

Active Staffing Resource Inc.

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INTENSIVE CARE SKILLS CHECKLIST

This evaluation is for assessing your experience in specific clinical areas. This self evaluation will not be a determining factor in accepting your application to become an employee of Active Staffing Resource Inc.

1 = Limited or no experience	2 = Somewhat experience but may need review
3 = Can function independently	4 = Competent to supervise

System Cardiovascular	1	2	3	4
Assessment				
Abnormal Heart Sounds				
Auscultation (rate, rhythm)				
Doppler				
Pulses				
Peripheral Edema				
Neck Vein Distention				
Lab Values				
Cardiac Enzymes and Isoenzymes				
Electrolytes				
Coagulation				
Digoxin Level				
Procedures				
Assist with				
Pulmonary Arterial				
Catheter/Swan-Ganz Insertion				
CVAH-D				
Hemodynamic Monitoring - Invasive				
Mean Arterial (MAP)				
Central Venous (CVP)				
Pulmonary Artery/Capillary Wedge				
Radial Artery				
Cardiac Index				
Cardiac Output				
SV02				
Monitoring - Non-invasive				
Arrhythmia Interpretation				
Rhythm Strip Assessment				
Equipment				
Automatic Internal				
Cardioverter/Defibrillator				
Pacemakers				
Intra-aortic Balloon Pump				
12 Lead EKG				
Care of Patient with				
Aneurysm				
Acute MI				
Cardiac Arrest				
Unstable Angina				
Cardiac Tamponade				
CHF				
PTCA				
Heart Transplant				
Open-Heart Surgery				
Multiple Organ Failure				

	1	2	3	4
Pericarditis				
Post Arthrectomy				
Pre/Post Cardiac Catheterization				
Shock				
Septic				
Hypovolemic				
Cardiogenic				
Neurogenic				
Anaphylactic				
Medications				
ACLS Drugs				
Nitroglycerine				
Calcium Channel Blockers				
Thrombolytic Agents				

Pulmonary	1	2	3	4
Assessment				
Breath/Lung Sounds				
Breathing Patterns				
Cough/Secretions				
Skin/Nail Color				
Lab Values				
Blood Gases				
Procedures				
Air Leak Troubleshooting				
Mediastinal Chest Tube Remova;				
Pleural Chest Tube Removal				
Airway Management/Suctioning				
Endotracheal Suctioning				
Extubation				
Oximetry				
Tracheostomy Suctioning				
Assist with				
Bronchoscopy				
Chest Tube Insertion				
Emergency Tracheostomy				
Thoracentesis				
Intubation				
Oral Airway Insertion				
Intervention for Respiratory Complications				
Aspiration				
Laryngospasm				
Tension Pneumothorax				

Initials: _____

	1	2	3	4
Equipment				
Water Seal Drainage				
O2 therapy Delivery Systems				
Ambu Bag and Mask				
ET Tube				
Nasal Cannula				
Portable O2 Tank				
Trach Collar				
Ventilator Management				
External CPAP				
IMV				
PEEP				
Pressure Support				
Weaning Modes				
Nebulizers				
Care of Patient with				
Acute Pneumonia				
ARDS				
COPD				
Cor Pulmonale				
Fresh Tracheostomy				
Lobectomy				
Pneumonectomy				
Pulmonary Edema				
Pulmonary Embolism				
Pneumothorax				
Thoracotomy				
Tuberculosis				
Chest Wall Injuries				
Medications				
Albuterol (Metaproterenol)				
Aminophylline				
Bronkosol (Isoethaine Hydrochloride)				
Corticosteroids				
Ventolin (Albuterol)				

Neurological				
Assessment				
Cranial Nerves				
Glasgow Coma Scale				
Visual or Communication Deficits				
Procedures				
Assist with Lumbar Puncture				
Seizure Precautions				
Spinal Precautions				
Measuring Intracranial Pressure				
Aneurysm Precautions				
Equipment				
Halo Traction				
Crutchfield Tongs				
Stryker Frame				
Nerve Stimulators				
Rotating/Circular Bed				
Hyper/Hypothermia Blanket				

