

ICU - Intensive Care Unit Summary

The Summary is intended to provide a snapshot of the health care professional's skills in the measured areas. We highly recommend reviewing the Details as you may find that the health care professional possesses the experience you are seeking.

Rating Legend/Key:

Proficiency

- 1: Theory only/No-Minimal Experience.
- 2: Limited Experience/May require assistance and/or review.
- 3: Experienced/Competent - Minimal Support needed.
- 4: Proficient.

Frequency

- 1: Never/Observed Only.
- 2: < 6 Times/Year.
- 3: 1 - 2 Times a Month.
- 4: Weekly - Every Shift.

Area	Proficiency Avg (4.0)	Frequency Avg (4.0)
Cardiovascular	4.0	3.9
Pulmonary	3.6	3.6
Neurological	3.6	3.7
Renal/Genitourinary	3.1	2.9
Endocrine/Metabolic	4.0	4.0
Wound Management	4.0	4.0
Infectious Disease	4.0	3.5
Phlebotomy/IV Therapy	3.4	3.6
Pain Management	3.7	3.7
MISCELLANEOUS	3.7	3.7

ICU - Intensive Care Unit Age Specific Criteria

Age Specific Criteria Legend/Key:

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+)

Age Specific Criteria

Able to adapt care to incorporate normal growth and development.

☐ A ☐ B ☐ C ☐ D ☐ E ☒ F ☒ G ☒ H ☒ I

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.

☐ A ☐ B ☐ C ☐ D ☐ E ☒ F ☒ G ☒ H ☒ I

Can ensure a safe environment reflecting specific needs of various age groups.

☐ A ☐ B ☐ C ☐ D ☐ E ☒ F ☒ G ☒ H ☒ I

ICU - Intensive Care Unit Details

Rating Legend/Key:

Proficiency

- 1: Theory only/No-Minimal Experience.
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Frequency

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 4: Weekly - Every Shift.

Cardiovascular

Proficiency

Frequency

Assessment

Abnormal Heart Sounds/Murmurs	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Auscultation Rate/Rhythm	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Pulses/Circulation Checks	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4

Interpretation of Lab Results

Cardiac Enzymes & Troponin	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
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Equipment & Procedures

Arrhythmia Interpretation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
12-Lead Placement	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
12-Lead Interpretation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Hemodynamic Monitoring (PAP, PCW, CVP, SVR, PVR, CO, CI)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
SVO2 Monitoring	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Femoral Artery Sheath Removal/Devices	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Intra-Aortic Balloon Pump	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Pacemaker-Permanent & Temporary	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Pacemaker-Transcutaneous	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Pacemaker-Transthoracic (Epicardial)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Ventricular Assist Device	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4

Assist with

A-Line Insertion/Removal	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
PA Catheter/SG Insertion/Removal	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Open Chest Emergency	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Pericardiocentesis	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4

Transesophageal Echocardiogram

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Cardioversion

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Care of the Patient with

AAA Repair

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Acute Coronary Syndrome

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

AICD Insertion

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Cardiac Arrest

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Cardiac Tamponade

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Cardiogenic Shock

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

CVA

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

CHF

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

EP Study & Ablation

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Heart Transplant

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Immediate Post-Op Open Heart (Directly from OR)

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Immediate Post-Op Open Heart (NOT Directly from OR)

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Post Interventional Cath/Cath Lab Procedure

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Medications

Antiarrhythmics (Amiodarone, Lidocaine, Procainamide)

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Argatroban

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Atropine

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Beta Blockers (Metoprolol, Atenolol, Labetolol)

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Bicarbonate

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Calcium Channel Blockers (Cardizem, Procardia)

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Digoxin

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Dobutamine

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Dopamine

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Heparin/Coumadin

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Integrilin, Aggrastat

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Magnesium

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Nitroprusside (Nipride)

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Nitroglycerine (Tridil)

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☒ 1 ☐ 2 ☐ 3 ☐ 4

Thrombolytics (TPA)

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Vasopressin

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4
Pulmonary**Proficiency****Frequency****Assessment**

Breath Sounds, Rate & Work of Breathing

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Interpretations of ABGs

☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4
Airway Management

Ambu Bag & Mask

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Endotracheal Tube Suctioning

☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 1 ☐ 2 ☒ 3 ☐ 4

Face Mask/Nasal Cannula

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☒ 3 ☐ 4

Intubation/Extubation

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Nitric Oxide

☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4
Ventilator Management

Modes of Ventilation: AC, PC, SIMV, CPAP

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Weaning

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☒ 3 ☐ 4
Equipment

Chest Tube Placement & Management

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☒ 3 ☐ 4

Assist with Bronchoscopy

☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Assist with Emergency Trach

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☒ 3 ☐ 4

Assist with Thoracentesis

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4
Identification & Intervention of Respiratory Complications

Aspiration

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Laryngospasm

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☒ 3 ☐ 4

Pneumothorax

☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 1 ☐ 2 ☒ 3 ☐ 4

Tension Pneumothorax

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4
Care of the Patient with

Acute Pneumonia

☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

ARDS

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☒ 3 ☐ 4

Chest/Pulmonary Trauma

☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

COPD

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Fresh Tracheostomy	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Lung Transplant	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Pulmonary Edema	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
Pulmonary Embolism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Status Asthmaticus	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
Thoracotomy/Lobectomy/Pneumonectomy	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4

Medications

Atrovent	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Corticosteroids	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
Ventolin (Albuterol)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4

Neurological

Proficiency

Frequency

Assessment

Stroke Scale	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Glasgow Coma Scale	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Neuro Assessment	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Pathologic Reflexes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4

