## Professional Critical Care/Intensive Care Nursing Checklist

### Service Name: Date: 

### Years of Experience: 

Directions for completing skills checklist:

The following is a list of equipment and/or procedures performed in rendering care to patients. Please indicate your level of experience/proficiency with each area and, where applicable, the types of equipment and/or systems you are familiar with. Use the following key as a guideline:

- **A)** Theory Only/No Experience—Didactic instruction only, no hands on experience
- **B)** Limited Experience—Knows procedure/has used equipment, but has done so infrequently or not within the last six months
- **C)** Moderate Experience—Able to demonstrate equipment/procedure, performs the task/skill independently with only resource assistance needed.
- **D)** Proficient/Competent—Able to demonstrate/perform the task/skill proficiently without any assistance and can instruct/teach.

### A. CARDIOVASCULAR

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment</td>
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<tr>
<td>a. Abnormal heart sounds/murmurs/arrhythmias</td>
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<tr>
<td>b. Auscultation (rate, rhythm)</td>
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<tr>
<td>c. Blood pressure/non-invasive</td>
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<tr>
<td>d. Doppler</td>
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<tr>
<td>e. Pulses/circulation checks</td>
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<tr>
<td>2. Interpretation of lab results</td>
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<tr>
<td>a. Cardiac enzymes &amp; isoenzymes</td>
<td>○</td>
<td>○</td>
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<tr>
<td>b. Coagulation studies</td>
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<tr>
<td>3. Equipment &amp; procedures</td>
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<tr>
<td>a. Assist with</td>
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<tr>
<td>(1) Arterial line insertion</td>
<td>○</td>
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<tr>
<td>(2) Central line insertion</td>
<td>○</td>
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<tr>
<td>(3) Open chest emergency</td>
<td>○</td>
<td>○</td>
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<tr>
<td>(4) PA catheter/Swan-Ganz insertion</td>
<td>○</td>
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<tr>
<td>(5) Pericardiocentesis</td>
<td>○</td>
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<tr>
<td>(6) Transesophageal echocardiogram</td>
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<tr>
<td>b. Automatic internal cardioverter defibrillator</td>
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<tr>
<td>c. Cardioversion</td>
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<tr>
<td>d. CAVH-D</td>
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<tr>
<td>e. Hemodynamic monitoring</td>
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<tr>
<td>(1) Cardiac index</td>
<td>○</td>
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<tr>
<td>(2) Cardiac output</td>
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<td>○</td>
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<tr>
<td>(3) CVP monitoring</td>
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</tbody>
</table>
(4) Femoral artery sheath removal
(5) MAP
(6) PA/Swan-Ganz
(7) PCW pressure
(8) PVR
(9) Radial a-line
(10) SVO2
(11) SVR
f. Intra aortic balloon pump

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

h. Pacemaker
   (1) External
   (2) Permanent
   (3) Temporary
   (4) Transthoracic (epicardial)

i. Ventricular assist device (RVAD or LVAD)

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

5. Medications
   a. Amiodarone (Cardarone)
   b. Atropine
   c. Bicarbonate
   d. Bretylium (Bretylol)
   e. Digoxin (Lanoxin)
   f. Diltiazem (Cardizem)
   g. Dobutamine (Dobutrex)
   h. Dopamine (Intropin)
   i. Epinephrine (Adrenalin)
j. Esmolol (Brevibloc)  ○ ○ ○ ○
k. Inocor (Amrinone)  ○ ○ ○ ○
l. Lidocaine (Xylocaine)  ○ ○ ○ ○
m. Metoprolol (Lopressor)  ○ ○ ○ ○
n. Nipride (Nitroprusside)  ○ ○ ○ ○
o. Nitroglycerine (Tridil)  ○ ○ ○ ○
p. Procainamide (Pronestyl)  ○ ○ ○ ○
q. Retepase recombinant (Retavase)  ○ ○ ○ ○
r. Streptokinase  ○ ○ ○ ○
s. TPA (Alteplase)  ○ ○ ○ ○
t. Verapamil (Calan, Isoptin, Verelan)  ○ ○ ○ ○

