Nurse Professionals
Home Care & Staffing, L.L.C.
Phone : 443-644-6915

CRITICAL CARE SKILLS CHECKLIST

This profile is for use by Critical Care nurses with more than one-year experience in their discipline and specialty. It will be a determining factor for Nurse Professional Home Care & Staffing, L.L.C. This document must be completed in its entirety; each page initialed, the last page signed, and then returned to Nurse Professional Home Care & Staffing, L.L.C. by any of the following methods:

Email: Save, then email completed document to nurseprof@comcast.net
Fax: Print and fax completed document to 443-664-6879

Please enter your full legal name as it appears on your Social Security Card.

First Name: _____ Last Name: _____

Social Security Number: _____ Date: _____ Email: _____

Please indicate your level of experience by checking 1 box in each of the category below (1-less experience → 4-more experience):

1. Theory, No Experience
2. Intermedite Experience
3. One - Two years current experience
4. Two plus years experience or functions independently

A. CARDIOVASCULAR

	1	2	3	4
1. Assessment				
a. Abnormal heart sounds/murmurs	☐	☐	☐	☐
b. Auscultation (rate, rhythm)	☐	☐	☐	☐
c. Blood pressure/non-invasive	☐	☐	☐	☐
d. Doppler	☐	☐	☐	☐
e. Pulses/circulation checks	☐	☐	☐	☐
2. Interpretation of lab results	1	2	3	4
a. Cardiac enzymes & isoenzymes	☐	☐	☐	☐
b. Coagulation studies	☐	☐	☐	☐
3. Equipment & procedures				
a. Assist with:	1	2	3	4
Arterial line insertion	☐	☐	☐	☐
Central line insertion	☐	☐	☐	☐
Open chest emergency	☐	☐	☐	☐
PA catheter/Swan-Ganz insertion	☐	☐	☐	☐
Pericardiocentesis	☐	☐	☐	☐
Transesophageal echocardiogram	☐	☐	☐	☐
b. Automatic internal cardioverter defibrillator	☐	☐	☐	☐
c. Cardioversion	☐	☐	☐	☐
d. CAVH-D	☐	☐	☐	☐
e. Hemodynamic monitoring	1	2	3	4
Cardiac index	☐	☐	☐	☐
Cardiac output	☐	☐	☐	☐
CVP monitoring	☐	☐	☐	☐
Femoral artery sheath removal	☐	☐	☐	☐
MAP	☐	☐	☐	☐
PA/Swan-Ganz	☐	☐	☐	☐
PCW pressure	☐	☐	☐	☐
PVR	☐	☐	☐	☐
Radial a-line	☐	☐	☐	☐
SVO2	☐	☐	☐	☐
SVR	☐	☐	☐	☐

A. CARDIOVASCULAR (cont...)

	1	2	3	4
f. intra aortic balloon punp	☐	☐	☐	☐
g. Monitoring				
12 lead EKG interpretation	☐	☐	☐	☐
Arrhythmia interpretation	☐	☐	☐	☐
Lead placement	☐	☐	☐	☐
Rhythm strip assessment	☐	☐	☐	☐
Set up and run 12 lead EKG	☐	☐	☐	☐
h. Pacemaker				
External	☐	☐	☐	☐
Permanent	☐	☐	☐	☐
Temporary	☐	☐	☐	☐
Transthoracic (epicardial)	☐	☐	☐	☐
i. Ventricular assist device (RVAD or LVAD)	☐	☐	☐	☐
4. Care of patient with:	1	2	3	4
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 valvuloplasty	☐	☐	☐	☐

Initials: _____

Nurse Professionals
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CRITICAL CARE SKILLS CHECKLIST

A. CARDIOVASCULAR (cont...)

	1	2	3	4
q. Post rotoblade	☐	☐	☐	☐
r. Pre/post angioplasty	☐	☐	☐	☐
s. Pre/post cardiac cath	☐	☐	☐	☐

5. Medications	1	2	3	4
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. Reteplase recombinant (Retavase)	☐	☐	☐	☐
r. Streptokinase	☐	☐	☐	☐
s. TPA (Alteplase)	☐	☐	☐	☐
t. Verapamil (Calan, Isoptin, Verelan)	☐	☐	☐	☐

