



### 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?	1-50		51-100		101-150		151-200		>250
Characterize your hospital	Rural			Suburban			Urban		
Trauma designation	Level 1		Level 2		Level 3		N/A		
How many beds are in the unit in which you currently work?	1-5		6-10			>10			
Type of unit	Cardiac ICU	CV ICU	Surgical ICU	Trauma ICU	Medical ICU	Neuro ICU	Pediatric ICU	Neonatal ICU	OTHER
How long have you worked in the critical care unit(s)?	12-23 months		24-35 months		36-47 months		>47 months		
Approximately how many hours per week are you working?	10-20	21-30	31-40	41-51	51-60	>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					
Interpret arterial blood gases					
Arterial pressure monitoring					
Central venous pressure monitoring					
Use infusion pumps					
Intracranial pressure monitoring					
Monitor neuromuscular blockade					
Management of ventilated patients					
Management of patients with IABP					
Monitor during conscious sedation					
Phase 1 patient recovery directly from OR					

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