HEALTH CARE INNOVATIONS
15 YEARS OF NURSING EXCELLENCE

Critical Care Skills Checklist

Name: _____ **Date:** _____

Please indicate the years of your experience for each of the following:

Medical	_____ Years	PACU	_____ Years
Neurology	_____ Years	Burn	_____ Years
Cardiothoracic	_____ Years	Coronary Care	_____ Years
Cardiovascular	_____ Years	Tele/IMC/Step-down	_____ Years

Indicate your level of experience rating with one of the following:
A – No Experience.
B – Minimal Experience - need review and supervision, have performed at least once.
C – Competent - able to perform independently.
D – Expert - able to act as resource to others.

A. CARDIOVASCULAR

1. Assessment
   - a. Abnormal heart sounds/murmurs A ☐ B ☐ C ☐ D ☐
   - b. Ausculation (rate, rhythm, volume) A ☐ B ☐ C ☐ D ☐
   - c. Blood Pressure/non-invasive A ☐ B ☐ C ☐ D ☐
   - d. Doppler A ☐ B ☐ C ☐ D ☐
   - e. Pulses/circulation checks A ☐ B ☐ C ☐ D ☐
2. Interpretation of lab results
   - a. Cardiac enzymes & isoenzymes A ☐ B ☐ C ☐ D ☐
   - b. Coagulation studies A ☐ B ☐ C ☐ D ☐
3. Equipment & procedures
   - a. Assist with:
     - (1) Arterial line insertion A ☐ B ☐ C ☐ D ☐
     - (2) Central line insertion A ☐ B ☐ C ☐ D ☐
     - (3) Open chest emergency A ☐ B ☐ C ☐ D ☐
     - (4) PA catheter/Swan-Ganz insertion A ☐ B ☐ C ☐ D ☐
     - (5) Pericardiocentesis A ☐ B ☐ C ☐ D ☐
     - (6) Transesophageal echocardiogram A ☐ B ☐ C ☐ D ☐
   - b. Automatic internal cardioverter defrillator A ☐ B ☐ C ☐ D ☐
   - c. Cardioversion A ☐ B ☐ C ☐ D ☐
   - d. CAVH-D A ☐ B ☐ C ☐ D ☐
   - e. Hemodynamic monitoring
     - (1) Cardiac index A ☐ B ☐ C ☐ D ☐
     - (2) Cardiac output A ☐ B ☐ C ☐ D ☐
     - (3) CVP monitoring A ☐ B ☐ C ☐ D ☐
     - (4) Femoral artery sheath removal A ☐ B ☐ C ☐ D ☐

(5) MAP A □ B □ C □ D □
(6) PA/Swan-Ganz A □ B □ C □ D □
(7) PCW pressure A □ B □ C □ D □
(8) PVR A □ B □ C □ D □
(9) Radial a-line A □ B □ C □ D □
(10) SVO_2 A □ B □ C □ D □
(11) SVR A □ B □ C □ D □

f. Intra aortic balloon pump A □ B □ C □ D □

g. Monitoring
(1) 12 lead EKG interpretation A □ B □ C □ D □
(2) Arrhythmia interpretation A □ B □ C □ D □
(3) Lead placement A □ B □ C □ D □
(4) Rhythm strip assessment A □ B □ C □ D □
(5) Set up and run 12 lead EKG A □ B □ C □ D □

h. Pacemaker
(1) External A □ B □ C □ D □
(2) Permanent A □ B □ C □ D □
(3) Temporary A □ B □ C □ D □
(4) Transthoracic (epicardial) A □ B □ C □ D □

i. Ventrical assist device (RVAD or LVAD) A □ B □ C □ D □

4. Care of the patient with:
a. Abdominal aortic aneurysm repair A □ B □ C □ D □
b. Acute MI A □ B □ C □ D □
c. Cardiac arrest A □ B □ C □ D □
d. Cardiac tamponade A □ B □ C □ D □
e. Congestive heart failure (CHF) A □ B □ C □ D □
f. EP study & ablation A □ B □ C □ D □
g. Heart transplant A □ B □ C □ D □
h. Immediate post open-heart surgery A □ B □ C □ D □
i. Infective endocarditis A □ B □ C □ D □
j. Myocardial contusion A □ B □ C □ D □
k. Pericarditis A □ B □ C □ D □
l. Post AICD insertion A □ B □ C □ D □
m. Post arthrectomy (DCA) A □ B □ C □ D □
n. Post commissurotomy, valve repair/replacement A □ B □ C □ D □
o. Post intracoronary stent placement A □ B □ C □ D □
p. Post percutaneous balloon valvuloplasty A □ B □ C □ D □
q. Post rotoblade A □ B □ C □ D □
r. Pre/post angioplasty A □ B □ C □ D □
s. Pre/post cardiac cath A □ B □ C □ D □

