



**CRITICAL CARE/INTENSIVE CARE
SKILLS CHECKLIST**

NAME: _____ **DATE:** _____

Please check the appropriate letter of proficiency for the following types of clinical situations an equipment.

LEVEL OF PROFICIENCY

- A = Able to teach & supervise
- B = 1 year constant experience
- C = Intermittent experience
- D = No experience

| | A | B | C | D |
|---|---|---|---|---|
| MEDICATIONS | | | | |
| Unit Dose | | | | |
| Pouring from stock medication | | | | |
| Administration of Code Cart Emergency Drugs | | | | |
| Administration of: | | | | |
| Aminophylline | | | | |
| Ativan | | | | |
| Atropine | | | | |
| Chemotherapy Agents | | | | |
| Corticosteroids | | | | |
| Decadron | | | | |
| Digoxin | | | | |
| Dilantin | | | | |
| Dobutamine | | | | |
| Dopamine | | | | |
| Heparin | | | | |
| Inhalers | | | | |
| Lidocaine | | | | |
| Lopressor | | | | |
| Magnesium Sulfate | | | | |
| Nipride | | | | |
| Nitroglycerin | | | | |
| Phenobarbital | | | | |
| Thrombolytic Agents | | | | |
| Valium | | | | |
| Verapamil | | | | |
| IV THERAPY | | | | |
| Inserting IVs | | | | |



| <i>ICU/CCU Skills Checklist</i> | A | B | C | D |
|--|---|---|---|---|
| Mixing IV solutions | | | | |
| Heparin locks | | | | |
| TPN/Hyperalimentation | | | | |
| IV push | | | | |
| IV drip | | | | |
| Infusion pumps | | | | |
| Syringe pumps | | | | |
| Continuous Subcutaneous Infusion Pumps | | | | |
| PCA Pumps | | | | |
| Ultrasonic Doppler | | | | |
| CVP lines/measurement of CVP | | | | |
| Central line dressing change | | | | |
| Blood/Blood products administration | | | | |
| ordering/obtaining from blood bank | | | | |
| identification/intercession for adverse reaction | | | | |
| Multi-lumen central venous catheters | | | | |
| Implanted CVC (port-a-cath) | | | | |
| Assessment of IV insertion site | | | | |
| Assist with insertion of central line | | | | |
| X-ray/assessment after insertion | | | | |
| Care of patient with Central Line | | | | |
| CARDIOVASCULAR | | | | |
| Perform Defibrillation/Cardioversion | | | | |
| Assist with Insertion of Swan Ganz | | | | |
| Assist with Insertion of Arterial Line | | | | |
| Interpretation of Hemodynamic Monitoring | | | | |
| Cardiac Monitors | | | | |
| Arrhythmia Interpretation | | | | |
| Perform 12 Lead EKG | | | | |
| Interpret 12 Lead EKG | | | | |
| Set Up and Calibrate Pressure Transducers | | | | |
| Care of Patient with: | | | | |
| Acute MI | | | | |
| CHF | | | | |
| Swanz Ganz | | | | |
| Angina | | | | |
| Hypertension | | | | |
| Cardiomyopathy | | | | |
| Cardiopulmonary Arrest | | | | |
| Cardiogenic/Hypovolomic Shock | | | | |



CCU/ICU Skills Checklist

| | A | B | C | D |
|---|---|---|---|---|
| Abdominal Aortic Aneurysm | | | | |
| Carotid Endarterectomy | | | | |
| Intra Aortic Balloon Pump | | | | |
| Femoral Popliteal Bypass | | | | |
| Pre & Post Cardiac Surgery | | | | |
| Pre & Post Cardiac Cath | | | | |
| Pre & Post PTCA | | | | |
| Permanent Pacemaker | | | | |
| Temporary Pacemaker | | | | |
| External Pacemaker | | | | |
| Cardiac Lab Interpretation | | | | |
| Transplant | | | | |
| RESPIRATORY | | | | |
| Respiratory assessment | | | | |
| Assess Lung sounds | | | | |
| Chest percussion | | | | |
| Establish/Protect airway | | | | |
| Chest tubes/Pleurevac | | | | |
| Oxygen therapy | | | | |
| Drawing ABGs | | | | |
| Interpretation of ABGs | | | | |
| Incentive Spirometry | | | | |
| Suctioning: | | | | |
| oral | | | | |
| nasotracheal | | | | |
| endotracheal tube | | | | |
| tracheostomy tube | | | | |
| Oxygen Equipment Set Up and Maintenance | | | | |
| nasal canula | | | | |
| non-rebreather mask | | | | |
| venti-mask | | | | |
| ET Intubation/extubation | | | | |
| ambu bag | | | | |
| pulse oximetry | | | | |
| Care of patient with: | | | | |
| COPD | | | | |
| tracheostomy | | | | |



