

## Critical Care Skills Checklist

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

Date: \_\_\_\_\_

This tool will assist us to identify nursing opportunities that match your skills and nursing experience.

Please indicate your level of experience:

**A: No theory or clinical**

**B: Theory only, no experience**

**C: Less than 1 year's experience**

**D: 1– 2 years experience**

**E: >2 years experience**

### A. CARDIOVASCULAR

1. Assessment
  - a. Abnormal heart sounds/murmurs A  B  C  D  E
  - b. Auscultation (rate, rhythm) A  B  C  D  E
  - c. Blood pressure/non-invasive A  B  C  D  E
  - d. Doppler A  B  C  D  E
  - e. Pulses/circulation checks A  B  C  D  E
2. Interpretation of lab results
  - a. Cardiac enzymes & isoenzymes A  B  C  D  E
  - b. Coagulation studies A  B  C  D  E
3. Equipment & Procedures
  - a. Assist with:
    - (1) Arterial line insertion A  B  C  D  E
    - (2) Central line insertion A  B  C  D  E
    - (3) Open chest emergency A  B  C  D  E
    - (4) PA catheter/Swan-Ganz insertion A  B  C  D  E
    - (5) Pericardiocentesis A  B  C  D  E
    - (6) Transesophageal echocardiogram A  B  C  D  E
  - b. Automatic internal cardioverter defibrillator A  B  C  D  E
  - c. Cardioversion A  B  C  D  E
  - d. Hemodynamic monitoring
    - (1) Cardiac index A  B  C  D  E
    - (2) Cardiac output A  B  C  D  E
    - (3) CVP monitoring A  B  C  D  E

- (4) PA/Swan-Ganz A  B  C  D  E
- (5) PCW pressure A  B  C  D  E
- (6) PVR A  B  C  D  E
- (7) Art-line A  B  C  D  E
- (8) SVO<sub>2</sub> A  B  C  D  E
- (9) SVR A  B  C  D  E
- e. Intra aortic balloon pump A  B  C  D  E
- f. Monitoring
  - (1) 12 lead EKG interpretation A  B  C  D  E
  - (2) Arrhythmia interpretation A  B  C  D  E
  - (3) Lead placement A  B  C  D  E
  - (4) Rhythm strip assessment A  B  C  D  E
  - (5) Set up and run 12 lead EKG A  B  C  D  E
- g. Pacemaker
  - (1) External A  B  C  D  E
  - (2) Permanent A  B  C  D  E
  - (3) Temporary A  B  C  D  E
  - (4) Transthoracic (epicardial) A  B  C  D  E
- h. Ventricular assist device (RVAD or LVAD) A  B  C  D  E
- 4. Care of the patient with:
  - a. Abdominal aortic aneurysm repair A  B  C  D  E
  - b. Acute MI A  B  C  D  E
  - c. Cardiac arrest A  B  C  D  E
  - d. Cardiac tamponade A  B  C  D  E
  - e. Congestive heart failure (CHF) A  B  C  D  E
  - f. EP stud & ablation A  B  C  D  E
  - g. Heart transplant A  B  C  D  E
  - h. Immediate post open-heart surgery A  B  C  D  E
  - i. Infective endocarditis A  B  C  D  E
  - j. Myocardial contusion A  B  C  D  E
  - k. Pericarditis A  B  C  D  E
  - l. Post arthroctomy (DCA) A  B  C  D  E
  - m. Pre/post angioplasty A  B  C  D  E
  - n. Pre/post cardiac cath A  B  C  D  E
- 5. Medications
  - a. Amiodarone A  B  C  D  E
  - b. Atropine A  B  C  D  E
  - c. Bicoarbonate A  B  C  D  E
  - d. Bretylium A  B  C  D  E
  - e. Digoxin A  B  C  D  E
  - f. Diltiazem A  B  C  D  E

