

**VERIFICATION OF CLINICAL COMPETENCIES FOR CRITICAL CARE NURSING SKILL IDENTIFIER (SI 8A)**

For use of this form, see AR 40-68; the proponent agency is the Office of the Surgeon General.

1. NAME ( <i>Last, first, middle</i> )	2. RANK	3. DATE (YYYYMMDD)
4. UNIT MAILING ADDRESS	5. AOC	7. COMPONENT: USA ARNG USAR
	6. UNIT PHONE NUMBER	

**TO BE COMPLETED BY THE INDIVIDUAL'S RN CLINICAL SUPERVISOR:** The individual named above has demonstrated the knowledge and ability to perform the following nursing activities in the bedside care of critically ill patients and has performed each at least once in the preceding two years. The competencies may be evaluated by either observation of direct patient care, return demonstration in a skills lab, or case study analysis.

ACTIVITY	INITIALS	DATE (YYYYMMDD)
----------	----------	--------------------

**CARDIOVASCULAR/HEMODYNAMIC**

1. Able to provide immediate and continual assessment and intervention to stabilize and manage patients with:		
a. Cardiogenic shock.		
b. Hypovolemic shock.		
c. Septic shock.		
d. Actual potential life-threatening cardiac dysrhythmias ( <i>ventricular tachycardia, ventricular fibrillation, asystole, and complete heart block</i> ).		
2. Able to troubleshoot and manage the care of patients requiring the following devices/ interventions:		
a. Continuous EKG monitoring.		
b. Cardiac pacemaker ( <i>external, transvenous, or permanent</i> ).		
c. Invasive arterial pressure monitoring.		
d. Central venous pressure monitoring.		
e. Pulmonary artery pressure monitoring and cardiac output determination.		
f. Fluid resuscitation.		
3. Able to describe the indications, expected effects, side effects/adverse effects, and demonstrate appropriate administration of the following:		
a. Inotropics ( <i>for example, Dopamine and Dobutamine</i> ).		
b. Vasodilators ( <i>for example, Nitroglycerine and Nitroprusside</i> ).		
c. Vasopressors ( <i>for example, Levophed or Neosynephrine</i> ).		
d. Antiarrhythmics ( <i>for example, Lidocaine or Amiodarone</i> ).		
e. Advanced cardiac life support medications.		
f. Blood and blood products.		
g. Intravenous paralytic and sedative drugs.		

**RESPIRATORY/PULMONARY**

1. Able to provide immediate and continual assessment and intervention to stabilize and manage patients with:		
a. Acute respiratory failure ( <i>pneumonia, ARDS, and/or COPD</i> ).		
b. Pulmonary pathology ( <i>e.g., hemo/pneumothorax, flail chest</i> ).		
2. Able to troubleshoot and manage the care of patients requiring the following devices/interventions:		
a. Endotracheal tubes ( <i>and/or tracheostomy tube</i> ).		
b. Suctioning of artificial airway.		
c. Continuous pulse oximetry.		
d. Conventional mechanical ventilation.		
e. Closed chest drainage systems.		

**RENAL/ENDOCRINE**

1. Able to provide immediate and continual assessment and intervention to stabilize and manage patients with:		
a. Acute renal failure ( <i>pre-renal, intra-renal, post-renal</i> ).		
b. Diabetic-ketoacidosis.		
c. Acid-base imbalance.		
d. Electrolyte imbalance.		
2. Able to describe the indications, expected effects side effects/adverse effects, and able to demonstrate appropriate IV administration of Insulin and electrolytes ( <i>potassium, magnesium, calcium, etc.</i> ).		