CCU/ICU Skills Checklist

| | A | B | C | D |
|--|---|---|---|---|
| pulmonary edema | | | | |
| pulmonary embolism | | | | |
| inhalation injuries | | | | |
| ARDS | | | | |
| ventilator (A/C, IMV, PEEP) | | | | |
| weaning parameters (pressur support, CPAP) | | | | |
| pre/post-op thoracic surgery | | | | |
| pneumonia | | | | |
| chest tubes | | | | |
| asthma | | | | |
| emphysema | | | | |
| NEUROLOGY | | | | |
| Neurological assessment | | | | |
| Seizure precautions | | | | |
| Assessment of Management of Seizure Activity | | | | |
| Assisting with lumbar puncture | | | | |
| Signs/Symptoms of increasing ICP | | | | |
| Glasgow Coma Scale | | | | |
| Crutchfield tongs | | | | |
| Circo-electric bed | | | | |
| Halo traction | | | | |
| Stryker frame | | | | |
| Care of patient with: | | | | |
| seizures | | | | |
| CNS infection | | | | |
| overdose | | | | |
| DTs | | | | |
| spinal cord injury | | | | |
| acute head injury | | | | |
| CVA/TIA | | | | |
| neuromuscular disease | | | | |
| pre/post neuro surgery | | | | |
| GASTROINTESTINAL | | | | |
| G.I. assessment | | | | |
| Bowel sounds | | | | |
| Inserting N-G tubes | | | | |
| Colostomy care | | | | |
| Measurement of I & O | | | | |
| Administration of tube feedings | | | | |



CCU/ICU Skills Checklist

| | A | B | C | D |
|--|---|---|---|---|
| Care of patients with: | | | | |
| GI bleed | | | | |
| NG tube | | | | |
| G-tube | | | | |
| J-tube | | | | |
| abdominal wounds/surgeries | | | | |
| inflammatory bowel disease | | | | |
| bowel obstruction | | | | |
| RENAL/GENITOURINARY | | | | |
| Insertion and care of: | | | | |
| straight cath | | | | |
| Indwelling urinary cath: | | | | |
| male | | | | |
| female | | | | |
| 3-way | | | | |
| Care of patient with: | | | | |
| renal trauma | | | | |
| suprapubic tube | | | | |
| nephrostomy tube | | | | |
| renal transplant | | | | |
| nephrectomy | | | | |
| heal conduit | | | | |
| renal stone | | | | |
| BPH | | | | |
| pre/post TURP | | | | |
| renal failure (acute, chronic) | | | | |
| shunts-fistulas | | | | |
| peritoneal dialysis | | | | |
| hemodialysis | | | | |
| CAVH dialysis | | | | |
| GU irrigation | | | | |
| GENERAL | | | | |
| Admit Patient to Unit with Complete Assessment | | | | |
| Blood Glucose Monitoring | | | | |
| Dressing Changes | | | | |
| Universal Precautions | | | | |
| Isolation | | | | |
| Obtaining Cultures | | | | |
| Normal Serum Lab Values | | | | |
| Organ Tissue Donation | | | | |



CCU/ICU Skills Checklist

| | A | B | C | D |
|--|---|---|---|---|
| Recover General Anesthesia Patient | | | | |
| Discharge Planning | | | | |
| Care of Patient with: | | | | |
| Multiple Trauma | | | | |
| Diabetes | | | | |
| Pressure Sores | | | | |
| Sickle Cell Anemia | | | | |
| Cancer | | | | |
| Alzheimer's Disease | | | | |
| HIV/AIDS | | | | |
| Charge Nurse Experience | | | | |
| AGE SPECIFIC COMPETENCY | | | | |
| Neo-Natal (To 1 Month) | | | | |
| Infant (1 Month to 1 Year) | | | | |
| Pediatric (1 to 12 Years) | | | | |
| Adolescent (12 to 18 Years) | | | | |
| Adult (18 to 65 Years) | | | | |
| Geriatric (65 Years and Older) | | | | |
| CULTURAL DIVERSITY | | | | |
| Assess the patient, plan, implement and evaluate in relation to Cultural needs | | | | |

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Nurse Connection, Inc. to release checklist to client health care facilities of Nurse Connection, Inc. relating to my contract employment with that facility.

(Signature)

(Date)