5. Medications
a. Amiodarone (Cardarone) A □ B □ C □ D □
b. Atropine A □ B □ C □ D □
c. Bicarbonate A □ B □ C □ D □
d. Pretylium (Bretylol) A □ B □ C □ D □
e. Digoxin (Lanoxin) A □ B □ C □ D □

f. Diltiazem (cardiazem) A □ B □ C □ D □
g. Dobutamine (Dobutrex) A □ B □ C □ D □
h. Dopamine (Intopin) A □ B □ C □ D □
i. Epinephrine (Adrenalin) A □ B □ C □ D □
j. Esmolol (Brevibloc) A □ B □ C □ D □
k. Inocor (Amrinone) A □ B □ C □ D □
l. Lidocaine (Xylocaine) A □ B □ C □ D □
m. Metoprolol (Lopressor) A □ B □ C □ D □
n. Nipride (Nitroprusside) A □ B □ C □ D □
o. Nitroglycerine (Tridil) A □ B □ C □ D □
p. Procainamide (Pronestyl) A □ B □ C □ D □
q. Reteplase recombinant (Retavase) A □ B □ C □ D □
r. Streptokinase A □ B □ C □ D □
s. TPA (Alteplase) A □ B □ C □ D □
t. Verapamil (Calan, Isoptin Verelan) A □ B □ C □ D □

B. PULMONARY

1. Assessment
   a. Adventitious breath sounds A □ B □ C □ D □
   b. Rate and work of breathing A □ B □ C □ D □
2. Interpretation of lab results - arterial blood gases A □ B □ C □ D □
3. Equipment & procedures
   a. Air leak troubleshooting
      (1) Mediastinal chest tube removal A □ B □ C □ D □
      (2) Pleural chest tube removal A □ B □ C □ D □
   b. Airway management devices/suctioning
      (1) Endotracheal tube/suctioning A □ B □ C □ D □
      (2) Extubation A □ B □ C □ D □
      (3)Nasal Airway/suctioning A □ B □ C □ D □
      (4)Oximetry A □ B □ C □ D □
      (5) Sputum specimen collection A □ B □ C □ D □
      (6) Tracheostomy/suctioning A □ B □ C □ D □
   c. Assist with
      (1) Bronchoscopy A □ B □ C □ D □
      (2) Chest tube insertion A □ B □ C □ D □
      (3) Emergency tracheostomy A □ B □ C □ D □
      (4) Thoracotomy A □ B □ C □ D □
   d. Establishing an airway
      (1) Assist with intubation A □ B □ C □ D □
      (2) Oral airway insertion A □ B □ C □ D □
   e. Identification/intervention for respiratory complications
      (1) Aspiration A □ B □ C □ D □
      (2) Laryngospasm A □ B □ C □ D □
      (3) Tension pneumothorax A □ B □ C □ D □
      (4) Use of Pleurevac or Thoraclex drainage A □ B □ C □ D □
      (5) Use of water seal drainage A □ B □ C □ D □

f. O_2 therapy & medication delivery systems
   (1) Ambu bag and mask A □ B □ C □ D □
   (2) ET tube A □ B □ C □ D □
   (3) Face masks A □ B □ C □ D □
   (4) nasal cannula A □ B □ C □ D □
   (5) Portable O_2 tank A □ B □ C □ D □
   (6) Trach collar A □ B □ C □ D □

g. Ventilator management
   (1) External CPAP A □ B □ C □ D □
   (2) High frequency jet ventilation A □ B □ C □ D □
   (3) IMV A □ B □ C □ D □
   (4) PEEP A □ B □ C □ D □
   (5) Pressure support A □ B □ C □ D □
   (6) Weaning modes & T-piece weaning A □ B □ C □ D □

4. Care of the patient with:
   a. Acute pneumonia A □ B □ C □ D □
   b. ARDS A □ B □ C □ D □
   c. Chest trauma A □ B □ C □ D □
   d. COPD A □ B □ C □ D □
   e. Cor pulmonale A □ B □ C □ D □
   f. Fresh tracheostomy A □ B □ C □ D □
   g. Lobectomy A □ B □ C □ D □
   h. Lung Transplant A □ B □ C □ D □
   i. Near Drowning A □ B □ C □ D □
   j. Pneumonectomy A □ B □ C □ D □
   k. Pulmonary edema/hypertension A □ B □ C □ D □
   l. Pulmonary embolism A □ B □ C □ D □
   m. Status asthmaticus A □ B □ C □ D □
   n. Thoracotomy A □ B □ C □ D □
   o. Tuberculosis A □ B □ C □ D □

