

# CRNA SKILLS CHECKLIST

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**1 - Highly skilled** (can function well independently, strong experience)

**2 - Proficient** (experienced, may need occasional review/assistance)    **3 - Limited Skill** (limited to no experience)

**WORK SETTINGS**

Skills (check appropriate box)	1	2	3
Acute Care Hospital			
Outpatient Surgery Center			
Private Practice Office Setting			
Dentist Office			
Plastic Surgery Center			
Other: (please list)			
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•			
•			
•			
•			

**PROCEDURES**

Skills (check appropriate box)	1	2	3
Trauma			
Neurosurgical			
Orthopedics			
ENT			
Vascular			
Obstetrics			
Plastics			
Open Heart			
Other: (please list)			
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•			
•			
•			

**MEDICATIONS**

Skills (check appropriate box)	1	2	3
Valium			
Ketamine			
Versed			
Sodium Thipental			
Methohexital			
Blood Products			
Nitrous Oxide			
Adjuvant Medications			
Accessory Medications			
Fluids			
Other: (please list)			
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**AIRWAY MANAGEMENT**

Skills (check appropriate box)	1	2	3
Endotracheal Intubation			
Nasal Intubation			
Fiber Optic Intubation			
Ventilation			
Oxygenation			
Cardiovascular Status			
Neuromuscular Status			
Patient Positioning			
COPA (Combined oro-pharyngeal airway)			
Other: (please list)			
•			
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•			

**ANESTHESIA CARE**

Skills (check appropriate box)	1	2	3
Obtaining Accurate Pre-Anesthesia Assessment			
Recommend Appropriate Diagnostic Studies			
Interpretation of Lab Studies			
Infection Control Practices			
IV General Anesthesia			
• IV Maintenance			
• Mask Induction & Maintenance			
• Total IV Anesthesia			
Local			
• Caudial			
• Epidural			
• Subarachnoid Block			
Nerve Block			
• Major			
• Plexus			
• Periocular			
• Retrobulbar			
• Local Infiltration Block			
• Intravenous Regional			
• Intercostal Block			
• Transtracheal Block			
Other: (please list)			
•			
•			
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•			

**AGE SPECIFIC CARE**

Skills (check appropriate box)	1	2	3
Neonatal			
Pediatrics			
Adolescent			
Adult			
Geriatrics			

**CERTIFICATION:**

 BCLS:     Yes     No

 ACLS:     Yes     No

 PALS:     Yes     No

Expiration Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_