B. PULMONARY

1. Assessment
   a. Adventitious breath sounds  ○ ○ ○ ○
   b. Rate and work of breathing  ○ ○ ○ ○

2. Interpretation of lab results - arterial blood gases  ○ ○ ○ ○

3. Equipment & procedures
   a. Air leak troubleshooting
      (1) Mediastinal chest tube removal  ○ ○ ○ ○
      (2) Pleural chest tube removal  ○ ○ ○ ○
   b. Airway management devices/suctioning
      (1) Endotracheal tube/suctioning  ○ ○ ○ ○
      (2) Extubation  ○ ○ ○ ○
      (3) Nasal airway/suctioning  ○ ○ ○ ○
      (4) Oximetry  ○ ○ ○ ○
      (5) Sputum specimen collection  ○ ○ ○ ○
      (6) Tracheostomy/suctioning  ○ ○ ○ ○
   c. Assist with
      (1) Bronchoscopy  ○ ○ ○ ○
      (2) Chest tube insertion  ○ ○ ○ ○
      (3) Emergency tracheostomy  ○ ○ ○ ○
      (4) Thoracentesis  ○ ○ ○ ○
   d. Establishing an airway
      (1) Assist with intubation  ○ ○ ○ ○
      (2) Oral airway insertion  ○ ○ ○ ○
   e. Identification/intervention for respiratory complications
      (1) Aspiration  ○ ○ ○ ○
      (2) Laryngospasm  ○ ○ ○ ○
      (3) Tension pneumothorax  ○ ○ ○ ○
      (4) Use of Pleurevac or Thoraclex drainage  ○ ○ ○ ○
      (5) Use of water seal drainage  ○ ○ ○ ○
   f. O2 therapy & medication delivery systems
      (1) Ambu bag and mask  ○ ○ ○ ○
      (2) ET tube  ○ ○ ○ ○
      (3) Face masks  ○ ○ ○ ○
      (4) Nasal cannula  ○ ○ ○ ○
      (5) Portable O2 tank  ○ ○ ○ ○
      (6) Trach collar  ○ ○ ○ ○
   g. Ventilator management
      (1) External CPAP  ○ ○ ○ ○
      (2) High frequency jet ventilation  ○ ○ ○ ○
4. Care of the patient with:
   a. Acute pneumonia
   b. ARDS
   c. Chest trauma
   d. COPD
   e. Cor pulmonale
   f. Fresh tracheostomy
   g. Lobectomy
   h. Lung transplant
   i. Near drowning
   j. Pneumonectomy
   k. Pulmonary edema/hypertension
   l. Pulmonary embolism
   m. Status asthmaticus
   n. Thoracotomy
   o. Tuberculosis

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

C. NEUROLOGICAL

1. Assessment
   a. Cranial nerves
   b. Glasgow coma scale
   c. Level of consciousness
   d. Pathologic reflexes
   e. Reflex/motor deficits
   f. Visual or communication deficits

2. Equipment & procedures
   a. Assist with lumbar puncture
   b. Halo traction/cervical tongs
   c. Intracranial pressure monitoring
   d. Nerve stimulators
   e. Rotating bed
   f. Seizure precautions
   g. Spinal precautions
   h. Stryker frame
   i. Use of hyper/hypothermia blanket

3. Care of the patient with:
   a. Aneurysm precautions
   b. Basal skull fracture
   c. Closed head injury
   d. Coma
   e. CVA
   f. DTs
g. Encephalitis
h. Externalized VP shunts
i. Increased ICP
j. Laminectomy
k. Meningitis
l. Metastatic tumor/intracranial tumor resection
m. Multiple sclerosis
n. Post craniotomy
o. Spinal cord injury
p. Ventriculostomy

4. Medications
   a. Barbiturate induced coma
   b. Decadron (Dexamethasone)
   c. Dilantin (Phenytoin)
   d. Epidural administration
   e. Phenobarbital
   f. Valium (Diazepam)

D. GASTROINTESTINAL

1. Assessment
   a. Abdominal/bowel sounds
   b. Nutritional

2. Interpretation of lab results
   a. Serum ammonia
   b. Serum amylase
   c. LFTs

3. Equipment & procedures
   a. Administration of tube feeding
   b. Balloon tamponade (Sengstaken Blakemore)
   c. Feeding pump
   d. Flexible feeding tube (i.e., Corpak, Dobhoff)
   e. Gravity feeding
   f. Iced saline lavage
   g. Management of
      (1) Gastrostomy tube
      (2) Jejunostomy tube
      (3) T-tube
      (4) TPN and lipids administration
      (5) PPN (peripheral parenteral nutrition)
   h. Placement of nasogastric tube
   i. Salem sump to suction

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

5. Medications
   a. AquaMephyton (Vitamin K) ○ ○ ○ ○
   b. Inderal (Propranolol) ○ ○ ○ ○
   c. Kayexelate ○ ○ ○ ○
   d. Lactulose (Cephulac) ○ ○ ○ ○
   e. Pitressin (Vasopressin) ○ ○ ○ ○

