

Critical Care Skills Checklist

Level of Proficiency:

- 1. Can function independently
- 2. Experienced but may need review
- 3. Limited or no experience

By accurately filling out this checklist, you will help us match your skills and interest with available assignments. Please select the button in the column that best describes your experience level with each skill.

ICU <input type="checkbox"/>	CCU <input type="checkbox"/>	SICU <input type="checkbox"/>	CVICU <input type="checkbox"/>	BURN ICU <input type="checkbox"/>
PCU <input type="checkbox"/>	ER <input type="checkbox"/>	PACU <input type="checkbox"/>	TRAUMA ICU <input type="checkbox"/>	Telemetry <input type="checkbox"/>

If other, please specify: _____

How many years have you worked in Critical Care?

Courses: (indicate details)

Have you had a formal critical care course? Yes No

If yes, where was it taken? _____

Did you receive a certificate of completion? Yes No

How many hours was the course:

Have you had an Arrhythmia course (either separate or part of a critical care course):

Yes No

Are you IV Certified? Yes No

CARDIOVASCULAR	1	2	3	GASTROINTESTINAL	1	2	3
Cardiovascular Assessment:				Gastrointestinal Assessment:			
Doppler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auscultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palpitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral Perfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care and Maintenance of:			

Auscultation of Heart Sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jepunostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infusion Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keofeed Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duo Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeding Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____				GOMCO Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiation of Intravenous Therapy:				Sengstaken-Blakemore Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Jugular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nasogastric Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salem Sump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heparin Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Levine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation of:				Nasointestinal Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhythm Strip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Miller-Abbot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12-lead EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cantor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardio/Pulmonary Arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enteral Feedings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACLS Protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Patients With:			
Initial Resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal Distention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmia Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paralytic Illius	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V-Fib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GI Bleed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V-Tach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventricular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypovolemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arterial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedside Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver Transplants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining 12-Lead EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dehiscence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Abdominal Wounds & Drains:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Defibrillation/Cardioversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemovac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siemens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T-Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of Patients With:				Saratoga Sump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute MI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jackson Pratt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			
Heart Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDICATION			
				ADMINISTRATION			
CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Atropine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiogenic Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bretillium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Tamponade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calcium Chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Angioplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Versed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacemakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verapamil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transthoracic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tridil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pronestyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arterial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Streptokinase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventricular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pavulon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-V Sequential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neosynephrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transvenous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Morphine Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist of Insertion and Care of:				Magnesium Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arterial Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Levophed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lidocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Venous Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KCL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emerson Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digoxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intra Aortic Balloon Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dobutrex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Stenial Sump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dopamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Oximetric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epinephrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swan-Ganz Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heparin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PA-Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Innovor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SVO ₂ Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isuprel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Principles of Hemodynamic Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of Wave Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administration of:			
Obtaining Cardiac Outputs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vasopressin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculating Hemodynam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phenobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPIRATORY				Mannitol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dilantin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auscultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDAVP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation if CXR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decadron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct Arterial Puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Calculations in:			
ABG Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MCG/MIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MG/MIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MCG/KG/MIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emerson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment			
Bear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roto Rest Bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypothermia Mattress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAI & II				Crutchfield Tongs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____				Halo Traction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sryker Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with Intubation/Extubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance of Rotorest Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambu Bag/Ambu Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiation of Rotorest Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masked CPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GENITOURINARY/RENAL			

Non-Rebreather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insertion of Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venti Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerosol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal Canal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-Way Foley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of Patient With:				GU Assessment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpretation of Lab Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Patient With:			
Pulmonary Edema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nephrectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acute/Chronic Renal Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Respiratory Distress Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quinton Catheters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Respiratory Distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shunts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suctioning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-V Fistula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Via Trach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suprapubic Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Via ET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GU Irrigations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal Tracheal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intermittent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Pharyngeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continuos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airway Care & Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRECAUTIONS			
Oral Airway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Universal Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endotracheal Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burn Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal Airway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sterile Dressing Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Wound and Skin Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Reverse Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name _____

Address _____

Date _____

Signature _____