B. PULMONARY

1. Assessment	1	2	3	4
a. Adventitious breath sounds	☐	☐	☐	☐
b. Rate and work of breathing	☐	☐	☐	☐

2. Interpretation of lab results	1	2	3	4
a. arterial blood gases	☐	☐	☐	☐

3. Equipment & procedures	1	2	3	4
a. Air leak troubleshooting				
Mediastinal chest tube removal	☐	☐	☐	☐
Pleural chest tube removal	☐	☐	☐	☐
b. Airway management devices/suctioning				
Endotracheal tube/suctioning	☐	☐	☐	☐
Extubation	☐	☐	☐	☐
Nasal airway/suctioning	☐	☐	☐	☐
Oximetry	☐	☐	☐	☐
Sputum specimen collection	☐	☐	☐	☐
Tracheostomy/suctioning	☐	☐	☐	☐
c. Assist with:				
Bronchoscopy	☐	☐	☐	☐
Chest tube insertion	☐	☐	☐	☐
Emergency tracheostomy	☐	☐	☐	☐
Thoracentesis	☐	☐	☐	☐
d. Establishing an airway				
Assist with intubation	☐	☐	☐	☐
Oral airway insertion	☐	☐	☐	☐

B. PULMONARY (cont...)

e. Identification/intervention for respiratory complications:	1	2	3	4
Aspiration	☐	☐	☐	☐
Laryngospasm	☐	☐	☐	☐
Tension pneumothorax	☐	☐	☐	☐
Use of Pleurevac or Thoraclex drainage	☐	☐	☐	☐
Use of water seal drainage	☐	☐	☐	☐
f. O2 therapy & medication delivery systems				
Ambu bag and mask	☐	☐	☐	☐
ET tube	☐	☐	☐	☐
Face masks	☐	☐	☐	☐
Nasal cannula	☐	☐	☐	☐
Portable O2 tank	☐	☐	☐	☐
Trach collar	☐	☐	☐	☐
g. Ventilator management				
External CPAP	☐	☐	☐	☐
High frequency jet ventilation	☐	☐	☐	☐
IMV	☐	☐	☐	☐
PEEP	☐	☐	☐	☐
Pressure support	☐	☐	☐	☐
Weaning modes & T-piece weaning	☐	☐	☐	☐

4. Care of patient with:	1	2	3	4
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	1	2	3	4
a. Alupent (Metaproterenol)	☐	☐	☐	☐
b. Aminophylline (Theophylline)	☐	☐	☐	☐
c. Bronkosol (Isoetharine hydrochloride)	☐	☐	☐	☐
d. Corticosteroids	☐	☐	☐	☐
e. Ventolin (Albuterol)	☐	☐	☐	☐

Initials: _____

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CRITICAL CARE SKILLS CHECKLIST

C. NEUROLOGICAL

1. Assessment	1	2	3	4
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	1	2	3	4
a. Assist with lumbar puncture	☐	☐	☐	☐
b. Halo traction/cervial 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:	1	2	3	4
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	1	2	3	4
a. Barbituate induced coma	☐	☐	☐	☐
b. Decadron (Dexamethasone)	☐	☐	☐	☐
c. Dilantin (Phenytoin)	☐	☐	☐	☐
d. Epidural administration	☐	☐	☐	☐
e. Phenobarbital	☐	☐	☐	☐
f. Valium (Diazepam)	☐	☐	☐	☐

D. GASTROINTESTINAL

1. Assessment	1	2	3	4
a. Abdominal/bowel sounds	☐	☐	☐	☐
b. Nutritional	☐	☐	☐	☐

2. Interpretation of lab results	1	2	3	4
a. Serum ammonia	☐	☐	☐	☐
b. Serum amylase	☐	☐	☐	☐
c. LFTs	☐	☐	☐	☐

D. GASTROINTESTINAL (cont...)

3. Equipment & procedures	1	2	3	4
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				
Gastrostomy tube	☐	☐	☐	☐
Jejunostomy tube	☐	☐	☐	☐
T-tube	☐	☐	☐	☐
TPN and lipids administration	☐	☐	☐	☐
PPN (peripheral parenteral nutrition)	☐	☐	☐	☐
h. Placement of nasogastric tube	☐	☐	☐	☐
i. Salem sump to suction	☐	☐	☐	☐

4. Care of patient with:	1	2	3	4
a. Blunt trauma	☐	☐	☐	☐
b. Bowel obstruction	☐	☐	☐	☐
c. Colostomy	☐	☐	☐	☐
d. ERCP	☐	☐	☐	☐
e. Esophogeal 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	1	2	3	4
a. AquaMephyton (Vitamin K)	☐	☐	☐	☐
b. Inderal (Propanolol)	☐	☐	☐	☐
c. Kayexelate	☐	☐	☐	☐
d. Lactulos (Cephulac)	☐	☐	☐	☐
e. Pitressin (Vasopressin)	☐	☐	☐	☐

E. RENAL/GENITOURINARY

1. Assessment	1	2	3	4
a. A-V fistula/shunt	☐	☐	☐	☐
b. Fluid status	☐	☐	☐	☐

2. Interpretation of lab results	1	2	3	4
a. BUN & creatinine	☐	☐	☐	☐
b. Serum electrolytes	☐	☐	☐	☐

Initials: _____

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CRITICAL CARE SKILLS CHECKLIST

