AHU Nurse Anesthesia Program

Practice Survey

Name _____Date _____

How frequently do you PERSONALLY PERFORM the following skills? (check the appropriate box)						
Skill	Never	Daily	2-3 Times/ 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?						
Agent	Never	Daily	2-3 Times/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 ☐	more than 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)					