- |                          |                            |                            |                            |                            |                            |
|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| g. Dobutamine            | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> | E <input type="checkbox"/> |
| h. Dopamine              | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> | E <input type="checkbox"/> |
| i. Epinephrine           | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> | E <input type="checkbox"/> |
| j. Esmolol               | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> | E <input type="checkbox"/> |
| k. Amrinone              | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> | E <input type="checkbox"/> |
| l. Lidocaine             | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> | E <input type="checkbox"/> |
| m. Metoprolol            | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> | E <input type="checkbox"/> |
| n. Nitroprusside         | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> | E <input type="checkbox"/> |
| o. Nitroglycerine        | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> | E <input type="checkbox"/> |
| p. Procainamide          | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> | E <input type="checkbox"/> |
| q. Reteplase recombinant | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> | E <input type="checkbox"/> |
| r. Streptokinase         | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> | E <input type="checkbox"/> |
| s. TPA                   | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> | E <input type="checkbox"/> |
| t. Verapamil             | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> | E <input type="checkbox"/> |

**B. PULMONARY**

- |  |  |
|--|--|
| 1. Assessment  |  |
| a. Auscultate breath sounds                                  | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| b. Rate and quality of breathing                             | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| 2. Interpretation of lab results – arterial blood gases      | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| 3. Equipment & Procedures                                    |  |
| a. Airway management devices/suctioning                      |  |
| (1) Endotracheal tube/suctioning                             | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| (2) Extubation   | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| (3) Nasal airway/suctioning                                  | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| (4) Oximetry   | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| (5) Sputum specimen collection                               | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| (6) Tracheostomy/suctioning                                  | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| b. Assist with:  |  |
| (1) Bronchoscopy   | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| (2) Chest tube insertion                                     | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| (3) Emergency tracheostomy                                   | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| (4) Thoracentesis  | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| c. Establishing an airway                                    |  |
| (1) Assist with intubation                                   | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| (2) Oral airway insertion                                    | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| d. Identification/intervention for respiratory complications |  |
| (1) Aspiration   | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| (2) Laryngospasm   | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |
| (3) Tension pneumothorax                                     | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> |

- (4) Use of Pleurevac or Thoraclex drainage A  B  C  D  E
- (5) Use of water seal drainage A  B  C  D  E
- e. O<sub>2</sub> therapy & medication delivery systems
- (1) Ambu bag and mask A  B  C  D  E
- (2) ET tube A  B  C  D  E
- (3) Face masks A  B  C  D  E
- (4) Nasal cannula A  B  C  D  E
- (5) Portable O<sub>2</sub> tank A  B  C  D  E
- (6) Trach collar A  B  C  D  E
- f. Ventilator management
- (1) External CPAP A  B  C  D  E
- (2) BIPAP A  B  C  D  E
- (3) High-frequency jet ventilation A  B  C  D  E
- (4) IMV A  B  C  D  E
- (5) PEEP A  B  C  D  E
- (6) Pressure support A  B  C  D  E
- (7) Weaning modes & T-piece weaning A  B  C  D  E
4. Care of the patient with:
- a. Acute pneumonia A  B  C  D  E
- b. ARDS A  B  C  D  E
- c. Chest trauma A  B  C  D  E
- d. COPD A  B  C  D  E
- e. Cor Pulmonale A  B  C  D  E
- f. Fresh tracheostomy A  B  C  D  E
- g. Lobectomy A  B  C  D  E
- h. Lung transplant A  B  C  D  E
- i. Near drowning A  B  C  D  E
- j. Pneumonectomy A  B  C  D  E
- k. Pulmonary edema/hypertension A  B  C  D  E
- l. Pulmonary embolism A  B  C  D  E
- m. Status asthmaticus A  B  C  D  E
- n. Thoractomy A  B  C  D  E
- o. Tuberculosis A  B  C  D  E
5. Medications
- a. Metaproterenol A  B  C  D  E
- b. Aminophylline A  B  C  D  E
- c. Isoetharine hydrochloride A  B  C  D  E
- d. Corticosteroids A  B  C  D  E
- e. Albuterol A  B  C  D  E