E. RENAL/GENITOURINARY (cont...)

	1	2	3	4
3. Equipment & procedures				
a. Bladder irrigation	☐	☐	☐	☐
b. Insertion & care of straight and Foley catheter				
3-way Foley	☐	☐	☐	☐
Female	☐	☐	☐	☐
Male	☐	☐	☐	☐
c. Supra-pubic	☐	☐	☐	☐

	1	2	3	4
4. Care of 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	2	3	4
1. Interpretation of lab results				
a. Blood glucose	☐	☐	☐	☐
b. Thyroid studies	☐	☐	☐	☐

2. Equipment & procedures
a. Blood glucose measuring device: Type_____

	1	2	3	4
b. Blood glucose monitoring	☐	☐	☐	☐
c. Performing fingerstick	☐	☐	☐	☐

	1	2	3	4
3. Care of patient with:				
a. Diabetes mellitus	☐	☐	☐	☐
b. Diabetic ketoacidosis	☐	☐	☐	☐
c. Disorders of adrenal gland (i.e. 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	2	3	4
1. Assessment				
a. Skin for impending breakdown	☐	☐	☐	☐
b. Stasis ulcers	☐	☐	☐	☐
c. Surgical wound healing	☐	☐	☐	☐

G. WOUND MANAGEMENT (cont...)

	1	2	3	4
2. Equipment & procedures				
a. Air fluidized, low airloss beds	☐	☐	☐	☐
b. Sterile dressing changes	☐	☐	☐	☐
c. Wound care/irrigations	☐	☐	☐	☐

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

	1	2	3	4
2. Care of patient with:				
a. Central line/catheter/dressing				
Broviac	☐	☐	☐	☐
Groshong	☐	☐	☐	☐
Hickman	☐	☐	☐	☐
Portacath	☐	☐	☐	☐
Quinton	☐	☐	☐	☐
b. Peripheral line/dressing	☐	☐	☐	☐

I. PAIN MANAGEMENT

	1	2	3	4
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	2	3	4:
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	☐	☐	☐	☐

Initials: _____

Nurse Professionals
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CRITICAL CARE SKILLS CHECKLIST

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+ years)

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.	☐	☐	☐	☐	☐	☐	☐	☐	☐

MY EXPERIENCE IS PRIMARILY IN (Please indicate number of years)

☐ Medical _____ year(s)
☐ Surgical _____ year(s)
☐ Trauma _____ year(s)
☐ Cardiothoracic _____ year(s)
☐ Cardiovascular _____ year(s)
☐ Coronary care _____ year(s)
☐ Neuro _____ year(s)
☐ Burn _____ year(s)
☐ PACU _____ year(s)

☐ Other (specify) _____ _____ year(s)

☐ Other (specify) _____ _____ year(s)

Initials: _____

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CRITICAL CARE SKILLS CHECKLIST

CERTIFICATION

Please check the boxes below and indicate the expiration date for each certificate that you have. If you do not know the exact date, please use the last date of the specific month (e.g., 05/31/2004).

☐ ACLS Exp. Date: _____ (mm/dd/yyyy)
☐ BCLS Exp. Date: _____ (mm/dd/yyyy)
☐ BTLS Exp. Date: _____ (mm/dd/yyyy)
☐ CCRN Exp. Date: _____ (mm/dd/yyyy)
☐ CNRN Exp. Date: _____ (mm/dd/yyyy)
☐ TNCC Exp. Date: _____ (mm/dd/yyyy)

☐ Arrhythmia course date: _____ (mm/dd/yyyy)
☐ Critical care course date: _____ (mm/dd/yyyy)
☐ Computerized charting system: _____ Date: _____ (mm/dd/yyyy)
☐ Medication administration system: _____ Date: _____ (mm/dd/yyyy)

☐ Other (type): _____ Exp. Date: _____ (mm/dd/yyyy)

☐ Other (type): _____ Exp. Date: _____ (mm/dd/yyyy)

The information I have given is true and accurate to the best of my knowledge. I am the individual completing this form. I hereby authorize Nurse Professional Home Care & Staffing, L.L.C. to release this *Critical Care Skills Checklist* to client facilities in relation to consideration of my employment with those facilities.

_____ _____
Print Name Date

_____
Signature

DON'T FORGET TO SIGN ABOVE, INITIAL ALL OTHER PAGES, AND SEND THE FORM BACK TO YOUR POINT OF CONTACT!

Email to nurseprof@comcast.net , or Fax to 443-664-6879

Initials: _____