5. Medications
   a. Alupent (Metaproterenol) A □ B □ C □ D □
   b. Aminophylline (Theophylline) A □ B □ C □ D □
   c. Bronkosol (Isoetharine hydrochloride) A □ B □ C □ D □
   d. Corticosteroids A □ B □ C □ D □
   e. Ventolin (Albuterol) A □ B □ C □ D □

C. NEUROLOGICAL

1. Assessment
   a. Cranial nerves A □ B □ C □ D □
   b. Glasgow coma scale A □ B □ C □ D □
   c. Level of conciousness A □ B □ C □ D □
   d. Pathologic reflexes A □ B □ C □ D □
   e. Reflex/motor deficits A □ B □ C □ D □
   f. Visual or communication deficits A □ B □ C □ D □
2. Equipment & procedures
   a. Assist with lumbar puncture A □ B □ C □ D □

b. Halo traction/cervical tongs A □ B □ C □ D □
c. Intracranial pressure monitoring A □ B □ C □ D □
d. Nerve stimulators A □ B □ C □ D □
e. Rotating bed A □ B □ C □ D □
f. Seizure precautions A □ B □ C □ D □
g. Spinal precautions A □ B □ C □ D □
h. Stryker frame A □ B □ C □ D □
i. Use of hyper/hypothermia blanket A □ B □ C □ D □

3. Care of the patient with:
   a. Aneurysm precautions A □ B □ C □ D □
   b. Basal skull fracture A □ B □ C □ D □
   c. Closed head injury A □ B □ C □ D □
   d. Coma A □ B □ C □ D □
   e. CVA A □ B □ C □ D □
   f. DTs A □ B □ C □ D □
   g. Encephalitis A □ B □ C □ D □
   h. Externalized VP shunts A □ B □ C □ D □
   i. Increased ICP A □ B □ C □ D □
   j. Laminectomy A □ B □ C □ D □
   k. Meningitis A □ B □ C □ D □
   l. Metastatic tumor/intracranial tumor resection A □ B □ C □ D □
   m. Multiple sclerosis A □ B □ C □ D □
   n. Post craniotomy A □ B □ C □ D □
   o. Spinal cord injury A □ B □ C □ D □
   p. Ventriculostomy A □ B □ C □ D □
4. Medications
   a. Barbiturate induced coma A □ B □ C □ D □
   b. Decadron (Dexamethasone) A □ B □ C □ D □
   c. Dilantin (Phenytoin) A □ B □ C □ D □
   d. Epidural administration A □ B □ C □ D □
   e. Phenobarbital A □ B □ C □ D □
   f. Valium (Diazepam) A □ B □ C □ D □

D. GASTROINTESTINAL

1. Assessment
   a. Abdominal/bowel sounds A □ B □ C □ D □
   b. Nutritional A □ B □ C □ D □
2. Interpretation of lab results
   a. Serum ammonia A □ B □ C □ D □
   b. Serum amylase A □ B □ C □ D □
   c. LFTs A □ B □ C □ D □
3. Equipment & procedures
   a. Administration of tube feeding A □ B □ C □ D □
   b. Balloon tamponade (Sengstaken Blakemore) A □ B □ C □ D □
   c. Feeding pump A □ B □ C □ D □
   d. Flexible freeding tube (i.e., Corpak, Dobhoff) A □ B □ C □ D □
   e. Gravity feeding A □ B □ C □ D □

f. Iced saline lavage A □ B □ C □ D □
g. Management of
(1) Gastrostomy tube A □ B □ C □ D □
(2) Jejunostomy tube A □ B □ C □ D □
(3) T-tube A □ B □ C □ D □
(4) TPN and lipids administration A □ B □ C □ D □
(5) PPN (peripheral parenteral nutrition) A □ B □ C □ D □
h. Placement of nasogastric tube A □ B □ C □ D □
i. Salem sump to suction A □ B □ C □ D □

