



# UCHC JDH Intensive Care Unit Competency Checklist: 5/1/08 – 4/30/09

Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_ Dept.: ICU

EQUIPMENT REVIEW	Completed Y / N (yes / no)	Validator's Initials	Comments
Method: observation / discussion			
			i.e. date of class
Ventriculostomy set-up	Y / N		
Pacemaker pulse generator (dual chamber pacemaker)	Y / N		
Cardiac Transmitter (portable)	Y / N		
Intra-aortic Balloon Pump (IABP)	Y / N		
Ultrafiltration (Aquapheresis)	Y / N		
Continuous Renal Replacement Therapy (CRRT)	Y / N		
Open Chest	Y / N		
KNOWLEDGE REVIEW:			
Method: Healthstream assignment / review / discussion			
ISBAR documentation form	Y / N		
Core measures	Y / N		
Conscious sedation (Healthstream)	Y / N		
Epidural Analgesia (Healthstream)	Y / N		
Phlebotomy & transfusion (Healthstream)	Y / N		
Corporate compliance (Healthstream)	Y / N		
Master safety / patient safety / back safety (Healthstream)	Y / N		
Discharge Instructions (Healthstream)	Y / N		
Medication Reconciliation (Healthstream)	Y / N		
PROTOCOL REVIEW			
Method: Staff to read/review protocols:			
Emergency Care for Lethal Dysrhythmias (ICU policy manual)	Y / N		
Dosing guidelines for IV titrate meds	Y / N		
IV medication guidelines (Med references–on-line)	Y / N		
IV Push guidelines (Med references–on-line)	Y / N		
Titration Order Policy (Med references–on-line)	Y / N		
Target 100 Insulin Protocol (initial inservice)	Y / N		

**The above is validation that this employee has demonstrated the skill, knowledge, and competency with regard to the above mentioned equipment, processes, procedures & protocols.**

Validator's Initial / Sig: \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_  
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