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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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** |