### C. NEUROLOGICAL

1. Assessment
  - a. Cranial nerves A  B  C  D  E
  - b. Glasgow coma scale A  B  C  D  E
  - c. Level of consciousness A  B  C  D  E
  - d. Pathologic reflexes A  B  C  D  E
  - e. Reflex/motor deficits A  B  C  D  E
  - f. Visual or communication deficits A  B  C  D  E
2. Equipment & Procedures
  - a. Assist with lumbar puncture A  B  C  D  E
  - b. Halo traction/cervical tongs A  B  C  D  E
  - c. Intracranial pressure monitoring A  B  C  D  E
  - d. Nerve stimulators A  B  C  D  E
  - e. Rotating bed A  B  C  D  E
  - f. Seizure precautions A  B  C  D  E
  - g. Spinal precautions A  B  C  D  E
  - h. Stryker frame A  B  C  D  E
  - i. Use of hyper/hypothermia blanket A  B  C  D  E
3. Care of the patient with:
  - a. Aneurysm precautions A  B  C  D  E
  - b. Basal skull fracture A  B  C  D  E
  - c. Closed head injury A  B  C  D  E
  - d. Coma A  B  C  D  E
  - e. CVA A  B  C  D  E
  - f. DTs A  B  C  D  E
  - g. Encephalitis A  B  C  D  E
  - h. Externalized VP shunts A  B  C  D  E
  - i. Increased ICP A  B  C  D  E
  - j. Laminectomy A  B  C  D  E
  - k. Meningitis A  B  C  D  E
  - l. Metastatic tumor/intracranial tumor resection A  B  C  D  E
  - m. Multiple sclerosis A  B  C  D  E
  - n. Post craniotomy A  B  C  D  E
  - o. Spinal cord injury A  B  C  D  E
  - p. Ventriculostomy A  B  C  D  E
4. Medications
  - a. Barbituate induced coma A  B  C  D  E
  - b. Dexamethasone A  B  C  D  E
  - c. Phenytoin A  B  C  D  E

- d. Epidural administration A  B  C  D  E
- e. Phenobarbital A  B  C  D  E
- f. Diazepam A  B  C  D  E

**D. GASTROINTESTINAL**

1. Assessment
  - a. Abdominal/bowel sounds A  B  C  D  E
  - b. Nutritional A  B  C  D  E
2. Equipment & Procedures
  - a. Administration of tube feeding A  B  C  D  E
  - b. Balloon tamponade (Sengstaken Blakemore) A  B  C  D  E
  - c. Feeding pump A  B  C  D  E
  - d. Flexible feeding tube (i.E Corpak – Dobhoff) A  B  C  D  E
  - e. Gravity feeding A  B  C  D  E
  - f. Iced saline lavage A  B  C  D  E
  - g. Management of:
    - (1) Gastrostomy tube A  B  C  D  E
    - (2) Jejunostomy tube A  B  C  D  E
    - (3) T-tube A  B  C  D  E
    - (4) TPN and lipids administration A  B  C  D  E
    - (5) PPN (peripheral parenteral nutrition) A  B  C  D  E
  - h. Placement of nasogastric tube A  B  C  D  E
  - i. Salem sump to suction A  B  C  D  E
3. Care of the patient with:
  - a. Blunt trauma A  B  C  D  E
  - b. Bowel obstruction A  B  C  D  E
  - c. Colostomy A  B  C  D  E
  - d. Esophageal bleeding A  B  C  D  E
  - e. GI bleeding A  B  C  D  E
  - f. GI surgery A  B  C  D  E
  - g. Hepatitis A  B  C  D  E
  - h. Ileostomy A  B  C  D  E
  - i. Inflammatory bowel disease A  B  C  D  E
  - j. Liver failure A  B  C  D  E
  - k. Liver transplant A  B  C  D  E
  - l. Pancreatitis A  B  C  D  E
  - m. Paralytic ileus A  B  C  D  E
  - n. Penetrating trauma A  B  C  D  E
4. Medications
  - a. Vitamin K A  B  C  D  E
  - b. Progranolol A  B  C  D  E