4. Care of the patient with:
a. Blunt trauma A □ B □ C □ D □
b. Bowel obstruction A □ B □ C □ D □
c. Colostomy A □ B □ C □ D □
d. ERCP A □ B □ C □ D □
e. Esophageal bleeding A □ B □ C □ D □
f. GI bleeding A □ B □ C □ D □
g. GI surgery A □ B □ C □ D □
h. Hepatitis A □ B □ C □ D □
i. Ileostomy A □ B □ C □ D □
j. Inflammatory bowel disease A □ B □ C □ D □
k. Liver failure A □ B □ C □ D □
l. Liver transplant A □ B □ C □ D □
m. Pancreatitis A □ B □ C □ D □
n. Paralyptic ileus A □ B □ C □ D □
o. Penetrating trauma A □ B □ C □ D □

5. Medications
a. AquaMephyton (Vitamin K) A □ B □ C □ D □
b. Inderal (Propranolol) A □ B □ C □ D □
c. Kayexelate A □ B □ C □ D □
d. Lactulose (Cephulac) A □ B □ C □ D □
e. Pitressin (Vasopressin) A □ B □ C □ D □

E. RENAL/GENITOURINARY

1. Assessment
a. A-V fistula/shunt A □ B □ C □ D □
b. Fluid Status A □ B □ C □ D □

2. Interpretation of lab results
a. BUN & creatinine A □ B □ C □ D □
b. Serum electrolytes A □ B □ C □ D □

3. Equipment & procedures
a. Bladder irrigation A □ B □ C □ D □
b. Insertion & care of straight and Foley catheter
(1) 3-way Foley A □ B □ C □ D □
(2) Female A □ B □ C □ D □
(3) Male A □ B □ C □ D □
c. Supra-pubic A □ B □ C □ D □

4. Care of the patient with:
   a. Acute renal failure A □ B □ C □ D □
   b. CAVH dialysis A □ B □ C □ D □
   c. Hemodialysis A □ B □ C □ D □
   d. Nephrectomy A □ B □ C □ D □
   e. Preitoneal dialysis A □ B □ C □ D □
   f. Renal rejection syndrome A □ B □ C □ D □
   g. Renal transplant A □ B □ C □ D □
   h. TURP A □ B □ C □ D □
   i. Urinary diversion (ileal conduit nephrostomy) A □ B □ C □ D □
   j. Urinary tract infection A □ B □ C □ D □

F. ENDOCRINE/METABOLIC

1. Interpretation of lab results
   a. Blood glucose A □ B □ C □ D □
   b. Thyroid studies A □ B □ C □ D □
2. Equipment & procedures
   a. Blood glucose measuring device: _____
   b. Blood glucose monitoring A □ B □ C □ D □
   c. Performing finger stick A □ B □ C □ D □
3. Care of the patient with:
   a. Diabetes mellitus A □ B □ C □ D □
   b. Diabetic ketoacidosis A □ B □ C □ D □
   c. Disorders of adrenal gland (e.g., Addison's Disease) A □ B □ C □ D □
   d. Drug overdose A □ B □ C □ D □
   e. Hyperthyroidism (Grave's disease) A □ B □ C □ D □
   f. Hypothyroidism A □ B □ C □ D □
   g. Insulin shock A □ B □ C □ D □
   h. Thyroidectomy – disorders of thyroid gland A □ B □ C □ D □
4. Medication – insulin pump A □ B □ C □ D □

G. WOUND MANAGEMENT

1. Assessment
   a. Skin for impending breakdown A □ B □ C □ D □
   b. Stasis ulcers A □ B □ C □ D □
   c. Surgical wound healing A □ B □ C □ D □
2. Equipment & procedures
   a. Air fluidized, low airloss beds A □ B □ C □ D □
   b. Sterile dressing changes A □ B □ C □ D □
   c. Wound care/irrigations A □ B □ C □ D □
3. Care of the patient with:
   a. Burns A □ B □ C □ D □
   b. Pressure sores A □ B □ C □ D □
   c. Staged decubitus ulcers A □ B □ C □ D □
   d. Surgical wounds with drain(s) A □ B □ C □ D □
   e. Traumatic wounds A □ B □ C □ D □

H. PHLEBOTOMY/IV THERAPY

1. Equipment & procedures
   a. Administration of blood/blood products
      (1) Cryoprecipitate A □ B □ C □ D □
      (2) Packed red blood cells A □ B □ C □ D □
      (3) Plasma/albumin A □ B □ C □ D □
      (4) Whole blood A □ B □ C □ D □
   b. Drawing blood from central line A □ B □ C □ D □
   c. Drawing venous blood A □ B □ C □ D □
   d. Starting Ivs
      (1) Angiocath A □ B □ C □ D □
      (2) Butterfly A □ B □ C □ D □
      (3) Heparin lock A □ B □ C □ D □
2. Care of the patient with:
   a. Central line/catheter/dressing –
      (1) Broviac A □ B □ C □ D □
      (2) Groshong A □ B □ C □ D □
      (3) Hickman A □ B □ C □ D □
      (4) Portacath A □ B □ C □ D □
      (5) Quinton A □ B □ C □ D □
   b. Peripheral line/dressing A □ B □ C □ D □

