



Critical Care RN Skills Checklist

This skills checklist is to be used by RN's with more that one year of nursing experience in their specialty. It will be utilized by healthcare facilities as a determining factor in assignment approval and for skill assessment while on assignment. Please complete all sections thoroughly and accurately. This document will remain a permanent part of your HR file with Solutions Staffing until it is amended or replaced.

Date _____ Name (*print*) _____

Key to Competency Levels

0 – No Experience 1 – Minimal experience, need review and supervision, have performed at least once 2 – Comfortable performing with resource available 3 – Competent to perform independently and safely 4 – Expert, able to act as resource to others

| | 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| Standards of Care | | | | | |
| Maintains standards of nursing practice and professional conduct as determined by the licensing body and the practice setting | | | | | |
| Bases practice on the best evidence from nursing science and other sciences and humanities | | | | | |
| Makes decisions about actual or potential problems and strengths, plans performs interventions and evaluates outcomes | | | | | |
| Adheres to the ethical standards of the nursing profession | | | | | |
| Provides nursing services and collaborates with other members of the healthcare team in providing health care services | | | | | |
| Provides nursing services and collaborates with other members of the healthcare team in providing health care services | | | | | |
| Assumes primary responsibility for maintaining competence and fitness to practice. | | | | | |
| Neurology | | | | | |
| Neuro Assessment/Neuro Vitals | | | | | |
| ICP Monitoring | | | | | |
| Seizure Precautions | | | | | |
| Stryker Frame | | | | | |
| Crutchfield Tongs | | | | | |
| Halo Traction | | | | | |
| Care of Patient with: | | | | | |
| Spinal Cord Injury | | | | | |
| Pre/Post Neurological Surgery | | | | | |
| CNS Infections | | | | | |
| Degenerative Diseases of the Nervous System | | | | | |
| Drug Overdose | | | | | |
| Acute Head Injury | | | | | |
| Cerebral Aneurysm | | | | | |
| Acute /Chronic C.V.A. /T.I.A. | | | | | |
| Rehabilitation of the Neuro Patient | | | | | |
| Cardiovascular | | | | | |
| Use of Cardiac Monitors | | | | | |
| Recognizing Arrythmias | | | | | |
| Interpreting 12 Lead EKG | | | | | |
| Cardiopulmonary Arrests | | | | | |
| Cardioversion /Defibrillation | | | | | |
| Intra-Aortic Balloon Pump | | | | | |
| Care of Immediate Open Heart Patient | | | | | |
| Care of 24-48 hr. Post-Op Open Heart Patient | | | | | |
| Pre/Post-Op Cardiac Transplant | | | | | |

| | 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| Pre/Post-Op Angioplasty | | | | | |
| Percutaneous Transluminal Coronary Angioplast | | | | | |
| Sheath Removal | | | | | |
| Post-Op Vascular Surgery Patient (i.e. Aneurysms) | | | | | |
| Care of Acute MI | | | | | |
| Angina (Acute and Chronic) | | | | | |
| Pre/Post Cardiac Catherization | | | | | |
| Care of Patient with Pacemaker Including: | | | | | |
| Assisting with Insertion | | | | | |
| Management of External /Transcutaneous | | | | | |
| Management of Temporary (Single & Dual Chamber/AV Sequential) | | | | | |
| Management of Permanent | | | | | |
| Care of Patient with: | | | | | |
| Valvular Disease | | | | | |
| Cardiogenic/Hypovolemic Shock | | | | | |
| Hemodynamic Monitoring Set Up and Care for Patient With: | | | | | |
| Central Venous Pressure Line | | | | | |
| Subclavian Lines | | | | | |
| Swan-Ganz Catheter | | | | | |
| Arterial Catheter | | | | | |
| Obtaining and Interpreting Hemodynamic Measurements: | | | | | |
| Central Venous Pressure | | | | | |
| Pulmonary Artery Pressure | | | | | |
| Pulmonary Capillary Wedge Pressure | | | | | |
| Cardiac Output | | | | | |
| Care of Patient Receiving TPA or Streptokinase | | | | | |
| Use and Administration of Following: | | | | | |
| Amioderone | | | | | |
| Atropine | | | | | |
| Digitalis | | | | | |
| Dobutamine | | | | | |
| Dopamine | | | | | |
| Epinephrine | | | | | |
| Heparin | | | | | |
| Insulin | | | | | |
| Isuprel | | | | | |
| Lidocaine | | | | | |
| Nipride | | | | | |
| Nitroglycerin | | | | | |
| Procainamide | | | | | |
| Sodium Bicarbonate | | | | | |
| Thrombolytics | | | | | |
| Verapamil | | | | | |
| Pulmonary | | | | | |
| Assessment of Breath Sounds | | | | | |
| Assist with Set-up Maintenance of Chest Tubes | | | | | |
| Use of Chest Drainage Systems | | | | | |
| Assist with Intubation /Extubation | | | | | |
| Ambuing Technique | | | | | |
| Administer Oxygen (Nasal Canula, Mask, Endotracheal) | | | | | |

