**Edgewood University- Nurse Anesthesia Program Practice Survey**

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| How frequently do you **PERSONALLY PERFORM** the following skills? (check the appropriate box) |
| **Skill** | **Daily** | **2-3 times/ week** | **Weekly** | **Biweekly** | **Monthly** | **Never** |
| **Intravenous line** **insertion** |   |   |   |   |   |   |
| **Arterial line insertion** |   |   |   |   |   |   |
| **Arterial line monitoring** |   |   |   |   |   |   |
| **Central line insertion** |   |   |   |   |   |   |
| **Central Venous Pressure Monitoring** |   |   |   |   |   |   |
| **Pulmonary Artery Pressure Monitoring** |   |   |   |   |   |   |
| **Mixed Venous blood saturation monitoring** |   |   |   |   |   |   |
| **Cardiac Output** **Monitoring** |   |   |   |   |   |   |
| **Monitor****neuromuscular** |   |   |   |   |   |   |
| **Adjust ventilator** **settings** |   |   |   |   |   |   |
| **Make ventilator** **weaning decisions** |   |   |   |   |   |   |
| **Monitor during** **conscious sedation** |   |   |   |   |   |   |
| **Systemic Vascular Resistance Monitoring** |   |   |   |   |   |   |
| How frequently do you administer the following pharmacologic agents? |
| **Agent** | **Daily** | **2-3 times/ week** | **Weekly** | **Biweekly** | **Monthly** | **Never** |
| **Nitroglycerine infusion** |   |   |   |   |   |   |
| **Nitroprusside infusion** |   |   |   |   |   |   |
| **Phenylephrine infusion** |   |   |   |   |   |   |
| **Phenylephrine bolus** |   |   |   |   |   |   |
| **Dopamine infusion** |   |   |   |   |   |   |
| **Dobutamine infusion** |   |   |   |   |   |   |
| **Levophed infusion** |   |   |   |   |   |   |
| **Epinephrine infusion** |   |   |   |   |   |   |
| **Ephedrine bolus** |   |   |   |   |   |   |
| **Neuromuscular blocking agents** |   |   |   |   |   |   |
| **Sedation agents** |   |   |   |   |   |   |
| **Intravenous narcotics** |   |   |   |   |   |   |
| 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** |
| **What type of unit are you currently working in?** | **Emergency** | **Operating Room** | **Post-Anesthesia recovery** | **Medical** | **Surgical** | **Pediatric or** **Neonatal** |
| **Open-heart** **recovery** | **Transitional or** **Step-down** | **Neurologic** | **Trauma** | **Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_** |
| H**ow long have you** **worked in the unit** **described above?** | **< 6 months** | **6-12 months** | **12-18 months** | **18-24 months** | **24-36 months** | **more than 36** **months** |