I. PAIN MANAGEMENT

1. Assessment of pain level/tolerance
2. Care of the patient with:
   a. Epidural anesthesia/analgesia A □ B □ C □ D □
   b. IV conscious sedation A □ B □ C □ D □
   c. Patient controlled analgesia A □ B □ C □ D □

J. MISCELLANEOUS

Care of the patient with:

a. Anaphylactic shock A □ B □ C □ D □
b. Disseminated intravascular coagulation (DIC) A □ B □ C □ D □
c. Hypovolemic shock A □ B □ C □ D □
d. Multi-system organ failure A □ B □ C □ D □
e. Organ/tissue donation A □ B □ C □ D □
f. Septic shock A □ B □ C □ D □

Age Specific Practice Criteria
Please check the boxes below for each age group for which 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	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
Able to adapt care to incorporate normal growth and development.	□	□	□	□	□	□	□	□	□
Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.	□	□	□	□	□	□	□	□	□
Can ensure a safe environment reflecting specific needs of various age groups.	□	□	□	□	□	□	□	□	□

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 that I am the individual completing this form. I hereby authorize the Company to release this ICU Skills Checklist to the Client facilities in relation to consideration of employment as a Registered Nurse with those facilities.

_____ _____
Signature **Date**

HEALTH CARE INNOVATIONS
15 YEARS OF NURSING EXCELLENCE

Registered Professional Nurse Job Description

Critical Care

Job Summary:
The Critical Care RN is responsible for managing the care of the adolescent, adult or elderly patient experiencing general medical conditions or general surgical procedures, which require general assessments related to specific conditions, and general therapies and interventions. The Critical Care RN is responsible to the Clinical Manager assigned to the Critical Care Unit.

Qualifications

- Current licensure in good standing in the state of practice
- Evidence of 1 year of Critical Care nursing experience within the past two years
- Evidence of current BLS credential mandatory

Responsibilities

- Conducts an individualized patient assessment and reassessment, prioritizing the data collection based on the adolescent, adult or elderly patient's immediate condition or needs within timeframe specified by client facility's policies, procedures or protocols.
- Develops individualized plan of care reflecting collaboration with other members of the healthcare team.
- Collaborates with physician and other team members to implement orders and plan of care in an accurate and timely manner.
- Provides individualize patient/family education customized to the adolescent, adult or elderly patient and his/her family.
- Documents patient assessment findings, physical/psychosocial responses to nursing intervention and progress toward problem resolution and communicates these responses to team members as appropriate.
- Responds to emergencies according to facility policy and procedure.
- Maintains confidentiality in matters related to patient, family and client facility staff.
- Provides care in a non-judgmental, non-discriminatory manner that is sensitive to the adolescent, adult or elderly patient's and family's diversity, preserving their autonomy, dignity and rights.
- Reports relative indicators of patient condition to appropriate personnel during and at the end of each shift.
- Maintains current competency in Critical Care nursing.

RN Name: _____

RN Signature: _____ Date: _____

Joint Commission

2006 Critical Access Hospital and Hospital

National Patient Safety Goals

Note: New Goals and Requirements are indicated in **bold**.

Goal 1 Improve the accuracy of patient identification.

1A Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.

1B Not applicable.

Goal 2 Improve the effectiveness of communication among caregivers.

2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.

2B Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.

2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.

2D Not applicable.

2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

Goal 3 Improve the safety of using medications.

3A Retired in 2006.

3B Standardize and limit the number of drug concentrations available in the organization.

3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.

3D Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.

Goal 4 Not applicable.

Goal 5 Retired in 2006

Goal 6 Not applicable.

Goal 7 Reduce the risk of health care-associated infections.

7A Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

Goal 8 Accurately and completely reconcile medications across the continuum of care.

8A Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.

8B A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.

Goal 9 Reduce the risk of patient harm resulting from falls.

9B Implement a fall reduction program and evaluate the effectiveness of the program. **Note: Replacement for 9A**.

Goal 10 Not applicable.

Goal 11 Not applicable.

Goal 12 Not applicable.

Goal 13 Not applicable.

Goal 14 Not applicable.