



## Critical Care Skills Checklist

### Experience

- 1 - No Experience
- 2 - Limited Experience
- 3 - Proficient (experienced, may need occasional review)
- 4 - Highly Skilled (can function well independently)

### Frequency

- 1 - Never Done
- 2 - Rarely Done
- 3 - Occasionally Done
- 4 - Frequently Done

Name: \_\_\_\_\_

	Experience	Frequency		Experience	Frequency
<b>CARDIAC</b>					
Interpretation of 12 Lead EKG	1 2 3 4	1 2 3 4	Decadron	1 2 3 4	1 2 3 4
Interpretation of Arrhythmias	1 2 3 4	1 2 3 4	Dilantin	1 2 3 4	1 2 3 4
Defibrillation/Cardioversion	1 2 3 4	1 2 3 4	Magnesium Sulfate	1 2 3 4	1 2 3 4
Assisting with Insertion of Central Lines	1 2 3 4	1 2 3 4	Phenobarbital	1 2 3 4	1 2 3 4
Pacemakers			Steroids	1 2 3 4	1 2 3 4
External	1 2 3 4	1 2 3 4	Valium	1 2 3 4	1 2 3 4
Permanent	1 2 3 4	1 2 3 4	Versed	1 2 3 4	1 2 3 4
Temporary	1 2 3 4	1 2 3 4	Prep/Titration of Emergency Drugs	1 2 3 4	1 2 3 4
Cardiac Arrest/CPR	1 2 3 4	1 2 3 4			
Interpretation of Hemodynamic Monitoring	1 2 3 4	1 2 3 4	<b>VASCULAR</b>	<b>Experience</b>	<b>Frequency</b>
Art-Line (Transducer set-up, D/C)	1 2 3 4	1 2 3 4	Peripheral Pulses	1 2 3 4	1 2 3 4
Swan-Ganz (Transducer set-up, D/C)	1 2 3 4	1 2 3 4	Fluid Overload	1 2 3 4	1 2 3 4
Balloon Pump (IABP)	1 2 3 4	1 2 3 4	Ultrasonic Doppler	1 2 3 4	1 2 3 4
SVO2 Monitoring	1 2 3 4	1 2 3 4	Starting IV's	1 2 3 4	1 2 3 4
Sheath Removal - Femoral	1 2 3 4	1 2 3 4	Assist with IV Cutdown	1 2 3 4	1 2 3 4
Automatic Internal Cardioverter Defibrillator	1 2 3 4	1 2 3 4	Subcutaneous Central Line	1 2 3 4	1 2 3 4
<b>Care of Patient with:</b>			Hickman/Broviac/Groshong Catheters	1 2 3 4	1 2 3 4
Aneurysm	1 2 3 4	1 2 3 4	Maintenance of Heparin Lock	1 2 3 4	1 2 3 4
Acute MI/Unstable Angina	1 2 3 4	1 2 3 4	TPN/Hyperalimentation	1 2 3 4	1 2 3 4
CHF	1 2 3 4	1 2 3 4	Air Occlusive Dressing	1 2 3 4	1 2 3 4
Cardiogenic/Hypovolemic Shock	1 2 3 4	1 2 3 4	Knowledge of Normal Serum Lab Values	1 2 3 4	1 2 3 4
Pre/Post Cardiac Surgery	1 2 3 4	1 2 3 4	Administration of Blood & Blood Products	1 2 3 4	1 2 3 4
PTCA	1 2 3 4	1 2 3 4	Infusion Pump	1 2 3 4	1 2 3 4
<b>Use &amp; Administration of the Following:</b>			Peritoneal Dialysis	1 2 3 4	1 2 3 4
Atropine	1 2 3 4	1 2 3 4	Hemodialysis	1 2 3 4	1 2 3 4
Bretylol	1 2 3 4	1 2 3 4	Heparin Drip (Precautions & Maintenance)	1 2 3 4	1 2 3 4
Bumex	1 2 3 4	1 2 3 4			
Digoxin	1 2 3 4	1 2 3 4	<b>GASTROINTESTINAL</b>	<b>Experience</b>	<b>Frequency</b>
Dopamine	1 2 3 4	1 2 3 4	NG Tube Insertion	1 2 3 4	1 2 3 4
Dobutrex	1 2 3 4	1 2 3 4	Gastrostomy Tube	1 2 3 4	1 2 3 4
Inderal	1 2 3 4	1 2 3 4	Jejunostomy Tube	1 2 3 4	1 2 3 4
Inocor	1 2 3 4	1 2 3 4	Enterostomal Care	1 2 3 4	1 2 3 4
Isuprel	1 2 3 4	1 2 3 4	<b>Care of Patient with:</b>		
Lidocaine	1 2 3 4	1 2 3 4	Pancreatitis	1 2 3 4	1 2 3 4
Neosynephrine/Nipride	1 2 3 4	1 2 3 4	GI Bleed	1 2 3 4	1 2 3 4
Nitroglycerin	1 2 3 4	1 2 3 4	Esophageal Bleeding	1 2 3 4	1 2 3 4
Pronestyl	1 2 3 4	1 2 3 4	Bowel Obstruction	1 2 3 4	1 2 3 4
Titrate Morphine	1 2 3 4	1 2 3 4	Whipple Procedure	1 2 3 4	1 2 3 4
Verapamil	1 2 3 4	1 2 3 4	Liver Transplant	1 2 3 4	1 2 3 4
Thrombolytic Agents	1 2 3 4	1 2 3 4	Paralytic Ileus	1 2 3 4	1 2 3 4
			E.R.C.P.	1 2 3 4	1 2 3 4