E. RENAL/GENITOURINARY
1. Assessment
   a. A-V fistula/shunt ○ ○ ○ ○
   b. Fluid status ○ ○ ○ ○
2. Interpretation of lab results
   a. BUN & creatinine ○ ○ ○ ○
   b. Serum electrolytes ○ ○ ○ ○
3. Equipment & procedures
   a. Bladder irrigation ○ ○ ○ ○
   b. Insertion & care of straight and Foley catheter
      (1) 3-way Foley ○ ○ ○ ○
      (2) Female ○ ○ ○ ○
      (3) Male ○ ○ ○ ○
   c. Supra-pubic ○ ○ ○ ○
4. Care of the patient with:
   a. Acute renal failure ○ ○ ○ ○
   b. CAVH dialysis ○ ○ ○ ○
   c. Hemodialysis ○ ○ ○ ○
   d. Nephrectomy ○ ○ ○ ○
   e. Peritoneal dialysis ○ ○ ○ ○
   f. Renal rejection syndrome ○ ○ ○ ○
   g. Renal transplant ○ ○ ○ ○
   h. TURP ○ ○ ○ ○
   i. Urinary diversion (ileal conduit nephrostomy) ○ ○ ○ ○
   j. Urinary tract infection ○ ○ ○ ○

F. ENDOCRINE/METABOLIC
1. Interpretation of lab results
   a. Blood glucose ○ ○ ○ ○
   b. Thyroid studies ○ ○ ○ ○
2. Equipment & procedures
   a. Blood glucose measuring device:
      Type:
      ○ ○ ○ ○
   b. Blood glucose monitoring ○ ○ ○ ○
   c. Performing finger stick ○ ○ ○ ○
3. Care of the patient with:
   a. Diabetes mellitus ○ ○ ○ ○
   b. Diabetic ketoacidosis ○ ○ ○ ○
   c. Disorders of adrenal gland (e.g., Addison's disease) ○ ○ ○ ○
   d. Disorders of pituitary gland (e.g., DI) ○ ○ ○ ○
   e. Drug overdose ○ ○ ○ ○
f. Hyperthyroidism (Grave's disease)

g. Hypothyroidism

h. Insulin shock

i. Thyroidectomy - disorders of thyroid gland

4. Medication - insulin pump

G. WOUND MANAGEMENT

1. Assessment
   a. Skin for impending breakdown
   b. Stasis ulcers
   c. Surgical wound healing

2. Equipment & procedures
   a. Air fluidized, low airloss beds
   b. Sterile dressing changes
   c. Wound care/irrigations

3. Care of the patient with:
   a. Burns
   b. Pressure sores
   c. Staged decubitus ulcers
   d. Surgical wounds with drain(s)
   e. Traumatic wounds

H. PHLEBOTOMY/IV THERAPY

1. Equipment & procedures
   a. Administration of blood/blood products
      (1) Cryoprecipitate
      (2) Packed red blood cells
      (3) Plasma/albumin
      (4) Whole blood
   b. Drawing blood from central line
   c. Drawing venous blood
   d. Starting IVs
      (1) Angiocath
      (2) Butterfly
      (3) Heparin lock

2. Care of the patient with:
   a. Central line/catheter/dressing -
      (1) Broviac
      (2) Groshong
      (3) Hickman
      (4) Portacath
      (5) Quinton
   b. Peripheral line/dressing

I. PAIN MANAGEMENT

1. Assessment of pain level/tolerance

2. Care of the patient with:
   a. Epidural anesthesia/analgesia
   b. IV conscious sedation
   c. Patient controlled analgesia

J. MISCELLANEOUS

1. Care of the patient with:
a. Anaphylactic shock
b. Disseminated intravascular coagulation (DIC)
c. Hypovolemic shock
d. Multi-system organ failure
e. Organ/tissue donation
f. Septic shock

AGE SPECIFIC PRACTICE

<table>
<thead>
<tr>
<th>A. Newborn/Neonate (birth - 30 days)</th>
<th>B. Infant (30 days - 1 year)</th>
<th>C. Toddler (1 - 3 years)</th>
<th>D. Preschooler (3 - 5 years)</th>
<th>E. School age children (5 - 12 years)</th>
<th>F. Adolescents (12 - 18 years)</th>
<th>G. Young adults (18 - 39 years)</th>
<th>H. Middle adults (39 - 64 years)</th>
<th>I. Older adults (64+)</th>
</tr>
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EXPERIENCE WITH AGE GROUPS

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.

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

○ Medical ______ year(s)  ○ Cardiothoracic ______ year(s)  ○ Neuro ______ year(s)
○ Neurological ______ year(s)  ○ Cardiovascular ______ year(s)  ○ Burn ______ year(s)
○ Trauma ______ year(s)  ○ Coronary care ______ year(s)  ○ PACC ______ year(s)
○ Other (specify)________________________  ______ year(s)

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Professional Nursing Service to release Critical Care/Intensive Care Skills Checklist to client facilities of PNS in relations to consideration of employment as a Traveler with those facilities.

__________________________________________  __________________________
Signature                                      Date

__________________________________________  __________________________
Address                                      Phone