

Skills Self Assessment
CRITICAL CARE



Please indicate your level of experience (1, 2, or 3) One year experience in profiled specialty required.

1. Limited - Less than one year **2. Experienced** - One to Two years **3. Independent** - Two or more years

CARDIOVASCULAR	1	2	3	GENERAL (cont)	1	2	3	Transplant Procurment	1	2	3
Aneurysm/AAA Bypass				Overdose				Bone / Marrow			
Angioplasty				Pain Assess / Manage				Corneal			
Arrhythmia assess / treat				Surgery Pre / Post				Heart_Lung			
Balloon Pump				Unstable Hip Fracture				Kidney			
Cardiac Arrest resuscitation				Wound / Dressing Care				Liver			
Cardiac Lab Procedures post				NEUROLOGICAL	1	2	3	Pancreas			
Cardio / Vascular Surgery				Aneurysm				TRAUMA	1	2	3
Cardioversion/Defibrillation				Basal Skull Fracture				Abdominal/Chest Trauma			
Carotid Endarterectomy				Trauma Blunt				Blunt / Penetrating Trauma			
Congestive Heart Failure				Clippings				Electrocution			
EKG 12 lead_obtain/interpret				Closed Head Injuries				Gunshot / Stab wounds			
Endocarditis				Coma Management / Care				Hazardous Material Exposure			
Fem Pop Bypass				Cranial Drains @ bedside				Heat Exhaustion/Stroke			
Hemodynamic Monitoring				Cranium Removed				Hypothermia			
Intra Aortic Balloon Pump				CVA				Level 1 Trauma Center			
MI Acute unstable / Angina				External Drain_Complex Bleed				Level II Trauma Center			
Open heart chest massage				External Drain_Simple Bleed				Multiple Abdominal Wounds			
Open Heart Fresh_CABG				ICP Management				Poison Index			
Open Heart_Valve				Meningitis				Radiation Exposure			
Pacemaker				Monitor Swelling / Bleeding				Rapid Fluid Loss			
Sheath Remove Fem-Arterial				Multiple Sclerosis				Shock_Anaphylactic			
Stent Placement				Nat Inst Health Stroke Assessment				Shock_Cardiogenic			
Ventricular Assist Devise				Neuro Injury / Trauma				Shock_Hypovolemic			
GASTROINTESTINAL	1	2	3	Trauma Penetrating				Shock_Neurogenic			
Acute Abdominal Pain/Disorders				Seizures				Shock_Septic			
Bowel Obstruction/Torsion				Spinal Cord Injury				Teaching Institution			
G Tube, J Tube, NG Tube				Status Epilepticus				PROCEDURES	1	2	3
GI Bleeding				Surgery Neuro Pre / Post				ABG (Artery & A line)			
GI Surgery				TPA				Alarm resolution			
Hepatitis				RESPIRATORY	1	2	3	AMA procedures			
Liver Failure / Resection				Acute Respiratory Distress				Blood/Blood Products			
Pancreatitis				Airway Maintenance				Chest Tube/Drains			
Peritoneal/Gastric Lavage				ARDS				Conscious Sedation			
Whipple				Asphyxiation /Near drowning				Consent treatment all ages			
GENERAL	1	2	3	Aspiration				Disasters_National			
Abuse / Neglect				COPD				Drip_Calculations/Titrations			
Acute Renal Failure				Intubation / Extubation				Epidural Management			
Adrenal Disorders				Oxygen Saturations				Catheter Care/Insertion			
Burn Management				Pneumectomy				Instrument Trays			
Teaching Pt/Others				Pneumothorax				Isolation			
Endocrine/Metabolic disorders				Pulmonary Embolism				IV Catheters/Ports			
Hemodialysis / Peritoneal				Pulmonary Resuscitation				IV's, Hep Locks			
Hyperbaric Oxygenation				Status Asthmaticus				Lab_Obtain/Interpret			
Disease: Infectious/Communicable				Suctioning				Latex Allergy Guidelines/Procedure			
Medication Administration				Tube care Chest/ Mediastinal				Lumbar Puncture			
Medication Calculation				Tuberculosis				Oxygen Therapy			
Multi System Organ failure				Ventilator Maintain/Weaning				Restraints			
Oncology / Chemotherapy								Scopes			
								Specimen collection/values			
								Sterile Technique			
								System assessment			
								Triage			
								Universal Precautions			

I attest the information submitted is true / accurate to the best of my knowledge.

Name: (print) _____

Signature: _____

Date: _____