

NAME: _____

DATE: _____

**CARDIOVASCULAR UNIT
NURSING SKILLS CHECKLIST**

NOTE:

Please complete the Skills Checklist to establish your level of practice. The information will be used to ensure the best possible placement based on your experience and our hospital's needs.

| REQUIRED CLINICAL COMPETENCIES | CURRENTLY COMPETENT | COMMENTS (or if not competent) |
|---|---------------------|-----------------------------------|
| Perform total systems assessment of a critically ill patient. | | |
| Set-up/management of Swan Ganz, Arterial line, CVP monitoring, measurement of cardiac output. | | |
| Knowledge and understanding of dysrhythmias <ul style="list-style-type: none"> • identification • intervention | | |
| What type Cardiac monitors used? | | |
| What modules were available on cardiac monitor? | | |
| Experienced using Defibrillators. | | |
| Assisted with insertion of pacemakers: <ul style="list-style-type: none"> • temporary • permanent | | |
| Able to set up for internal defibrillation. | | |
| Management of patient with pacemaker. | | |
| Able to function as member of the Cardiac Arrest Team. | | |
| Knowledge and Interpretation of Glasgow Coma Scale | | |
| Able to care for the adult intubated, ventilated patient. | | |
| List ventilators used: <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ | | |
| Can interpret arterial blood gas values. | | |
| Knowledge and understanding of drugs effecting cardiovascular system e.g. <ul style="list-style-type: none"> C.T.N. (Glycerol Tri Nitrate) Anti-hypertensive drugs Lidocaine Isoprenoline Nipride Epinephrine Dopamine Dobutamine | | |

| REQUIRED CLINICAL COMPETENCIES | CURRENTLY COMPETENT | COMMENTS (or if not competent) |
|--|---------------------|-----------------------------------|
| Experienced functioning as Charge Nurse | | |
| Able to obtain a 12 lead ECG | | |
| Able to Interpret a 12 lead ECG | | |
| Have used specialized equipment commop to CCU: <ul style="list-style-type: none"> • hypo-hyperthemia blanket • alternating pressure devices • infusion control devices • syringe pumps • blood warming devices • non invasive continuous BP monitoring devices • SAO2 monitor. | | |
| Working knowledge of nursing process | | |
| Currently BCLS certified | | |
| Able to initiate BCLS | | |
| Currently ACLS certified | | |
| Able to initiate ACLS | | |
| Working knowledge of auto transfusion | | |
| Working knowledge of chest tube set-up | | |
| Experienced with the management of patient with Intra-aortic Balloon Pump | | |
| Have provided care for pediatric ventilated, critical care patient | | |
| Establishment of intravenous lines | | |
| Management of Central Lines | | |
| Able to draw-venous-arterial blood sample | | |
| Able to perform cardioversion and defibrillation | | |
| How many post-op cardiac patients managed per month? 1-3? 4-6? 7-10? | | |
| Able to assist with emergency chest opening | | |

I acknowledge that I will be tested on the above skills within the first month of my arrival and, if I fail to demonstrate an acceptable standard (in comparison to the information provided on this list), my employment will be terminated and I will be sent home.

NAME

SIGNATURE

DATE

Lorna/Amy
07/04/99