THE UNIVERSITY OF SOUTHERN MISSISSIPPI

Nurse Anesthesia Program
Clinical Competency Checklist

Name: _____ Date _____

Please select the best choice that describes your clinical experience.

Type of ICU (Check all that apply)	Length of time	Position	Level I or II Trauma Center? (Y or N)
☐Medical			
☐Surgical			
☐Cardiovascular			
☐Neurosurgical			
☐Pediatric			
☐Other (specify, i.e. trauma, transplant, neonatal level III, etc)			

Skills	Independent	With Assistance	Limited	None
Physical assessment				
ECG monitoring				
Arterial line monitoring				
Central venous pressure monitoring				
Pulmonary artery pressure monitoring				
Cardiac output monitoring				
Neuromuscular blockade monitoring				
Intracranial pressure monitoring				
Systemic vascular resistance monitoring				
Intra-aortic balloon pump monitoring				
Conscious sedation monitoring				
Intravenous line insertion				
Ventilator management				
Code management (ACLS etc)				
Agents	**Daily**	**Weekly**	**Monthly**	**Never**
Dobutamine infusion				
Dopamine infusion				
Ephedrine bolus				
Epinephrine bolus/infusion				
Narcotic bolus/infusion				
Neuromuscular blocking agent bolus/infusion				
Nitroglycerine infusion				
Nitroprusside infusion				
Norepinephrine infusion				
Phenylephrine bolus/infusion				
Precedex bolus/infusion				
Propofol bolus/infusion				
Sedation agents _____				
Other agents: _____				

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Initials_____
