

Student \_\_\_\_\_  
Dates of Rotation \_\_\_\_\_

## ***Critical Care Rotation Task Sheet***

### **OBJECTIVES**

### **OBSERVED/ASSISTED**

- |                                      |               |
|--------------------------------------|---------------|
| 1. Orientation to Critical Care      | _____ / _____ |
| 2. Use and Operation of Equipment    |               |
| a. Cardiac Monitoring/telementary    | _____ / _____ |
| b. IV Infusion Pump                  | _____ / _____ |
| c. Ventilator/Oxygen                 | _____ / _____ |
| d. Suction/NG Tubes                  | _____ / _____ |
| e. CVP/Arterial Lines                | _____ / _____ |
| f. Chest Tubes                       | _____ / _____ |
| 3. Patient Care Procedures           |               |
| a. Patient Assessment                | _____ / _____ |
| b. Assessment of heart/breath sounds | _____ / _____ |
| c. Vital Signs                       | _____ / _____ |
| d. Tracheostomy Care/Suctioning      | _____ / _____ |
| e. Positioning/Turning patient       | _____ / _____ |
| f. IV Drug therapy                   | _____ / _____ |
| g. Wound care/dressing care          | _____ / _____ |
| h. Nourishment                       | _____ / _____ |
| i. Intake & Output/Foley catheters   | _____ / _____ |
| j. Neurological Assessment           | _____ / _____ |
| k. Infection control procedures      | _____ / _____ |
| 4. Emergency Care                    |               |
| a. defibrillation                    | _____ / _____ |
| b. intubation/extubation             | _____ / _____ |
| c. CPR                               | _____ / _____ |
| d. cardioversion                     | _____ / _____ |

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date