

## Critical Care Skills Checklist

Name:  Date:  Experience Since:

	Comfortable With	Done Occasionally	No Experience
<b>I. Cardiovascular</b>			
<b>A. Assessment</b>			
1. Abnormal heart sounds/murmurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Auscultation (rate, rhythm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Blood pressure/non-invasive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Doppler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pulses/circulation checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Interpretation of lab results</b>			
1. Cardiac enzymes & isoenzymes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Coagulation studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Equipment &amp; Procedures</b>			
<b>1. Assist with:</b>			
a. Arterial line insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Central line insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Open chest emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. PA catheter/Swan-Ganz insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pericardicentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Transesophageal echocardiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Automatic Internal cardioverter defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cardioversion/Defibrillation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. CAVH-D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Hemodynamic monitoring</b>			
a. Cardiac index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cardiac input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. CVP monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Femoral artery sheath removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. PA/Swan-Ganz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. PVR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Radial a-line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. SVO2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. SVR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Intra aortic balloon pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Monitoring</b>			
a. 12 lead EKG interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Arrhythmia interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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c. Lead placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rhythm strip assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Set up and run 12 lead EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Pacemaker</b>			
a. External	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Permanent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Temporary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Transthoracic (epicardial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ventricular assist device (RVAD or LVAD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Care of the patient with:</b>			
1. Abdominal aortic aneurysm repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Acute MI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cardiac arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cardiac tamponade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Congestive heart failure (CHF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. EP study & ablation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Heart transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Immediate post open heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Infective endocarditis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Myocardial contusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Pericarditis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Post AICD insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Post arthroctomy (DCA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Post commissurotomy, valve repair, valve replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. PTCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Post percutaneous balloon valvuloplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Post roto blade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Pre/post angioplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Pre,post cardiac cath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. Medications</b>			
1. Amiodarone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Atropine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Bumex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bretylium (Bretlyol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Digoxin (Lanoxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Diltiazem (Cardizem)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Dobutamine (Dobutrex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Dopamine (Intropin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Epinephrine (Adrenalin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Esmolol (Brevibloc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Inocor (Amrinone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Isuprel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Lidocaine (Xylocaine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Metoprolol (Lopressor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nipride (Nitroprusside)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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17. Nitroglycerine (Tridil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Procainamide (Pronestyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Retelpase recombinant (Retavase)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Streptokinase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. TPA (Aleptase)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. PULMONARY</b>			
<b>A. Assessment</b>			
1. Adventitious breath sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Rate and work of breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Interpretation of lab results</b>			
1. Arterial Blood Gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Equipment &amp; Procedures</b>			
<b>1. Air leak troubleshooting</b>			
a. Mediastinal chest tube removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pleural chest tube removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Airway management devices/suctioning</b>			
a. Endotracheal/tube suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Extubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Nasal airway/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pulse Oximetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sputum specimen collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Tracheostomy/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Assit with:</b>			
a. Bronchoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Chest tube insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Emergency tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Thoracentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Establishing an airway</b>			
a. Assist with intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Oral airway insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Identification/Intervention for Respiratory Complications</b>			
a. Aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Laryngospasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Tension pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use of Pleurevac or Thoraclex drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use of water seal drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Incentive Spirometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. O2 therapy &amp; medication delivery systems</b>			
a. Ambu bag and mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ET tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Face masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Nasal cannula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Portable O2 tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Trach collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Ventilator Management</b>			