- c. Disorders of adrenal gland (E.g. – Addison's disease) A  B  C  D  E
- d. Disorders of pituitary gland (E.g. – DI) A  B  C  D  E
- e. Drug overdose A  B  C  D  E
- f. Hyperthyroidism (Graves disease) A  B  C  D  E
- g. Hypothyroidism A  B  C  D  E
- h. Insulin shock A  B  C  D  E
- i. Thyroidectomy – disorders of thyroid gland A  B  C  D  E
- 4. Medication – insulin pump A  B  C  D  E

**G. WOUND MANAGEMENT**

- 1. Assessment
  - a. Skin for impending breakdown A  B  C  D  E
  - b. Stasis ulcers A  B  C  D  E
  - c. Surgical wound healing A  B  C  D  E
- 2. Equipment & Procedures
  - a. Sterile dressing changes A  B  C  D  E
  - b. Wound care/irrigations A  B  C  D  E
- 3. Care of the patient with:
  - a. Burns A  B  C  D  E
  - b. Pressure sores A  B  C  D  E
  - c. Staged decubitus ulcers A  B  C  D  E
  - d. Surgical wounds with drain(s) A  B  C  D  E
  - e. Traumatic wounds A  B  C  D  E

**H. PHELBOTOMY/IV THERAPY**

- 1. Equipment & Procedures
  - a. Administration of blood/blood products
    - (1) Cryoprecipitate A  B  C  D  E
    - (2) Packed red blood cells A  B  C  D  E
    - (3) Plasma/albumin A  B  C  D  E
    - (4) Whole blood A  B  C  D  E
  - b. Drawing blood from central line A  B  C  D  E
  - c. Drawing venous blood A  B  C  D  E
  - d. Starting IVs
    - (1) Angiocath A  B  C  D  E
    - (2) Butterfly A  B  C  D  E
    - (3) Heparin lock A  B  C  D  E
- 2. Care of the patient with:
  - a. Central line/catheter/dressing
    - (1) Broviac A  B  C  D  E
    - (2) Hickman A  B  C  D  E
    - (3) Portacath A  B  C  D  E
  - b. Peripheral line/dressing A  B  C  D  E

**I. PAIN MANAGEMENT**

- 1. Assessment of pain level/tolerance A  B  C  D  E
- 2. Care of the patient with:
  - a. Epidural anesthesia/analgesia A  B  C  D  E
  - b. IV conscious sedation A  B  C  D  E
  - c. Patient controlled analgesia A  B  C  D  E

**J. MISCELLANEOUS**

- 1. Care of the patient with:
  - a. Anaphylactic shock A  B  C  D  E
  - b. Disseminated intravascular coagulation (DIC) A  B  C  D  E
  - c. Hypovolemic shock A  B  C  D  E
  - d. Multi-system organ failure A  B  C  D  E
  - e. Organ/tissue donation A  B  C  D  E
  - f. Septic shock A  B  C  D  E
  - g. Infections diseases A  B  C  D  E
  - h. Isolation A  B  C  D  E
  - i. Reverse Isolation A  B  C  D  E

**CERTIFICATION**

**M/D/YR**

- Arrhythmia course date: \_\_\_\_\_
- Critical care course date: \_\_\_\_\_
- ACLS expiry date: \_\_\_\_\_
- BCLS expiry date: \_\_\_\_\_
- BTLS expiry date: \_\_\_\_\_
- CCRN expiry date: \_\_\_\_\_
- PALS expiry date: \_\_\_\_\_
- NALS expiry date: \_\_\_\_\_

The information I have given is true and accurate, to the best of my knowledge I hereby authorize Health Match BC to release this Critical Care Skills Checklist to accompany my resume for the sole purpose of consideration for employment.

AGREE
  DISAGREE

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

