



CRNA (CERTIFIED REGISTERED NURSE ANESTHETIST) SKILLS EVALUATION - SELF ASSESSMENT

Date _____

Name _____

Signature _____

Level of Proficiency

- A = Never Performed. You have never performed the stated task and have no experience with this type of skill.
- B = Familiar with. You are familiar with the stated task; but you would need more experience and practice to feel comfortable and proficient in this type of skill.
- C = Experienced in. You have performed this task several times; you feel moderately comfortable functioning independently, but you would require a resource person to be nearby.
- D = Expert. You have performed this task frequently; you feel comfortable and proficient in this skill; you would not require supervision or practice.

Please select the column that most accurately describes your proficiency level:

	A	B	C	D		A	B	C	D
Work Settings					Medications cont.				
Acute care hospital					Accessory medications				
Outpatient surgery center					Fluids				
Private practice office setting					Other (list):				
Dentist office									
Plastic surgery center					Airway Management				
Other (list):					Endotracheal Intubation				
					Nasal Intubation				
Procedures					Fiber optic Intubation				
Trauma					Ventilation				
Neurosurgical					Oxygenation				
Orthopedics					Cardiovascular status				
ENT					Neuromuscular status and function				
Vascular					Patient positioning				
Obstetrics					COPA (Combined oro-pharyngeal airway)				
Plastics					Other (list):				
Open heart									
Other (list):					Anesthesia Care				
					Obtaining accurate pre-anesthesia assessment				
Medications					Recommend appropriate diagnostic studies				
Valium					Interpretation of lab studies				
Ketamine					Infection control practices				
Versed					IV general anesthesia				
Sodium Thiopental					IV maintenance				
Methohexital					Mask induction and maintenance				
Blood products					Total IV anesthesia				
Nitrous oxide					Local				
Adjuvant medications					Caudal				



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	A	B	C	D			A	B	C	D	
						Age Specific					
Local cont.						Neo-natal					
Epidural						Pediatrics					
Subarachnoid block						Adolescent					
Nerve block						Adult					
Major						Geriatrics					
Plexus											
Periocular											
Retrobulbar											
Local infiltration block											
Intravenous regional											
Intercostal block											
Transtracheal block											
Other (list):											

CERTIFICATION:

BCLS: Yes _____ No _____ Expiration Date: _____

ACLS: Yes _____ No _____ Expiration Date: _____

PALS: Yes _____ No _____ Expiration Date: _____

Reviewed by: _____ **Date:** _____