	1	2	3	4
Care of Patient with				
Cranial Aneurysm				
Skull Fracture				
Closed Head Injury				
Coma				
CVA				
Cranial Hemorrhage				
Delirium Tremens				
Increased ICP				
Laminectomy				
Meningitis				
Intracranial Tumor				
Spinal Cord Injury				
Craniotomy				
CNS Infections				
Medications				
Decardon				
Solu-Medrol				
Magnesium Sulfate				
Mannitol				
Anti-convulsants				

Musculoskeletal/Integumentary				
Assessment				
Circulation Checks				
Gait/Mobility				
ROM/Joint Movement				
Strength				
Posture				
Skin Integrity				
Procedures				
Crutch Walking				
Pin Care				
Cast Care				
Use of Assistive Devices				
Body Mechanics				
Burn Care				
Equipment				
Continuous Motion Devices				
Special Beds				
Traction				
Prostheses				
K-Pad				
Splints/Immobilizers				
TENS				
Support Devices				
Cane				
Cervical Collar				
Sling				
Walker				
Wheelchair				

Initials: _____

	1	2	3	4
Care of Patient with				
Amputation				
Cast				
Pinned Fractures				
Joint Replacement				
Laminectomy/Cervical Fusion				
Burns				
Skin Grafts				
Medications				
Muscle Relaxants				
Topical Agents				

	1	2	3	4
Gastriontestinal				
Assessment				
Bowel Sounds				
Nutritional Status/Weight				
Lab Values				
Serum Ammonia				
Liver Function Test				
Procedures				
Lavage				
Management of				
Jejunostomy Tube				
T-tube				
PPN (Peripheral Parental Nutrition)				
NG Tube Insertion				
Paracentesis				
Ememas				
removal of Fecal Impaction				
Equipment				
Feeding Pumps				
Salem Pump to Sunction				
Tubes				
N/G				
T-Tube				
Miller Abbott				
Blakemore				
G-Tube				
Care of Patient with				
Abdominal Trauma				
Bowel Obstruction				
Colostomy				
ERCP				
Esophageal Bleeding				
GI Bleeding				
GI Surgery				
Inflammatory Bowel Disease				
Liver Failure				
Pancreatitis				
Paralytic Ileus				
Medications/Supplements				
Aqua Mephyton (Vitamin K)				
Anti-emetics				
Anti-spasmodics				
Tube Feeding Solutions				
Kayexelate				

	1	2	3	4
Renal/Genitourinary				
Assessment				
Fluid and Electrolyte Status				
A/V Fistula/Shunts Status				
Lab Values				
Electrolytes				
BUN and Creatinine				
Procedures				
Bladder Irrigation				
Insertion and Management of				
Supra-pubic Catheter Management				
Peritoneal Dialysis				
Equipment				
Care of Patient with				
Acute Renal Failure				
Chronic Renal failure				
Hemodialysis				
Peritoneal Dialysis				
Nephrectomy				
Renal Transplant				
Hepatitis				
TURP				
Urinary Tract Infection				
Medications				
KCI				
Diuretics				

	1	2	3	4
Endocrine/Metabolic				
Assessment				
Mental Status				
Diabetic Coma				
Insulin Reaction				
Lab Values				
Thyroid Studies				
Blood Glucose				
Glucose Tolerance				
Fasting Blood Sugar				
Ketone Bodies				
Serum Calcium				
Equipment				
Insulin Pumps				
Care of Patient with				
Diabetes Mellitus				
Diabetic Ketoacidosis				
Drug Overdose				
Insulin Shock				
Thyroidectomy				
Medications				
Insulins				
Oral Antihyperglycemics				
Glucogan				
Thyroid Replacement				

Initials: _____

Hematology/Oncology	1	2	3	4
Assessment				
Tumor Classifications				
Lab Values				
Blood Count Markers				
Blood Chemistry				
Procedures				
Patient/Family Councelling				
Grieving Process				
Altered Image				
Patient Teaching				
Relaxation Techniques				
Side Effects of Chemotherapy				
Bone Marrow Aspiration				

	1	2	3	4
Care of Patient with				
Bone Marrow Transplant				
Anemia				
Immunosuppressed Conditions				
Radiation Therapy/Implants				
Inpatient Chemotherapy				
Leukemias				
DIC				
Medications				
Antineoplastic Agents				
Chemotherapeutic Agents				
Anticoagulant Agents				
Anticoagulant Antidotes				

Age-Appropriate Care: Ability to adapt care to incorporate normal growth and development, adapt method and terminology of client instructions as it relates to the age and comprehension level of the client, and to ensure a safe environment - reflecting specific needs of the client and various age groups.

