

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

**DECATUR MEMORIAL HOSPITAL'S NURSE ANESTHESIA PROGRAM/BRADLEY UNIVERSITY  
ASSESSMENT OF CRITICAL CARE SKILLS**

<b>How frequently do you perform the following skills? Check appropriate box.</b>						
<b>SKILL</b>	<b>Never</b>	<b>Daily</b>	<b>2-3 times/week</b>	<b>Weekly</b>	<b>Biweekly</b>	<b>Monthly</b>
Intravenous line insertion large bore catheters (18/16 ga.)						
Arterial line setup						
Arterial line monitoring						
Central venous pressure line setup						
Central venous pressure line monitoring						
Pulmonary artery pressure line setup						
Pulmonary artery pressure line monitoring						
Cardiac output monitoring						
SVR & PVR calculations/ monitoring						
Cardiac arrhythmia monitoring/ interpretation						
Code Blue leader						
Monitor during conscious sedation						

<b>How frequently do you administer the following pharmacologic agents?</b>						
<b>AGENT</b>	<b>Never</b>	<b>Daily</b>	<b>2-3 times/week</b>	<b>Weekly</b>	<b>Biweekly</b>	<b>Monthly</b>
Dopamine infusion						
Dobutamine infusion						
Nitroglycerine infusion						
Nitroprusside infusion						
Levaphed infusion						
Epinephrine infusion						
Heparin infusion						
Propofol infusion						
Neuromuscular blocking agents						
Sedative infusion						

<b>Please tell us about your primary employment</b>			
How many beds are in the unit you currently work in?	1-5	5-10	11 or more

Approx. how many hours are you currently working in an adult ICU/ CCU?	10-20	21-30	31-40	41-50	51-60	More than 60
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How many beds are in the hospital you currently work in?	1-50	51-100	101-150	151-200	201-250	>250
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Characterize your hospital.	Rural	Suburban	Urban
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**TYPE OF ICU:**

Please specify: \_\_\_\_\_

**How long have you worked in the unit described above? Please circle the most appropriate timeframe.**

< 6 months	6-12 months	12-18 months	18-24 months	24-36 months	More than 36 months
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**Certifications required (please check all that apply):**

- BCLS  
 ACLS  
 PALS  
 NALS

**Others Certifications (please check all that apply):**

- CCRN  
 TNS  
 Other (please identify \_\_\_\_\_)