Gastrointestinal

Assessment	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Abdominal/Bowel Sounds	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Nutritional	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4

Interpretation of Lab Results

Serum Ammonia/Amylase/LFTs	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
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Equipment & Procedures

Tube Feedings	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Balloon Tamponade	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Iced Saline Lavage Management of	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
G Tube/J Tube	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
T Tube	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
TPN/Lipid Administration	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4

Care of the Patient with

Major Trauma	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Bowel Obstruction	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Colostomy/Ileostomy	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
ERCP	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Esophageal/GI Bleeding	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
GI Surgery	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Hepatitis	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Inflammatory Bowel Disease	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
Liver Failure	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Liver Transplant	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
Pancreatitis	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4

Medications

Aquamephyton (Vitamin K)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
Inderal (Propanolol)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
Kayexelate	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
Lactulose (Cephulac)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4

Renal/Genitourinary

Proficiency

Frequency

Assessment

AV Fistula/Shunt	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Fluid Status	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4

Interpretation of Lab Results

BUN/Creatinine/Elecrolytes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
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Equipment & Procedures

Bladder Irrigation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
Insertion/Care of Bladder Catheter	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
3 Way Catheter	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
CRRT	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Suprapubic Catheter	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4

Care of the Patient with

Acute Renal Failure	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
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CVVH/CVVHD

☒ 1 ☐ 2 ☐ 3 ☐ 4☒ 1 ☐ 2 ☐ 3 ☐ 4

Hemodialysis

☒ 1 ☐ 2 ☐ 3 ☐ 4☒ 1 ☐ 2 ☐ 3 ☐ 4

Nephrectomy

☒ 1 ☐ 2 ☐ 3 ☐ 4☒ 1 ☐ 2 ☐ 3 ☐ 4

Peritoneal Dialysis

☒ 1 ☐ 2 ☐ 3 ☐ 4☒ 1 ☐ 2 ☐ 3 ☐ 4

Renal Rejection

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

Renal Transplant

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4**Endocrine/Metabolic****Proficiency****Frequency****Interpretation of Lab Results**

Blood/Urine Glucose

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4**Equipment & Procedures**

Bedside Blood Glucose Monitoring/Equipment

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4**Care of the Patient with**

Adrenal Gland Disorders

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

Diabetes Mellitus

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

Diabetic Ketoacidosis

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

Hyper/Hypoglycemia

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

Insulin Shock

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

Pituitary Gland Disorders

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4**Medications**

Insulin/Insulin Drip

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4**Wound Management****Proficiency****Frequency****Assessment**

Skin for Impending Breakdown

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

Surgical Wound Healing

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4**Equipment & Procedures**

Specialty Beds

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

Sterile Dressing Changes

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4**Care of the Patient with**

Burns

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

Decubitus Ulcers

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

Staged Decubitus Ulcers

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

Surgical Wounds/Drains

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4**Infectious Disease****Proficiency****Frequency****Assessment of**

Culture Results

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4**Equipment & Procedures**

Obtaining Cultures

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☒ 3 ☐ 4**Care of the Patient with**

MRSA

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

VRE

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☒ 3 ☐ 4

Organ Specific Infection

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

Septic Shock

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☒ 3 ☐ 4**Medications**

Aminoglycosides

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☒ 3 ☐ 4

Antifungals

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

Cephalosporins

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☒ 3 ☐ 4

Xigris

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4**Phlebotomy/IV Therapy****Proficiency****Frequency****Equipment & Procedures**

Administration of Blood/Blood Products

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

Starting IVs

☐ 1 ☐ 2 ☒ 3 ☐ 4☐ 1 ☐ 2 ☒ 3 ☐ 4**Care of the Patient with**

A Lines/Dressings

☐ 1 ☐ 2 ☒ 3 ☐ 4☐ 1 ☐ 2 ☒ 3 ☐ 4

CVP Lines/Dressings

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

PA Lines/Dressings

☐ 1 ☐ 2 ☒ 3 ☐ 4☐ 1 ☐ 2 ☐ 3 ☒ 4

PICC Lines/Dressings

☐ 1 ☐ 2 ☐ 3 ☒ 4☐ 1 ☐ 2 ☒ 3 ☐ 4

Tunneled Lines/Dressings

☐ 1 ☐ 2 ☒ 3 ☐ 4☐ 1 ☐ 2 ☐ 3 ☒ 4**Pain Management****Proficiency****Frequency**

Assessment of Pain Level

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Assessment of Response to Pain Management Interventions

☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 1 ☐ 2 ☒ 3 ☐ 4

Administration of Moderate (Conscious) Sedation

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4
Care of the Patient with

Epidural Anesthesia/Analgesia

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Moderate Sedation

☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Patient Controlled Analgesia (PCA)

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☒ 3 ☐ 4
MISCELLANEOUS**Proficiency****Frequency****Care of the Patient with**

Anaphylactic Shock

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☒ 3 ☐ 4

Disseminated Intravascular Coagulation

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Hypovolemic Shock

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☒ 3 ☐ 4

Immunosuppression

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☒ 3 ☐ 4

Latex Allergy

☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Malignant Hyperthermia

☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Multisystem Organ Failure

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Organ Tissue Donation

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4

Immediate Post-Operative Recovery

☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 1 ☐ 2 ☐ 3 ☒ 4
Signing Statement

I, Jenny Smith, affirm that the information I have given is true and accurate to the best of my knowledge. By submitting this skills checklist to potential employers, I authorize its use by potential healthcare employers, and their Client facilities, for the purposes of consideration for employment as a Healthcare Professional.