AGE	1	2	3	4
Newborn (birth - 30 days)				
Infant (30 days - 1 year)				
Toddler (1 - 3 years)				
Preschooler (3 - 5 years)				
School Age (5 - 12 years)				

AGE	1	2	3	4
Adolescents (12 - 18 years)				
Young Adults (18 - 39 years)				
Middle Adults (39 - 64 years)				
Older Adults (64+ years)				

The information I have given is true and accurate to the best of my knowledge and I hereby authorize Active Staffing Resource Inc., to release this Skills Checklist to staffing clients of Active Staffing Resource Inc. Submit this skills self evaluation with your initial application To be updated annually.

Applicant Name & Signature

Date

ASRI Representative

Date



JOB DESCRIPTION

JOB TITLE: **CRITICAL CARE REGISTERED NURSE**

REPORTS TO: **Director of Nursing**

STATEMENT OF PURPOSE:

The Critical Care Nurse is registered professional nurse with current licensure in the State of California that has advanced knowledge through education, training, and experience to care for critically ill adult and geriatric patients. In addition to providing direct and/or indirect total patient care for patients in the Critical Care Unit, serves as a resource to other nursing units for application of advanced assessment and provision of consultative advice/direction when called upon to do so. Conducts patient assessments, develops plan of care, implements and evaluates care according to specific patient and/or developmental needs as outlines below.

PRINCIPAL DUTIES AND RESPONSIBILITIES:

1. Assists with and gives total patients care to the critically ill patient.
2. Utilizes in-house and community resources.
3. Continually reassess patient condition. Evaluates outcomes of nursing intervention and implements teaching as needed.
4. Documents obvious, subtle and potential patient and family problems requiring intervention including teaching needs and discharge planning.
5. Develops contributes and communicates a plan of care based on existing and potential patient problems.
6. Implements safe, therapeutic, and efficient patient care.
7. Demonstrates organizational skills, delivers safe, basic physical care, and teaches other nursing personnel.
8. Uses experience and knowledge to anticipate problems, implements preventive actions.
9. Able to set priorities for own assignment. Recognizes unit needs reports appropriately and implements appropriate action.
10. Educates patient and family regarding care and treatment plans. Seeks out appropriate resources. Individualizes patient teaching materials as needed.
11. Develops and implements individualized patient care plans in accordance with standards of nursing practice through the implementation of the nursing process and nursing diagnosis.

Initial _____

12. Provides individual psychological support to achieve optimal health. Utilizes other health care professionals in dealing with psychological problems as appropriate.
13. Implementing preparation prior to procedure for patient and family.
14. Understand coping processes and allows time for interaction. Takes steps to decrease stress and/or increase effectiveness of coping mechanisms of patient/family having difficulty dealing with illness and hospitalization.
15. Safety performs and documents nursing procedures consistent with scientific principals and nursing department and hospital policies and including:
 - a. Administering medications and treatments.
 - b. Anticipating, recognizing, and participating in emergency situations.
 - c. Has current CPR card, performs effective CPR, knows how and when to initiate, utilizing ACLS protocol as necessary.
16. Ability to use equipment in critical care unit and troubleshoot problems and follow through appropriately.
17. Knows the normal routine lab values and their significance.
18. Initiates appropriate type of isolation. Discontinues isolation as appropriate.
19. Evaluates the effectiveness of intervention/actions and gives rationale for nursing interventions based on patient outcome. Documents the patient's response to care and revises patient plan of care as appropriate.
20. Sets realistic, measurable goals for performance with the assistance of Nursing Leadership. Some goals to demonstrate professional growth.
21. Plans for own growth based on evaluation and feedback.
22. Participates in educational opportunities appropriate to professional growth and communicates learning to fellow staff in structured and informal methods.
23. Starts work at time scheduled. Completes work on time. Complies with nursing and hospital policy.
24. Complied with unit and department scheduling guidelines.
25. Communicates to unit leadership own needs and identified learning own needs of personnel. Coordinates resources available to meet learner's needs.
26. Acts a resource to others for hospital/nursing department policies and procedures and unit protocols.