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a. External CPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. High frequency jet ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. IMV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. PEEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pressure support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Weaning modes and T-piece weaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Care of the Patient with:</b>			
1. Acute pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ARDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cor pulmonale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fresh tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Inhalation injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Lobectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Lung transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Near drowning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pneumonectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Pulmonary edema/hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Status asthmaticus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Thoracotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. Medications</b>			
1. Alupent (Metaproterenol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Aminophylline (Theophylline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bronkosol (Isoetharine hydrochloride)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Corticosteroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ventolin (Albuterol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. Neurological</b>			
<b>A. Assessment</b>			
1. Cranial nerves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Glasgow coma scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Level of consciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pathologic reflexes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Reflex/motor deficits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Visual or communication deficits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ICP monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Equipment &amp; Procedures</b>			
1. Assist with lumbar puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Halo traction/cervical tongs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Intracranial pressure monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nerve stimulators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Rotating bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Seizure precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Spinal precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Stryker frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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9. Use of hyper/hypothermia blanket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Care of the Patient with:</b>			
1. Aneurysm precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Basal skull fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Closed head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Coma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. DTs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Externalized VP shunts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Increased ICP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Intracranial Hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Laminectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Metastatic tumor/intracranial tumor resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Post craniotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Spinal cord injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Ventriculostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Medications</b>			
1. Barbiturate induced coma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Decadron (Dexamethasone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dilantin (Phenytoin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Epidural administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Magnesium Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Phenobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Valium (Diazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV. Gastrointestinal</b>			
<b>A. Assessment</b>			
1. Abdominal/bowel sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Nutritional status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Interpretation of lab results</b>			
1. Serum ammonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Serum amylase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. LFTs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Equipment &amp; Procedures</b>			
1. Administration of tube feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Balloon tamponade (Sengstaken Blakemore)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Feeding Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Flexible feeding tube (i.e., Corpak, Dobhoff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Gravity Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Iced saline lavage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Management of:</b>			
a. Gastrostomy tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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b. Jejunostomy tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. T-tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. TPN and lipids administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. PPN (peripheral parenteral nutrition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Placement of nasogastric tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Salem sump to suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Care of the Patient with:</b>			
1. Blunt trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bowel obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Colostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ERCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Esophageal bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. GI bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. GI surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ileostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Inflammatory bowel disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Liver failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Liver transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Pancreatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Paralytic ileus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Penetrating trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. Medications</b>			
1. AquaMephyton (Vitamin K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Inderal (Propranolol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Kayexelate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lactulose (Cephulac)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pitressin (Vasopressin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>V. Renal/Genitourinary</b>			
<b>A. Assessment</b>			
1. A-V fistula/shunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fluid status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Interpretation of Lab Results</b>			
1. BUN & creatinine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Serum electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Equipment &amp; procedures</b>			
1. Bladder irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Insertion &amp; care of straight &amp; Foley Catheter</b>			
a. 3-way Foley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Supra-pubic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Care of the patient with:</b>			
1. Acute renal failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CAVH dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3. End stage renal disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Nephrectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Nephrectomy tube placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Peritoneal dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Renal rejection syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Renal transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. TURP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Urinary diversion (ileal conduit nephrostomy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VI. ENDOCRINE/METABOLIC</b>			
<b>A. Interpretation of lab results</b>			
1. Blood glucose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Thyroid studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Equipment &amp; Procedures</b>			
1. Blood glucose measuring device type:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Diabetic Ketoacidosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Disorders of adrenal gland (e.g., Addison's disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Disorders of pituitary gland (e.g., DI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Drug overdose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hyperthyroidism (Grave's Disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Hypothyroidism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Insulin shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thyroidectomy (Disorders of the Thyroid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Medication</b>			
1. Insulin Drip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VII. WOUND MANAGEMENT</b>			
<b>A. Assessment</b>			
1. Skin for impending breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Stasis ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Surgical wound healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Equipment &amp; Procedures</b>			
1. Air fluidized, low airloss beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sterile dressing changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Wound care/irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Care of the patient with:</b>			
1. Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pressure sores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Staged decubitus ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Surgical wounds with drain(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Traumatic wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VIII. PHLEBOTOMY/IV THERAPY</b>			
<b>A. Equipment &amp; Procedures</b>			
1. Administration of blood/blood products			
a. Cryoprecipitate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name:

Date:

	Comfortable With	Done Occasionally	No Experience
b. Packed red blood cells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Plasma/albumin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Whole blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drawing blood from central line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Drawing venous blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Starting IVs</b>			
a. Assist with IV cutdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Angiocath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Butterfly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Heparin lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Care of the Patient with:</b>			
1. Central line/catheter/dressing			
a. Broviac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Groshong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hickman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Portacath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Quinton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Peripheral line/dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV. PAIN MANAGEMENT</b>			
A. Assessment of pain level/tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Care of the patient with:</b>			
1. Epidural anesthesia/analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. IV conscious sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Patient controlled analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>X. MISCELLANEOUS</b>			
<b>A. Care of the patient with:</b>			
1. Anaphylactic shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Disseminated intravascular coagulation (DIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hypovolemic shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Multi-system organ failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Organ/tissue donation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Septic shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date