

Thompson ICU Phase Checklist Tracker

If starting in ICU, complete Phase 1 through Phase 4 for ICU. If already validated through Med/Surg Phase 4, use the Phase 5 ICU bridge instead of restarting the shared foundation.

Use this as a bedside phase-gate worksheet. Initial/date the source checklist or guidebook for the official record. Phase placement shows where final competency is assessed; it does not prevent earlier teaching when the patient assignment creates the opportunity.

Nurse: _____	Unit: _____	Start date: _____
Primary preceptor: _____	Educator: _____	Completion date: _____

Phase 1: Thompson Foundations

Local systems, communication, safety behaviors, infection prevention, and mobility skills needed before the nurse builds ICU-specific practice.

Before moving on: Move forward when Thompson systems, communication routes, infection prevention, emergency response basics, and mobility safety have been observed or fast-tracked by the preceptor.

Checklist source: RN Orientation Checklist ICU, Nursing Fundamentals, Communication Standards, Infection Control, Safe Patient Handling and Mobility

Checklist item / source details	Observed	Performed	Competent	N/A	Date / initials	Notes
Thompson systems and ICU unit orientation - Intranet, policy/procedure review, email, nursing webpage - Scheduling software, EHR, security, call bell, fire plan, emergency exits - Floor orientation including utility rooms, patient rooms, code carts, and ICU resources						
Communication, report, and escalation habits - Bedside nursing report and communication standards - Responding to changing patient status - Escalating care with sense of urgency - Timely documentation and closed-loop follow-through						
Patient/family education and support services - Patient and family education and documentation - Social work, case management, and other services - Cultural diversity and patient communication						
Professional standards and confidentiality - Nursing Standards of Care, Nursing Code of Ethics, RQI, PAS, pharmacy basics - HIPAA/patient confidentiality						
Infection control and HAI prevention - Hand hygiene, PPE, isolation initiation/discontinuation - CLABSI, CAUTI, C. diff, MDRO, SSI prevention						
Safe patient handling and mobility - Bed positioning, gait belt, non-friction devices - Total mechanical lift, sit-stand lift, manual stand aid, ceiling lift - Ambulating, positioning, and transferring with ICU lines/devices protected						

Phase 2: Core Clinical Practice

General assessment and body-system review that supports ICU practice before adding advanced monitoring, airway, and medication complexity.

Before moving on: Move forward when the nurse can complete assessments, recognize change from baseline, document follow-through, and escalate concerns during supervised ICU care.

Checklist source: RN Orientation Checklist ICU, Clinical Care, General Assessment, Review of Systems, Specialty Care

Checklist item / source details	Observed	Performed	Competent	N/A	Date / initials	Notes
General assessment, care plan, and safety screening - Admission, shift assessment, and reassessment - Education/care plan, allergies, BMAT/Morse falls precautions, alarm management, Virtual Patient Safety Observation						
End-of-life and family care - Provider notification, organ/tissue procurement notification, postmortem care - Care of the family, release of body form, eRecord documentation, comfort care/hospice/palliative/advanced directives						
GI assessment, feeding tubes, and suction - Abdominal assessment, colostomy/ileostomy - Weighted feeding tube placement/med administration/maintenance and observed insertions - NGT/PEG/J-tube/G-tube care, enteral feeding pump, rectal tube, enemas, gastric suction						
Cardiovascular assessment foundation - Heart sounds, permanent pacemaker, edema, CMS checks - Cardiac labs, orthostatic blood pressure, echocardiogram, daily/admit weights, strict intake/output, three EKGs						
Respiratory assessment foundation - Breath sounds, effort, O2 sat, cough, incentive spirometer - Continuous pulse oximeter setup/troubleshooting/maintenance - Supplemental oxygen including nasal cannula, medium flow, heated high flow, non-rebreather, Oxymask						
HEENT, neuro, stroke, and delirium - Aspiration precautions and special communication needs - GCS, neuro checks, delirium assessment - Stroke care including activation, NIHSS, dysphagia screening, CT/CTA/MRI/labs/BG, antiplatelet/anticoagulants, DVT prophylaxis						
Musculoskeletal, GU, skin, psychosocial, sepsis, pain, and deterioration - ROM/strength, bladder catheterization, nephrostomy, urostomy, skin integrity, wound care - Social determinants, mental health, coping, and relationships - NEWS/sepsis, pain management, SBAR, 6666, Rapid Response, Code Team, Stroke Alert, MI Alert, narrator use, critical values						

ICU Phase 3: Unit Transition

ICU-specific monitoring, respiratory support, device burden, shock recognition, and team workflow.

Before moving on: Move forward when the nurse can safely connect ICU assessment with monitoring reliability, airway/ventilator support, vasoactive therapy, and escalation.

