

Children's Minnesota Medical Education

CRITICAL CARE SUPERVISION GRID

This supervision grid is a guideline and is not intended to interfere with the provision of life-saving care. An attending physician will be involved in and responsible for the care of each hospital patient.

Supervision Guidelines	Medical Student	PA Student	APRN PNP 1st year	APRN PNP 2nd year	APRN NNP 3rd semester clinical rotation	APRN NNP 4th semester clinical rotation	*APRN NNP 4th semester clinical rotation	PGY1	PGY2	PGY3	PGY4	Fellow
"1" = A Member of the Professional Staff who is privileged to perform the procedure is physically present while the procedure is being performed.												
"2" = A Member of the Professional Staff who is privileged to perform the procedure is consulted prior to performing the procedure.												
"3" = The procedure may be performed independently while under the general supervision of the medical education program.												
"*" = Procedures require documentation of proficiency of directly supervised procedures before a NNP student may perform them without direct supervision.												
"S" = The procedure may be performed after consultation with a member of the Professional Staff AND while directly observed by a supervising resident or fellow.												
Venipuncture	S	S	3	3	3	3	3	3	3	3	3	3
Peripheral IV insertion	S	S	3	3	3	3	3	3	3	3	3	3
Central line/Arterial line placement	1	1	1	1	3	3	3	1	1	1	1	2
Umbilical artery/vein catheterization	1	1	1	1				1	1	1	1	2
Intraosseous line placement	1	1	1	1				1	1	1	1	2
Arterial puncture	S	S	2	2	3	3	3	2	2	2	2	3
Lumbar puncture	S	S	1	2	3	3	3*	2	2	2	2	3
Bladder catheterization	S	S	3	3				2	2	2	2	3
Nasogastric tube insertion	S	S	3	3				2	2	2	2	3
Endotracheal intubation	1	1	1	1	1	2	3*	1	1	1	2	2
Thoracentesis	1	1	1	1	1	2	3*	1	1	1	2	2
Chest tube placement	1	1	1	1	1	2	3*	1	1	1	1	2
Injections (subcutaneous, intramuscular, intradermal)	S	S	3	3				2	2	2	2	3
Suturing minor lacerations	S	S	2	2				2	2	2	2	3
Foreign body removal (from ear, nose)	S	S	1	1				2	2	2	2	3
Incision and drainage of superficial abscess	S	S	1	1				2	2	2	2	3
Female internal genital examination	S	S	-	-				2	2	2	2	3
Gastrostomy tube reinsertion, existing site	1	1	2	2				1	1	1	1	2
Ordering/placement of physical restraints	1	1	3	3				2	2	2	2	3
Minimal sedation or local anesthesia	S	S	-	-				2	2	2	2	2
Moderate or deep sedation**	-	-	-	-				1	1	1	1	1
Umbilical line placement - Arterial	-	-	-	-	1	2	3*					
Umbilical line placement - Venous	-	-	-	-	1	2	3*					
PICC line placement	-	-	-	-	1	2	3*	-	-	1	1	1
Peripheral arterial line placement	-	-	1	1	1	2	3*	1	1	1	1	2
Gathers medical and psychosocial history	1	1	1	2				3	3	3	3	3
Perform physical assessment of preschool and school age children and adolescents	1	1	1	2				3	3	3	3	3
Address conditions of disabilities	1	1	1	2				3	3	3	3	3
Assess age specific needs of patient	1	1	1	2				3	3	3	3	3
Address conditions of chronic illness	1	1	1	2				3	3	3	3	3
Provide case management	1	1	1	2				3	3	3	3	3
Refer to internal and external resources	1	1	1	2				3	3	3	3	3

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Conduct research related to area of pediatric focus	1	1	1	2				3	3	3	3	3
Address end-of-life issues	1	1	1	2				1	1	1	1	1
Determine plan of care based on age specific need assessment.	1	1	1	2				2	2	2	2	2
Provides comprehensive documentation of findings and recommendations	1	1	1	2				2	2	2	2	2
Documents course of treatment through medical progress notes, medication records and other required documentation.	1	1	1	2				2	2	2	2	2
Collaborates effectively with other health care providers, medical staff and allied professionals, including timely and comprehensive communication.	1	1	1	2				2	2	2	2	2

Throughout the term, the student and supervisor at Children's Minnesota must ensure that validation of these skills has occurred prior to performing independently. Documentation of these skills is captured in the academic files of the student, which are maintained by the student and academic institution.

[**Children's Minnesota Policy #351.00](#)

Revised 1/22