

## RN PROFICIENCY RECORD SKILLS CHECKLIST INTENSIVE CARE UNIT

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
                     Last                      First                      Middle

**Level of Proficiency**  
 1-Theory- No Experience 2- Some experience (may require some assistance or practice) 3-Competent & Experienced

**Please Check The Appropriate Column for Familiarity With, or Usage of the Following**

SKILLS	1	2	3
<b>PRECAUTIONS</b>			
<b>Isolation</b>			
Universal Precautions			
Respiratory			
Contact			
Strict			
Reverse			
Neurological			
Seizure			
Grand Mal Seizure			
Aneurysm			
Cardiac			
Suicide			
<b>INTRAVENOUS THERAPY</b>			
Start IV'S			
Heparin Lock			
Angiocathe			
Intracath (Jelco)			
Instyle			
Mixing IV Medications			
Medication Administration			
Discontinue Peripheral IV			
IVAC Infusion Monitor			
IMED Infusion Pump			
Institute & Monitor Blood Products			
CVP's			
Set-up and Assist with CVP Insertion			
Measuring CVP's			
CVP Dressing			
Hyperalimentation Solutions			
Hyperalimentation Dressings			
Hyperalimentation Precautions			
Assist with Insertion of Arterial Lines			
Assist with insertion of Swan Ganz			
Swan Ganz Catheters PA Pressure			
PCWP Reading			
Set-up and /or change tubing of			
<b>RESPIRATORY PROBLEMS</b>			

SKILLS	1	2	3
<b>Respiratory (cont)</b>			
Patient Care in Pulmonary Edema			
Suctioning Oropharyngeal Airway			
Cuffed Tracheostomy Tubes			
Cuffed Endotracheal Tubes			
<b>OXYGEN EQUIPMENT</b>			
Parital Rebreather			
Non-Rebreather			
Venturi			
IPPB Machine			
Ventilators			
Volume- VIP			
Volume- Emerson			
Volume- MA-I			
Volume- 7200			
IMV			
Chest Physical Therapy			
Assist with Intubation			
Extubation			
<b>TRACHEOSTOMY</b>			
Silver			
Fenestrated			
Portex			
Shiley			
<b>CHEST TUBES</b>			
Assist with insertion			
Water Seal			
3 bottle Suction			
Pleurvac			
<b>BLOOD GASES</b>			
Obtain from Arterial Line			
Interpretation of ABG's/VBG's			
Arterial Puncture			
<b>NEURO AND ORTHO EQUIPMENT</b>			
Circo- Electric Bed			
Stryker Frame			
Halo Traction			
Crutchfield Tongs			
Roto Bed			
Balkan Frame			

cont ICU

Skills	1	2	3
<b>Neuro and ortho equip (cont)</b>			
Buck's Extention			
Balanced Suspension			
K Wire			
Other Skeletal Traction			
Cast Care			
Spika Casts			
Soft Cast			
Crutch Walking			
ICP Monitoring			
Pupillary Reaction			
<b>GASTROINTESTINAL PROBLEMS</b>			
<b>Care of the Patient with Multiple Abdominal Wounds and Drains</b>			
Levine Tube			
Salem Sump Tube			
Care of the Patient with Sengstaken			
Balckmore Tube			
Miller Abbott			
Kaslow (Kantor)			
J-Tube			
Gastrostomy Tube			
<b>RENAL-GI</b>			
Care of the Patient in Acute Renal Failure			
Foley Catheter			
3-Way Foley			
Coude			
GU Irrigations			
Continuous Irrigation			
Tidal Drainage			
Suprapubic Catheter			
Nephrostomy Tube			
Hemo Dialysis			
<b>CARDIOVASCULAR</b>			
Care of the Open Heart			
Care of the Fresh MI			
Cardiac Monitors			
Take Rhythm Strips			
Dysrhythmia of 12 lead EKG			

Skills	1	2	3
<b>Cardiovascular (cont)</b>			
Telemetry			
Automatic Rotating Tourniquets			
Temporary Pacer Insertion			
Defibrillation and Emergency Drug Therapy			
Cardioversion			
Anthrombic Pump			
Aortic Doppler			
Mast Suit			
Aneurysms			
Fem-Pop Bypass			
Thoractic Surgery			
Carotid Endarectomy			
Tracheal Occlusion			
Delirium Tremors			
Near Drowning			
Adult Respiratoy Distress Syndrome			
Coronary Artery Bypass			
Angioplasty			
Hypothermia Management			
Overdose			
Burns			
GI Bleeds			
Dehiscence			
Nephrectomy			
Shock			
Acute MI- CHF- Angina			
<b>ARRESTS</b>			
Initiated Resusciation			
Prepare Meds			
Active Participation			
CPR			
<b>DRAWING BLOOD</b>			
Arterial Venous			
Venours			
Capillary			
<b>PREPATIONG AND USE OF</b>			
Adenocine			
Aminodarone			

Preparation And Use of (cont)			
Atropine			
Bretyliol			
Decadron			
Dopamine			
Dilantin			
Epinephrine			
Heparin			
Lidocaine			
Mannitol			
Nipride			
Nitroglycerine Drip			
Phenobarbital			
Promestyl			
Streptokinase			
Vasopressin			

<u>Certifications</u>	<u>Expiration Date</u>
ACLS	_____
BLS	_____

<u>Certification</u>	<u>Expiration Date</u>
Other	_____
Other	_____
Other	_____

Notes: (Please enter information you feel is important or necessary to give further explanation provided above)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee/Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_