27. Utilizes and facilitates effective communication strategies with individual patients, family and staff.
28. Reports and cooperates with nursing leadership to resolve communications conflicts in a timely manner.
29. Gives feedback to other staff regarding behavior that is detrimental to achievement of patient care and unit objectives. Incorporates options suggested by nursing leadership for achieving change in behavior when needed.
30. Attend and participates in unit staff meetings. Initiates discussion regarding unit issues. When not present, obtains information presented in staff meetings and is responsible for information.
31. Practices cost effectiveness.
32. Demonstrates an understanding of the abuse reporting requirements of the various age groups.
33. Understands and adheres to the hospital's restraint procedure.
34. Responds appropriately to patients and their families' cultural and spiritual considerations. Uses appropriate resources to meet the needs of the patient.

EXPERIENCE/SKILLS REQUIRED:

Has a minimum of two (2) years hospital experience with at least one year critical care experience. Experience on hemodynamic monitoring. Certified Critical Certification preferred. Demonstrates knowledge and skill necessary to provide care appropriate to the age of the patients served.

EDUCATIONAL REQUIREMENTS:

Current RN license in the State of California. Must maintain valid ACLS card. Bachelor's degree in Nursing preferred.

PHYSICAL REQUIREMENTS:

See attached "Essential Functions" Form.

The above statements reflect the general duties considered necessary to describe the principal functions of the job as identified and shall not be considered as a detailed description of all the requirements that may be inherent in the position.

Print Name

Date

Signature

Initial _____

INTENSIVE CARE UNIT EXAMINATION

Name: _____ Date: _____ Score _____

I. Choose the correct answer:

1. The critical care nurse is providing instruction to a patient with a tracheostomy. The patient and family will be caring for the tracheostomy at home. Which critical care competency **BEST** describes the role of the nurse in this situation?
 - A. Systems thinking
 - B. Advocacy
 - C. Collaboration
 - D. Facilitator of learning
2. A new critical care nurse is asking her mentor about the American Association of Critical Care Nurses Association. Which of the following statements by the mentor are characteristics of nursing organizations?
 - A. Ensures pay per performance
 - B. Ejects minimally competent nurses from service
 - C. Protects the public
 - D. Provides adequate staffing levels
3. The nurse has prepared medications for a 75-year-old client with hypertension. The nurse notes that the client has an elevated serum potassium level. Which medication is **most** important for the nurse to address with HCP before administration?
 - A. Outcome identification
 - B. Assessment
 - C. Implementation
 - D. Evaluation
4. In order to provide a culture free of errors, the nurse manager of the critical care area is encouraging her staff to report errors without undue penalty. Errors that cause potential harm to a patient are known as
 - A. Advocacy
 - B. Sentinel events
 - C. Intensivist
 - D. Competencies
5. While interviewing a prospective candidate for critical care nursing, the nurse manager mentions that the unit employs a critical care intensivist. Critical care intensivists are known to
 - A. Increase critical care costs
 - B. Increase mortality rates
 - C. Decrease nursing staff to patient ratios
 - D. Decrease mortality rates
6. The health care act that instituted penalties for breaches in confidentiality is known as
 - A. HIPAA
 - B. HRSA
 - C. IHI
 - D. IOM

