion (ileal conduit nephrostomy) 1  2  3  4
- j. Urinary tract infection 1  2  3  4
- F. ENDOCRINE/METABOLIC**
1. Interpretation of lab results
- a. Blood glucose 1  2  3  4
- b. Thyroid studies 1  2  3  4
2. Equipment & Procedures
- a. Blood glucose measuring device: type 1  2  3  4
- b. Blood glucose monitoring 1  2  3  4
- c. Performing finger stick 1  2  3  4
3. Care of the patient with:
- a. Diabetes mellitus 1  2  3  4
- b. Diabetic ketoacidosis 1  2  3  4
- c. Disorders of pituitary adrenal (e.g., Addison's disease) 1  2  3  4
- d. Disorders of pituitary 1  2  3  4
- e. Drug overdose 1  2  3  4
- f. Hypertoyroidism (Grave's disease) 1  2  3  4
- g. Hypothyroidism 1  2  3  4
- h. Insulin shock 1  2  3  4

- i. Thyroidectomy – disorders of thyroid gland 1  2  3  4
4. Medication – insulin pump 1  2  3  4
- G. WOUND MANAGEMENT**
1. Assessment
- a. Skin for impending breakdown 1  2  3  4
- b. Stasis ulcers 1  2  3  4
- c. Surgical wound healing 1  2  3  4
2. Equipment & procedures
- a. Air fluidized, low airloss beds 1  2  3  4
- b. Sterile dressing changes 1  2  3  4
- c. Wound care/irrigations 1  2  3  4
3. Care of the patient with:
- a. Burns 1  2  3  4
- b. Pressure Sores 1  2  3  4
- c. Staged decubitus ulcers 1  2  3  4
- d. Surgical wounds with drain(s) 1  2  3  4
- e. Traumatic wounds 1  2  3  4
- H. PHLEBOTOMY/IV THERAPY**
1. Equipment & procedures
- a. Administration of blood/blood products 1  2  3  4
- (1) Cryoprecipitate 1  2  3  4
- (2) Packed red blood cells 1  2  3  4
- (3) Plasma/albumin 1  2  3  4
- (4) Whole blood 1  2  3  4
- b. Drawing blood from central line 1  2  3  4
- c. Drawing venous blood 1  2  3  4
- d. Starting Ivs 1  2  3  4
- (1) Angiocath 1  2  3  4
- (2) Butterfly 1  2  3  4
- (3) Heparin 1  2  3  4
2. Care of the patient with:
- a. Central line/catheter/dressing – 1  2  3  4
- (1) Broviac 1  2  3  4
- (2) Groshong 1  2  3  4
- (3) Hickman 1  2  3  4
- (4) Portacath 1  2  3  4
- (5) Quinton 1  2  3  4
- b. Peripheral line/ dressing 1  2  3  4
- I. PAIN MANAGEMENT**
1. Assessment of pain level/tolerance
2. Care of the patient with:
- a. Epidural anesthesia/analgesia 1  2  3  4
- b. IV conscious sedation 1  2  3  4
- c. Patient controlled analgesia 1  2  3  4
- J. MISCELLANEOUS**
1. Care of the patient with:
- a. Anaphylactic shock 1  2  3  4
- b. Disseminated intravascular coagulation (DIC) 1  2  3  4
- c. Hypovolemic shock 1  2  3  4
- d. Multi-system organ failure 1  2  3  4
- e. Organ/tissue donation 1  2  3  4
- f. Septic shock 1  2  3  4

**AGE SPECIFIC PRACTICE CRITERIA**

Please check the following boxes below for each age for what you have expertise in providing age-appropriate nursing care.

- A. Newborn/Neonate (birth – 30 days)
- B. Infant (30 days – 1 year)
- C. Toddler 1 – 3 years)
- D. Preschooler (3 – 5 years)
- E. School age children (5 – 12 years)

- F. Adolescents (12 – 18 years)
- G. Young Adults (18 – 39 years)
- H. Middle adults (39 – 64 years)
- I. Older adults (64+)

**EXPERIENCE WITH AGE GROUPS:**

Able to adapt care to incorporate normal growth and development. 1  2  3  4  5

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level. 1  2  3  4  5

Can ensure a safe environment reflecting needs of various age groups. 1  2  3  4  5

**My experience is primarily in:** (Please indicate number of years)

- |  |               |  |               |
|--|---------------|--|---------------|
| <input type="checkbox"/> Medical               | _____ year(s) | <input type="checkbox"/> Coronary care | _____ year(s) |
| <input type="checkbox"/> Surgical              | _____ year(s) | <input type="checkbox"/> Neuro         | _____ year(s) |
| <input type="checkbox"/> Trauma                | _____ year(s) | <input type="checkbox"/> Burn          | _____ year(s) |
| <input type="checkbox"/> Cardiothoracic        | _____ year(s) | <input type="checkbox"/> PACU          | _____ year(s) |
| <input type="checkbox"/> Other (specify) _____ | _____ year(s) |  |               |

**Certification:**

Please check the boxes and indicate the expiration date for each certificate that you have. If you know the exact date, please use the last date of the specific month(e.g., 08/31/2003)

- Arrhythmia course date: \_\_\_\_\_(mm/dd/yyyy)
- Critical Care course date: \_\_\_\_\_(mm/dd/yyyy)
- Computerized charting system: \_\_\_\_\_(mm/dd/yyyy)
- Medication Administration system: \_\_\_\_\_(mm/dd/yyyy)
- ACLS Exp. date: \_\_\_\_\_(mm/dd/yyyy)
- BCLS Exp. date: \_\_\_\_\_(mm/dd/yyyy)
- BTLS Exp. date: \_\_\_\_\_(mm/dd/yyyy)
- CCRN Exp. date: \_\_\_\_\_(mm/dd/yyyy)
- CNRN Exp. date: \_\_\_\_\_(mm/dd/yyyy)

TNCC Exp. date: \_\_\_\_\_(mm/dd/yyyy)

Other (type): \_\_\_\_\_(mm/dd/yyyy)

Please read and agree to the statements below by marking the checkbox.

\* I attest that the information I have given is true and accurate to the best of my knowledge and I am the individual completing this form. I hereby authorize the Company to release this Critical Care Checklist to the Client facilities in relation to consideration of employment as a traveler with those facilities.

Submit