| | 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| Assist with and setting up for Bronchoscopy | | | | | |
| Ventilators: | | | | | |
| Use and Complication of PEEP | | | | | |
| Use and Complication of CPAP | | | | | |
| Use and Complication of IMV | | | | | |
| Weaning | | | | | |
| ABG Analysis | | | | | |
| Oxygen Saturation Monitor | | | | | |
| Care of Patient with: | | | | | |
| Pulmonary Emboli | | | | | |
| Tracheostomy | | | | | |
| Pre/Post Thoracic Surgery | | | | | |
| COPD | | | | | |
| ARDS | | | | | |
| CHF | | | | | |
| Tuberculosis | | | | | |
| Gastrointestinal | | | | | |
| Assessment of Bowel Sounds | | | | | |
| Identification of Abnormalities | | | | | |
| Stool Tests | | | | | |
| Insert /Maintain Feeding Tubes /NG Tubes | | | | | |
| Identification of NG /Tube Feeding Placement | | | | | |
| Administration of Tube Feedings | | | | | |
| Checking Tube Feeding Residuals | | | | | |
| Care of Ostomy Patient | | | | | |
| Care of Acute GI Bleed | | | | | |
| Abdominal Wounds or Infections | | | | | |
| Pre /Post-Op GI Surgery | | | | | |
| Dehiscence | | | | | |
| Care of Patient on Total Parenteral Nutrition | | | | | |
| Genitourinary /Renal | | | | | |
| Ability to Insert/Maintain Urinary Drainage Tubes | | | | | |
| Care of Patient with: | | | | | |
| Acute Renal Failure | | | | | |
| Chronic Renal Failure | | | | | |
| Post Renal/Genitourinary Surgery | | | | | |
| Pre/Post-Op Renal Transplant | | | | | |
| Suprapubic Catheters | | | | | |
| Administer Peritoneal Dialysis | | | | | |
| Administer Hemodialysis | | | | | |
| Care of Patient Receiving Dialysis | | | | | |
| Assessment of Fluid and Electrolyte Problems | | | | | |
| Knowledge of UA values | | | | | |
| Urine Tests | | | | | |
| Endocrine | | | | | |
| Care of Diabetic Patient: | | | | | |
| Administration of IV Insulin Drip | | | | | |
| Capillary Blood Glucose Checks | | | | | |
| Care of Patient in Diabetic Ketoacidosis | | | | | |
| Hormone Therapy | | | | | |
| Oncology | | | | | |

| | 0 | 1 | 2 | 3 | 4 |
|--|---|---|---|---|---|
| Isolation /Universal Precautions | | | | | |
| Chemo Agents Mixing /Administering | | | | | |
| Musculoskeletal | | | | | |
| Traction | | | | | |
| Braces | | | | | |
| Casts | | | | | |
| Collars | | | | | |
| Slings | | | | | |
| Splints | | | | | |
| Skeletal Traction | | | | | |
| Skin Traction | | | | | |
| Use of T.E.N.S. Unit | | | | | |
| Beds i.e. Clinitron, Roto Rest | | | | | |
| Crutch Walking/Walkers | | | | | |
| Total Knee Replacement | | | | | |
| Total Hip Replacement | | | | | |
| Arthroscopy /Arthrotomy | | | | | |
| Care of Patient On CPM | | | | | |
| Care of Patient with: | | | | | |
| Joint Disorders | | | | | |
| Bone Disorders | | | | | |
| Amputation | | | | | |
| Miscellaneous | | | | | |
| Pain Management | | | | | |
| Burn Patients | | | | | |
| Use of Hypothermia Blanket | | | | | |
| Inserting IV's | | | | | |
| IV Therapy | | | | | |
| Set-up for Cut Down | | | | | |
| Administration of Blood and Blood Products | | | | | |
| Solcutrans/Blood Warmer | | | | | |
| Obtaining Peripheral Venous Blood | | | | | |
| Obtaining Blood from Arterial Line | | | | | |
| Obtaining Blood from Central Venous Line | | | | | |
| Knowledge of Serum Lab Values: | | | | | |
| Chem 7, Chem 10 | | | | | |
| CBC | | | | | |
| Serum Drug Levels | | | | | |
| Specimen Collections | | | | | |
| Care of Drains /Tubes (i.e. Hemovac, etc.) | | | | | |
| Infectious Disease, Care of: | | | | | |
| TB | | | | | |
| Hepatitis B | | | | | |
| AIDS | | | | | |

| Experience Areas, Record Years/Months of Previous Experience. (Check all that apply.) | | | | | |
|--|--------|---------|---|--------|---------|
| <input type="checkbox"/> Acute | Years: | Months: | <input type="checkbox"/> Emergency Room | Years: | Months: |
| <input type="checkbox"/> Ambulatory Care | Years: | Months: | <input type="checkbox"/> Other | Years: | Months: |
| <input type="checkbox"/> Supervision / Management | Years: | Months: | <input type="checkbox"/> Other | Years: | Months: |

| Certificates Held (Check all that apply.) | |
|---|--|
| <input type="checkbox"/> ACLS | <input type="checkbox"/> IV Certified |
| <input type="checkbox"/> PALS | <input type="checkbox"/> Charge Experience |
| <input type="checkbox"/> NALS | <input type="checkbox"/> Other |

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) | F. Adolescents (12 - 18 years) |
| B. Infant (30 days - 1 year) | G. Young adults (18 - 39 years) |
| C. Toddler (1 - 3 years) | H. Middle adults (39 - 64 years) |
| D. Preschooler (3 - 5 years) | I. Older adults (64+) |
| E. School age children (5 - 12 years) | |

Experience with Age Groups:

| | A | B | C | D | E | F | G | H | I |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Able to adapt care to incorporate normal growth and development. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can ensure a safe environment reflecting specific needs of various age groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please read and agree to the statements below by marking the checkbox.

* 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 the Company to release this Critical Care Checklist to the Client facilities in relation to consideration of employment as a Traveler with those facilities as indicated by my signature below:

Signature