

FHCHS 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)?	12-23 months		24-35 months	36-47 months	48 or more months	