Checklist source: RN Orientation Checklist ICU, Advanced Cardiac Care, Respiratory, ICU specific Guidelines

Checklist item / source details	Observed	Performed	Competent	N/A	Date / initials	Notes
ICU enculturation, layout, and team workflow - Know the charge nurse, RT, provider, pharmacy, and support roles - Locate ICU emergency equipment, airway resources, code cart, intubation box, and unit-specific reference materials						
Advanced cardiac monitoring and emergency equipment - Cardiac monitoring, telemetry start/stop, alarm limits, monitor/lead troubleshooting - Defibrillator/AED, defibrillation pads, synchronized cardioversion, transcutaneous pacing - Code cart checks and transvenous pacemaker awareness						
Vasoactive, rate-control, and invasive pressure monitoring - Managing titratable vasoactive medications such as Levophed - Antiarrhythmic and rate-control medications such as amiodarone and Cardizem - Pressure line setup, waveform assessment, square-wave test, zeroing - Arterial line and central venous monitoring						
Airway, intubation, ventilator, and ABG practice - Intubation box daily check, rapid-sequence/elective intubation setup and assist - ETT stabilization, cuff/depth awareness, in-line and out-of-line suctioning, bagging rate/depth - ABG interpretation, extubation procedure, weaning policy, ventilator alarms and modes						
Noninvasive support, trach, suction, and chest tubes - BiPAP and CPAP - Oral suctioning, endotracheal tube care, VAP bundle, tube holder/repositioning - Tracheostomy care/suctioning/aerosol mask - Chest tube care and respiratory medication documentation						
ICU positioning and specialty risks - Positioning the prone, sedated, or paralyzed patient - Acute alcohol withdrawal and ICU-specific guideline review - Shock, sepsis, pain, delirium, and deterioration scenario discussion						

ICU Phase 4: Practice Integration

Final ICU validation for lines, blood products, pumps, high-alert medications, sedation/paralysis, and near-independent ICU practice.

Before moving on: Complete Phase 4 when advanced access, blood products, pumps, titratable medications, sedation/paralysis safety, and integrated ICU patient management are validated.

Checklist source: RN Orientation Checklist ICU, IV Access, Blood/Blood Product Administration, Alaris IV Pump, Medication Administration

Checklist item / source details	Observed	Performed	Competent	N/A	Date / initials	Notes
Peripheral, central, and pressure-line access - Peripheral IV insertion, removal, and maintenance - CVC types including internal jugular, subclavian/Hohn, tunneled lines, ports, PICC/Power PICC - CVC assessment, flushing, and dressing change - Intraosseous access awareness						
Blood and blood product administration - Pre-transfusion, intra-transfusion, and post-transfusion checks - Transfusion reaction response - Integrate with MTP or urgent blood workflow when ordered						
ICU pump and infusion devices - Alaris primary/secondary infusion - PCA initiation and two-RN cosign documentation - ETCO2 setup/tubing/troubleshooting/alarms - Flolan/syringe pump initiation and syringe change with RRT - TPN and lipids						
Medication administration and high-alert medication safety - Pxyxis, six rights, PPI, MAR, barcode scanning, overrides/linking, wasting, vaccines - Insulin SQ/IV and non-DKA/DKA protocols - Anticoagulation including heparin/bivalirudin drips - Antibiotics, peaks/troughs, resistance precautions						
ICU titration, sedation, and paralysis - Titratable/bolus pain medications - Vasoactive medications - IV antiarrhythmics and rate-control medications - Continuous sedation, moderate vs deep sedation, paralytics and train-of-four - Opiates, dexmedetomidine, ketamine						
Final integrated ICU assignment - Manage a supervised ICU assignment with prioritization, handoff, documentation, family communication, device safety, and escalation - Preceptor validates readiness for near-independent ICU practice or defines remaining follow-up						

Phase 5 Bridge: Med/Surg to ICU

Bridge for a nurse who completed Med/Surg Phase 1-4 and now needs ICU-specific enculturation, advanced monitoring, airway, medications, and device validation.

Before moving on: Complete the bridge when Med/Surg competence carries forward and the ICU-specific items below have been validated in the ICU environment.

Checklist source: RN Orientation Checklist ICU, ICU-specific items from Clinical Care, Respiratory, Advanced Cardiac Care, IV Access, Medication Administration

Checklist item / source details	Observed	Performed	Competent	N/A	Date / initials	Notes
ICU enculturation and physical unit orientation - Team roles, unit layout, emergency equipment, airway resources, code cart, intubation box, charge/RT/provider workflow - How ICU handoff, rounding, and escalation differ from Med/Surg						
Re-check shared skills in ICU context - Bedside report, family communication, timely documentation, escalation language - Infection prevention, BMAT/mobility, ceiling lift, and line/device protection with ICU-level device burden						
Advanced monitoring and vasoactive therapy - Arterial/CV pressure setup, waveform assessment, square-wave test, zeroing - Vasoactive, antiarrhythmic, and rate-control medication monitoring and escalation						
Airway, ventilator, ABG, trach, and chest tube care - Intubation setup/assist, ETT care, suctioning, bagging, extubation, ABG interpretation - Ventilator modes/alarms, BiPAP/CPAP, trach care, chest tube care						
ICU medication and pump safety - Sedation, analgesia, paralytics/train-of-four, opiates, dexmedetomidine, ketamine - Alaris, PCA, ETCO2, Flolan/syringe pump, TPN/lipids, high-alert medication checks						
Final bridge assignment and readiness review - Complete supervised ICU patient assignment with preceptor review - Document remaining skills, exposures, or simulation needs before independent ICU practice						