AHU Nurse Anesthesia Program
Practice Survey
Name _____

How Frequently do you PERSONALLY PREFORM the Following Skills? (Check appropriate box)						
Skill	**Never**	**Daily**	**2-3 Times Per Week**	**Weekly**	**Biweekly**	**Monthly**
Intravenous Line Insertion	☐	☐	☐	☐	☐	☐
Arterial Line Monitoring	☐	☐	☐	☐	☐	☐
Central Venous Pressure Monitoring	☐	☐	☐	☐	☐	☐
Pulmonary Artery Pressure Monitoring	☐	☐	☐	☐	☐	☐
Mixed Venous Blood Saturation Monitoring	☐	☐	☐	☐	☐	☐
Cardiac Output Monitoring	☐	☐	☐	☐	☐	☐
Monitor Neuromuscular Blockade	☐	☐	☐	☐	☐	☐
Management of Ventilator Patients	☐	☐	☐	☐	☐	☐
Management of Patients with IABP	☐	☐	☐	☐	☐	☐
Monitor During Conscious Sedation	☐	☐	☐	☐	☐	☐
Systemic Vascular Resistance Monitoring	☐	☐	☐	☐	☐	☐
How Frequently do you Administer the Following Pharmacologic Agents? (Check appropriate Box)						
Agent	**Never**	**Daily**	**2-3 Times Per Week**	**Weekly**	**Biweekly**	**Monthly**
Nitroglycerine Infusion	☐	☐	☐	☐	☐	☐
Nitroprusside Infusion	☐	☐	☐	☐	☐	☐
Phenylephrine Infusion	☐	☐	☐	☐	☐	☐
Phenylephrine bolus	☐	☐	☐	☐	☐	☐
Dopamine infusion	☐	☐	☐	☐	☐	☐
Dobutamine infusion	☐	☐	☐	☐	☐	☐
Levophed infusion	☐	☐	☐	☐	☐	☐
Epinephrine infusion	☐	☐	☐	☐	☐	☐
Ephedrine bolus	☐	☐	☐	☐	☐	☐
Neuromuscular blocking agents	☐	☐	☐	☐	☐	☐
Sedation agents	☐	☐	☐	☐	☐	☐
Rhythm control agents	☐	☐	☐	☐	☐	☐

Please tell us about your primary site of employment						
How many beds are in the unit in which you currently work?	1-5 ☐		6-10 ☐		11 or more ☐	
Approximately how many hours per week are you working?	10-20 ☐	21-30 ☐	31-40 ☐	41-50 ☐	51-60 ☐	>60 ☐
How many beds are in the hospital in which you currently work?	1-50 ☐	51-100 ☐	101-150 ☐	151-200 ☐	201-250 ☐	>250 ☐
Characterize your hospital	Rural ☐		Suburban ☐		Urban ☐	
Type of ICU	Open-heart recovery Neurologic ☐		Trauma ☐	Medical ☐	Surgical pediatric or neonatal ☐	
How long have you worked in the critical care unit(s), as of the June 1 deadline?	_____ Year(s) _____ Month(s)					