Initial _____

7. The new nurse is assigned a newly intubated patient who becomes disoriented and combative. After least restrictive interventions, the health care provider is considering giving the patient a neuromuscular blocking agent (NMBA). Because these agents do not cross the blood-brain barrier, the nurse must
- A. Be sure to administer an antianxiety agent and/or pain medication with the NMBA.
 - B. Make sure a chaplain and family visits the patient often for reality orientation.
 - C. Administer the maximum allowable dose of antacid medication to relieve the patient's symptoms.
 - D. Turn the patient at least once a shift as the patient will not be able to feel pain or pressure while undergoing therapy with NMBA.
8. A major cause of ventilator-acquired pneumonia (VAP) is aspiration of oral secretions. In order to prevent this complication of mechanical ventilation, the nurse should
- A. Keep the head of the bed flat and turn the patient less frequently.
 - B. Ensure that no antiulcer medications are given and change the ventilator circuits every shift.
 - C. Provide frequent oral hygiene and meticulous suctioning procedures.
 - D. Survey the patient's vital signs but know that there is little we can do to prevent VAP in the patient who stays in the intensive care unit.
9. An experienced ICU nurse is teaching a new graduate about lung sounds in a patient with pneumonia. The new graduate states she is hearing soft, popping sounds on inspiration at both lung bases. These adventitious sounds are **MOST LIKELY**
- A. Wheezes
 - B. Gurgles
 - C. Stridor
 - D. Crackles
10. The nurse is caring for a patient with chronic obstructive pulmonary disease (COPD). The nurse is observing the patient for signs of early respiratory failure. These symptoms/signs include which of the following?
- A. Bradycardia
 - B. Bradypnea
 - C. Hypotension
 - D. Tachycardia
11. A patient is post-operative for a pneumonectomy for metastatic squamous cell carcinoma. The nurse should anticipate all of the following with the exception of
- A. Chest tube
 - B. Oxygen therapy
 - C. Frequent lung assessments
 - D. Chemotherapy
12. A nurse is palpating around a chest tube site and feels slight crackling around the site. This condition would be known as
- A. Tactile fremitus
 - B. Stridor
 - C. Crepitus
 - D. Elastic turgor
13. A patient is admitted to the ICU in acute respiratory distress. The nurse should anticipate seeing which type of oxygen device in place?
- A. Nasal cannula
 - B. Venturi mask
 - C. Aerosol mask

- D. Nonrebreather
14. Analyze and determine what acid-base imbalance is indicated in the following example. A patient is admitted with acute respiratory distress, and after performing arterial blood gases the nurse sees the following results:
 $\text{pH} = 7.30, \text{pCO}_2 = 65, \text{pO}_2 = 45, \text{HCO}_3 = 22$
- A. Uncompensated respiratory acidosis
 - B. Partially compensated respiratory acidosis
 - C. Full compensated respiratory acidosis
 - D. Uncompensated respiratory alkalosis
15. A patient is placed on PEEP for acute respiratory distress syndrome (ARDS). The nurse notes a BP drop to 80/40 from 140/90 after being placed on PEEP. Which of the following might be a plausible reason for this drop?
- A. The only reason for this is that the patient is going into shock.
 - B. This is a reaction to the anxiety and sympathetic stimulation before mechanical ventilation.
 - C. This might be due to PEEP decreasing venous return from increased intrathoracic pressure.
 - D. This is caused by the massive bleeding from ruptured alveoli from barotrauma.
16. A patient's ventilator alarms are going off. The nurse cannot find the cause of the alarms. The priority action of the nurse would be to
- A. Call respiratory to troubleshoot the ventilator.
 - B. Manually resuscitate the patient until the problem can be found.
 - C. Turn the oxygen up to the ventilator and push the breathe button.
 - D. Tell the patient you have everyone paged stat and help will be there soon.
17. A patient is admitted to your telemetry unit with Prinzmetal's angina (variant). The nurse is aware that this type of angina is usually treated with
- A. Nitroglycerin
 - B. Sodium nitroprusside
 - C. Calcium channel blockers
 - D. Dobutrex
18. A nurse is assessing a patient's database for risk factors that could be modifiable to prevent coronary artery disease. Which of the following in the patient's database would be modifiable?
- A. Hypertension
 - B. Family history
 - C. Increasing age
 - D. Race
19. A patient is experiencing signs and symptoms of left-sided heart failure. Which of the following would be consistent with this diagnosis?
- A. Ascites
 - B. Elevated jugular venous distention
 - C. Posterior tibial edema
 - D. Crackles
20. Which of the following assessment findings in a patient with acute coronary syndrome would cause the nurse to withhold thrombolytic therapy? **Select all that apply.**
- A. ST segment myocardial infarction
 - B. Surgery within the past 2 months

- C. Need for frequent venipunctures
- D. Recent aspirin and heparin therapy
- E. Recent trauma
- F. Insertion of a central line
- G. Being 50 to 70 years old