ONYX
HEALTH CARE STAFFING

## Critical Care Nurse Skills Checklist

Name: $\qquad$ Date: $\qquad$
In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a check ( $\sqrt{ }$ ) in the appropriate box.

1 = No experience; Theory/observed only
2 = Limited competency; < 5 times per year; Needs supervision
3 = Acceptable competency; > 5 times per year
4 = Competent; Performs on a daily or weekly basis; Proficient

| Skill Level | 1 | 2 | 3 | 4 |
| :---: | :---: | :---: | :---: | :---: |
| Cardiovascular |  |  |  |  |
| Assessment |  |  |  |  |
| Abnormal heart sounds/murmurs |  |  |  |  |
| Auscultation (rate, rhythm) |  |  |  |  |
| Blood pressure / non-invasive |  |  |  |  |
| Doppler |  |  |  |  |
| Pulses/circulation checks |  |  |  |  |
| Interpretation of lab results |  |  |  |  |
| Cardiac enzymes \& isoenzymes |  |  |  |  |
| Coagulation studies |  |  |  |  |
| Equipment usage \& procedure |  |  |  |  |
| Intra-aortic balloon pump |  |  |  |  |
| Hemodynamic monitoring |  |  |  |  |
| Cardiac index |  |  |  |  |
| Cardiac output |  |  |  |  |
| CVP monitoring |  |  |  |  |
| Femoral artery sheath removal |  |  |  |  |
| MAP |  |  |  |  |
| PA/Swan-Ganz |  |  |  |  |
| PCW pressure |  |  |  |  |
| PVR |  |  |  |  |
| Radial a-line |  |  |  |  |
| SVO2 |  |  |  |  |
| SVR |  |  |  |  |
| Monitoring |  |  |  |  |
| 12 lead EKG interpretation |  |  |  |  |
| Arrhythmia interpretation |  |  |  |  |
| Rhythm strip assessment |  |  |  |  |
| Set up and run 12 lead EKG |  |  |  |  |
| Pacemaker |  |  |  |  |
| External |  |  |  |  |
| Permanent/Temporary |  |  |  |  |
| Transthoracic (epicardial) |  |  |  |  |


| Skill Level | 1 | 2 | 3 | 4 |
| :---: | :---: | :---: | :---: | :---: |
| Cardiovascular cont... |  |  |  |  |
| Assisting with: |  |  |  |  |
| Arterial line insertion |  |  |  |  |
| Central line insertion |  |  |  |  |
| Open chest emergency |  |  |  |  |
| PA catheter/Swan-Ganz insertion |  |  |  |  |
| Pericardiocentesis |  |  |  |  |
| Transesophageal echocardiogram |  |  |  |  |
| Automatic internal cardioverter defib |  |  |  |  |
| Cardioversion |  |  |  |  |
| CAVH-D |  |  |  |  |
| Care of the patient with: |  |  |  |  |
| Abdominal aortic aneurysm repair |  |  |  |  |
| Acute MI |  |  |  |  |
| Cardiac arrest |  |  |  |  |
| Cardiac tamponade |  |  |  |  |
| Congestive heart failure (CHF) |  |  |  |  |
| EP study \& ablation |  |  |  |  |
| Heart transplant |  |  |  |  |
| Immediate post open-heart surgery |  |  |  |  |
| Infective endocarditis |  |  |  |  |
| Myocardial contusion |  |  |  |  |
| Pericarditis |  |  |  |  |
| Post AICD insertion |  |  |  |  |
| Post atherectomy (DCA) |  |  |  |  |
| Post commissurotomy |  |  |  |  |
| Valve repair |  |  |  |  |
| Valve replacement |  |  |  |  |
| Post intercoronary stent placement |  |  |  |  |
| Post percut. balloon valvuloplasty |  |  |  |  |
| Post rotoblade |  |  |  |  |
| Pre/post angioplasty |  |  |  |  |
| Pre/post cardiac catheter |  |  |  |  |



| Pulmonary cont... |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Equipment usage \& procedure |  |  |  |  |
| Establishing an airway |  |  |  |  |
| Assist with intubation |  |  |  |  |
| Oral airway insertion |  |  |  |  |
| Identification for respiratory compl. |  |  |  |  |
| Aspiration |  |  |  |  |
| Laryngospasm |  |  |  |  |
| Tension pneumothorax |  |  |  |  |
| Use of Pleurevac drainage |  |  |  |  |
| Use of Thoraclex drainage |  |  |  |  |
| Use of water seal drainage |  |  |  |  |
| Ventilator management |  |  |  |  |
| External CPAP |  |  |  |  |
| High frequency jet ventilation |  |  |  |  |
| IMV |  |  |  |  |
| PEEP |  |  |  |  |
| Pressure support |  |  |  |  |
| Weaning modes \& T-Piece wean |  |  |  |  |
| Care of the patient with: |  |  |  |  |
| Acute pneumonia |  |  |  |  |
| ARDS |  |  |  |  |
| Chest trauma |  |  |  |  |
| COPD |  |  |  |  |
| Cor pulmonale |  |  |  |  |
| Fresh tracheostomy |  |  |  |  |
| Lobectomy |  |  |  |  |
| Lung transplant |  |  |  |  |
| Near drowning |  |  |  |  |
| Pneumonectomy |  |  |  |  |
| Pulmonary edema/hypertension |  |  |  |  |
| Pulmonary embolism |  |  |  |  |
| Status asthmatics |  |  |  |  |
| Thoracotomy |  |  |  |  |
| Tuberculosis |  |  |  |  |
| Medications |  |  |  |  |
| Alupent (metraproterenol) |  |  |  |  |
| Aminophylline (theophylline) |  |  |  |  |
| Bronkosol (Isoetharine hydrochloride) |  |  |  |  |
| Corticosteroids |  |  |  |  |
| Ventolin (Albuterol) |  |  |  |  |
| Neurological |  |  |  |  |
| Assessment: |  |  |  |  |
| Cranial nerves |  |  |  |  |
| Glasgow coma scale |  |  |  |  |
| Level of consciousness |  |  |  |  |
| Pathologic reflexes |  |  |  |  |
| Reflex/motor deficits |  |  |  |  |
| Visual or communication deficits |  |  |  |  |


