



Practice Survey Form

Name: _____

Date: _____

Please tell us about your primary employment site (circle appropriate answer):										
How many beds are in the hospital in which you currently work?	<input type="radio"/> 1-50		<input type="radio"/> 51-100		<input type="radio"/> 101-150		<input type="radio"/> 151-200		<input type="radio"/> >250	
Characterize your hospital	<input type="radio"/> Rural			<input type="radio"/> Suburban			<input type="radio"/> Urban			
Trauma designation	<input type="radio"/> Level 1		<input type="radio"/> Level 2		<input type="radio"/> Level 3		<input type="radio"/> N/A			
How many beds are in the unit in which you currently work?	<input type="radio"/> 1-5			<input type="radio"/> 6-10			<input type="radio"/> >10			
Type of unit	<input type="radio"/> Cardiac ICU	<input type="radio"/> CV ICU	<input type="radio"/> Surgical ICU	<input type="radio"/> Trauma ICU	<input type="radio"/> Medical ICU	<input type="radio"/> Neuro ICU	<input type="radio"/> Pediatric ICU	<input type="radio"/> Neonatal ICU	<input type="radio"/> OTHER	
How long have you worked in the critical care unit(s)?	<input type="radio"/> 12-23 months		<input type="radio"/> 24-35 months		<input type="radio"/> 36-47 months		<input type="radio"/> >47 months			
Approximately how many hours per week are you working?	<input type="radio"/> 10-20		<input type="radio"/> 21-30		<input type="radio"/> 31-40		<input type="radio"/> 41-51		<input type="radio"/> 51-60	

How frequently do you PERSONALLY PERFORM the following skills? (check appropriate box)					
Skill	Daily	2-3 times/week	Weekly	Monthly	Never
Intravenous line insertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpret arterial blood gases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arterial pressure monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Central venous pressure monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use infusion pumps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intracranial pressure monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitor neuromuscular blockade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management of ventilated patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management of patients with IABP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitor during conscious sedation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phase 1 patient recovery directly from OR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How frequently do you administer/titrate the following pharmacologic agents? (check appropriate box)					
Agent	Daily	2-3 times/week	Weekly	Monthly	Never
Vasodilators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vasopressors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beta blockers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inotropic agents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiarrhythmic agents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuromuscular blocking drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedation agents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>