<b>GENTOURINARY/RENAL</b>		<b>Experience</b>	<b>Frequency</b>	<b>NEUROLOGY</b>		<b>Experience</b>	<b>Frequency</b>
Foley Catheter Insertion		1 2 3 4	1 2 3 4	Assessment of Neuro Signs		1 2 3 4	1 2 3 4
GU Irrigations		1 2 3 4	1 2 3 4	Glascow Coma Scale		1 2 3 4	1 2 3 4
Nephrostomy Tube		1 2 3 4	1 2 3 4	Seizure Precautions		1 2 3 4	1 2 3 4
Suprapubic Tube		1 2 3 4	1 2 3 4	Assist with Lumbar Puncture		1 2 3 4	1 2 3 4
Electrolyte Imbalance/Replacement		1 2 3 4	1 2 3 4	ICP Monitoring		1 2 3 4	1 2 3 4
<b>Care of Patient with:</b>				Crutchfield Tong		1 2 3 4	1 2 3 4
T.U.R.P.		1 2 3 4	1 2 3 4	Halo Traction		1 2 3 4	1 2 3 4
Shunts & Fistulas		1 2 3 4	1 2 3 4	Stryker Frame		1 2 3 4	1 2 3 4
Nephrectomy		1 2 3 4	1 2 3 4	<b>Care of Patient with:</b>			
Renal Transplant		1 2 3 4	1 2 3 4	CVA		1 2 3 4	1 2 3 4
Renal Failure		1 2 3 4	1 2 3 4	Seizure Activity		1 2 3 4	1 2 3 4
Renal Trauma		1 2 3 4	1 2 3 4	Overdose		1 2 3 4	1 2 3 4
				Neuro Injury/Trauma		1 2 3 4	1 2 3 4
<b>RESPIRATORY</b>		<b>Experience</b>	<b>Frequency</b>	Pre/Post Neuro Surgery		1 2 3 4	1 2 3 4
Establishing an Airway		1 2 3 4	1 2 3 4	Cranial Hemorrhage		1 2 3 4	1 2 3 4
Ambuing Techniques		1 2 3 4	1 2 3 4				
Chest Tubes (Emerson/Pleuravac)		1 2 3 4	1 2 3 4	<b>TRANSPLANTS</b>		<b>Experience</b>	<b>Frequency</b>
Pulse Oximetry		1 2 3 4	1 2 3 4	Heart		1 2 3 4	1 2 3 4
Interpretation of ABG		1 2 3 4	1 2 3 4	Lung		1 2 3 4	1 2 3 4
Drawing ABG Blood Sample from Art-Line		1 2 3 4	1 2 3 4				
Use of IPPB		1 2 3 4	1 2 3 4	<b>OTHER</b>			
Use of Pressure Support		1 2 3 4	1 2 3 4	Oncology		1 2 3 4	1 2 3 4
Incentive Spirometer		1 2 3 4	1 2 3 4	Chemotherapy		1 2 3 4	1 2 3 4
<b>Care of Patient with:</b>				Isolation Techniques		1 2 3 4	1 2 3 4
COPD		1 2 3 4	1 2 3 4	Diabetic Teaching		1 2 3 4	1 2 3 4
ARDS		1 2 3 4	1 2 3 4	Hyperbaric Oxygenation		1 2 3 4	1 2 3 4
Pre/Post Thoracic Surgery		1 2 3 4	1 2 3 4	Accucheck		1 2 3 4	1 2 3 4
Pulmonary Embolism		1 2 3 4	1 2 3 4				
Pulmonary Edema		1 2 3 4	1 2 3 4	<b>AGE SPECIFIC COMPETENCY</b>		<b>Experience</b>	<b>Frequency</b>
Pneumonia		1 2 3 4	1 2 3 4	Newborn/Neonate (birth to 30 days)		1 2 3 4	1 2 3 4
Inhalation Injuries		1 2 3 4	1 2 3 4	Infant (1 month to 1 year)		1 2 3 4	1 2 3 4
<b>Use &amp; Administration of the Following:</b>				Toddler (1 year to 3 years)		1 2 3 4	1 2 3 4
Aminophylline		1 2 3 4	1 2 3 4	Preschooler (3 years to 5 years)		1 2 3 4	1 2 3 4
Corticosteroids		1 2 3 4	1 2 3 4	School age child (5 years to 12 years)		1 2 3 4	1 2 3 4
Bronkosol		1 2 3 4	1 2 3 4	Adolescents (12 years to 18 years)		1 2 3 4	1 2 3 4
Bentolin		1 2 3 4	1 2 3 4	Young Adults (18 years to 39 years)		1 2 3 4	1 2 3 4
Alupent		1 2 3 4	1 2 3 4	Middle Adults (39 years to 64 years)		1 2 3 4	1 2 3 4
				Older Adults (64 years to 79 years)		1 2 3 4	1 2 3 4
				Elderly Adults (over 79+ years)		1 2 3 4	1 2 3 4

I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize Texas Select Staffing to release this Skills Checklist to its client facilities for consideration of employment as a contractor at those facilities.

Signature \_\_\_\_\_ Date \_\_\_\_\_