NEUROLOGICAL		INITIALS	DATE (YYYYMMDD)
1. Able to verbalize immediate and provide continual neurological assessment and intervention to stabilize and manage patients with:			
a. Head trauma or intracranial hemorrhage.			
b. Seizures ( <i>any etiology</i> ).			
c. Increased intracranial pressure.			
d. Stroke/intracranial hemorrhage.			
e. Spinal cord injury.			
f. Guillain-Barre syndrome.			
2. Able to describe the indications, expected effects, side effects/adverse effects and able to demonstrate appropriate administration of steroids and diuretics (e.g., <i>Mannitol</i> ) and intravenous anticonvulsant agents.			
GASTROINTESTINAL			
Able to provide immediate and continual assessment and intervention to stabilize and manage patients with:			
a. GI bleed ( <i>upper/lower</i> ).			
b. Hepatic failure.			
c. Pancreatitis.			
d. Bowel obstruction.			
e. Nutritional support.			
LABORATORY VALUE INTERPRETATION			
Able to differentiate normal/abnormal values and recognize appropriate interventions for:			
a. Arterial blood gases.			
b. Serum electrolytes.			
c. CBC.			
d. Cardiac enzymes.			
e. Coagulation tests.			
PSYCHOSOCIAL			
Demonstrates the ability to assess the needs of patients/families in crisis and develop a collaborative plan to address identified needs.			
COLLABORATIVE PRACTICE			
Able to verbalize the importance of interdisciplinary teamwork to enhance patient outcomes.			
LIFE SUPPORT TRAINING			
IAW AR 40-68, the individual named above has provided evidence that they possess--			
a. Current basic life support ( <i>BLS</i> ) certificate of training and			
b. Current advanced cardiac life support ( <i>ACLS</i> ) certificate of training. ( <i>NOTE: ACLS is not a substitute for BLS.</i> )			
COMMENTS			
I verify that the above named individual has demonstrated the ability to perform the activities indicated above. I believe this individual is competent to practice in a critical care setting at or above the basic level.			
SIGNATURE	TITLE	DATE	
For ANs whose skills verification is performed by a civilian employer, provide the following:			
POINT OF CONTACT NAME	TELEPHONE NUMBER	ADDRESS ( <i>Preferable email</i> )	

## IMPLEMENTATION INSTRUCTIONS FOR VERIFICATION OF CLINICAL COMPETENCIES: CRITICAL CARE NURSING (ASI 8A) AND EMERGENCY NURSING (ASI M5)

### 1. Responsibilities:

a. Commanders will ensure assigned Army Nurse Corps (AN) officers with additional skill identifiers (ASI) in critical care (8A) or emergency (M5) nursing are fully prepared to perform the fundamental technical skills required to maintain clinical competency in their ASI.

b. The Deputy Commander for Nursing (DCN) (or comparable title)/Chief Nurse (CN) will ensure resources and support are available for the 8A and M5 to maintain competency in the requisite ASI.

c. The Army Medical Department Center and School will initiate the skills verification checklist during the ASI producing course and forward to the Soldier's unit of assignment (or designated location) for inclusion in his/her competency assessment file (CAF). In addition, the skills verification checklist will be utilized as the means of validation for ASI applicants not attending the ASI producing course.

d. The Human Resources Command, Active Component (AC), and Reserve Component (RC) will award the ASI to appropriately qualified 66Hs.

e. Each 8A or M5 is responsible for sustaining his/her skills as necessary to maintain clinical proficiency appropriate to the ASI held. Work-related circumstances impacting the ability to maintain competency of the ASI or failure to maintain documentation of competency will be reported through the nursing chain of command.

### 2. Skills verification requirements:

a. The requirement for skills verification is biennial (every 2 years) for both AC and RC. This requirement does not replace the validation of competency relevant to the individual's unit/position of assignment as required by existing local standards and scope.

b. With the endorsement of the DCN/CN (or designee authorized by the CN), ANs awarded either the 8A M5 ASI may use their civilian work setting for initial validation and the biennial revalidation of competency. If skills verification is performed by a civilian employer, a clearly legible by-name point of contact, telephone number, and address (preferably e-mail) for contact purposes is required. For individuals assigned to MTFs having limited availability of complex patients with high acuity nursing needs, the DCN/CN should consider a memorandum of understanding with a local civilian healthcare facility/other Federal facility or temporary duty to an MTF with adequate high volume, high acuity patients to support the validation of the requisite ASI-related skills.

c. The AN's supervisor/head nurse will assess competency through observation of direct patient care or clinical case study review and analysis (selected complex patients with whom the 8A and M5 has been significantly involved). Competencies may also be evaluated by return demonstration in a skills lab. Successful attainment and maintenance of the Emergency Nurses Association Certification (CEN) or the American Association of Critical-Care Nurses Certification (CCRN) may substitute as qualification for revalidation of ASI-related knowledge and skills.

d. The completed competency verification checklists (DA Forms 7653 or 7654) will be maintained in the 8A's or M5's CAF and will transition with the Soldier throughout his/her Army career.