| Neurological cont... |  |  |
| :---: | :---: | :---: |
| Equipment usage \& procedure |  |  |
| Assist with lumbar puncture |  |  |
| Halo traction/cervical tongs |  |  |
| Intracranial pressure monitoring |  |  |
| Nerve stimulators |  |  |
| Rotating bed |  |  |
| Seizure precautions |  |  |
| Spinal precautions |  |  |
| Stryker frame |  |  |
| Use of hyper/hypothermia blanket |  |  |
| Care of the patient with: |  |  |
| Aneurysm precautions |  |  |
| Basal skull fracture |  |  |
| Closed head injury |  |  |
| Coma |  |  |
| CVA |  |  |
| DTs |  |  |
| Encephalitis |  |  |
| Externalized VP shunts |  |  |
| Increased ICP |  |  |
| Laminectomy |  |  |
| Meningitis |  |  |
| Metastatic tumor |  |  |
| Intracranial tumor resection |  |  |
| Multiple sclerosis |  |  |
| Post craniotomy |  |  |
| Spinal cord injury |  |  |
| Ventriculostomy |  |  |
| Medications |  |  |
| Barbiturate induced coma |  |  |
| Decadron (Dexamethasone) |  |  |
| Dilantin (Phenytoin) |  |  |
| Epidural administration |  |  |
| Phenobarbital |  |  |
| Valium (Diazepam) |  |  |
| Gastrointestinal |  |  |
| Assessment of abdominal/bowel sounds |  |  |
| Assessment of nutritional data |  |  |
| Interpretation of lab results |  |  |
| Serum ammonia |  |  |
| Serum amylase |  |  |
| LFTs |  |  |
| Equipment usage \& procedure |  |  |
| Administration of tube feeding |  |  |
| Balloon tamponade |  |  |
| Feeding pump |  |  |
| Flexible feeding tube |  |  |
| Gravity feeding |  |  |


| Gastrointestinal cont... |  |  |  |
| :---: | :---: | :---: | :---: |
| Equipment usage \& procedure |  |  |  |
| Iced saline lavage |  |  |  |
| Management of gastrostomy tube |  |  |  |
| Management of jejunostomy tube |  |  |  |
| Management of T-tube |  |  |  |
| Management of TPN and lipids admin |  |  |  |
| Management of PPN |  |  |  |
| Placement of nasogastric tube |  |  |  |
| Salem sump to suction |  |  |  |
| Care of the patient with: |  |  |  |
| Blunt trauma |  |  |  |
| Bowel obstruction |  |  |  |
| Colostomy |  |  |  |
| ERCP |  |  |  |
| Esophageal bleeding |  |  |  |
| GI bleeding |  |  |  |
| GI surgery |  |  |  |
| Hepatitis |  |  |  |
| Ileostomy |  |  |  |
| Inflammatory bowel disease |  |  |  |
| Liver failure |  |  |  |
| Liver transplant |  |  |  |
| Pancreatitis |  |  |  |
| Paralytic ileus |  |  |  |
| Penetrating trauma |  |  |  |
| Medications |  |  |  |
| AqualMephyton (Vitamin K) |  |  |  |
| Inderal (Propranolol) |  |  |  |
| Kayexelate |  |  |  |
| Lactulose (Cephulac) |  |  |  |
| Pitressin (Vasopressin) |  |  |  |
| Renal / Genitourinary |  |  |  |
| Assessment of A-V fistula |  |  |  |
| Assessment of A-V shunt |  |  |  |
| Assessment of fluid status |  |  |  |
| Interpretation of lab results |  |  |  |
| BUN |  |  |  |
| Creatinine |  |  |  |
| Serum electrolytes |  |  |  |
| Equipment usage \& procedure |  |  |  |
| Bladder irrigation |  |  |  |
| Insertion \& care of: |  |  |  |
| Straight catheter |  |  |  |
| Foley catheter |  |  |  |
| 3-way Foley |  |  |  |
| Female |  |  |  |
| Male |  |  |  |
| Supra-pubic |  |  |  |



| EMR cont... |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Meditech |  |  |  |  |

Please list any areas of expertise below:
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

I hereby certify that ALL information I have provided to Onyx Health Care Staffing on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature: $\qquad$ Date: $\qquad$

