



PEDIATRIC SKILLS CHECKLIST

Name _____ Date _____

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your **experience/expertise** in each area listed below.

1=Never Performed 2=Limited Experience 3=Comfortable Performing 4=Proficient

CARE OF PATIENTS WITH	1	2	3	4	CARE OF PATIENTS WITH	1	2	3	4
Bacterial Endocarditis					Hemolytic Uremic Syndrome				
Cardiac Catheterization					Nephrotic Syndrome				
Cardiomyopathy					Polycystic Kidney Disease				
Congenital Heart Disease					Hepatitis				
Congestive Heart Failure					Renal Failure				
Kawasaki's Disease					Wilm's Tumor				
Myocarditis					Clubfoot				
Pericarditis					Osteogenic Sarcoma				
Asthma					Osteomyelitis				
Bronchiolitis					Fractures - Pinned Traction				
Bronchopulmonary Dysplasia (BPD)					Devised Traction (casts, splints, braces)				
Chronic Respiratory Disease					Lupus				
Croup					Adrenal Disorders				
Epiglottitis					Cushing's Syndrome				
Pertussis					Pituitary Disorders				
Pneumonia					Thyroid Dysfunction				
Respiratory Syncytial Virus (RSV)					Anemia				
Rheumatic Fever					Hemophilia				
Tuberculosis					Leukemia				
Closed Head Injuries					Neutropenia				
Encephalitis					Sickle Cell Anemia				
Epilepsy					Bone Marrow Transplant				
Hydrocephalus					Hodgkin's Disease				
Reye's Syndrome					Malignant Tumors				
Seizures					Radiation Implant				
Febrile Seizures					Childhood Communicable Diseases				
Meningitis					Cytomegalovirus (CMV)				
Multiple Sclerosis					Fever				
Neuromuscular Diseases					Infectious Mononucleosis				
Gastroenteritis					Lyme Disease				
Dehydration - Mild/Moderate					HIV/AIDS				
Gastroesophageal Reflux					MRSA/VRE				
GI Bleed					Burns				
Intestinal Parasites					Anorexia/Bulimia				
Intussusception					Battered Child Syndrome				
Juvenile Diabetes					Child Abuse/Neglect				
Poison Ingestion/Overdose					Failure to Thrive				
Pyloric Stenosis					Post-Operative Care				
Tonsillitis					a. Abdominal Surgery				
Ulcerative Colitis					b. Orthopedic Surgery				
Hypospadias					c. Craniofacial Surgery				
Urinary Tract Infection					e. ENT Surgery				

Name _____

CARE OF PATIENTS WITH	1	2	3	4
Multiple Trauma				
Developmental Delay				
Cleft Lip/Palate				
MEDICATION ADMINISTRATION				
Albuterol (Ventolin)				
Aminophylline				
Amoxicillin				
Ampicillin				
Atropine				
Carbamazepine (Tegretol)				
Chemotherapeutic Agents				
Chloral Hydrate				
Clonazepam (Clonopin)				
Corticosteroids				
Diazepam (Valium)				
Digoxin				
Epinephrine				
Gentamycin				
Growth Hormone				
Insulin				
Lasix				
Metaproterenol (Alupent)				
Nitroglycerine				
Phenobarbital				
Phenytoin (Dilantin)				
Sodium Bicarbonate				
Thyroid Replacement				
Vancomycin				
Continuous IV infusion				
Eye/ear Installations				
IM Injections				
Metered Dose Inhalers				
Nebulizer				
Rectal Infusion/Suppository				
SQ Injections				
Z-track Injections				
PROCEDURES/SKILLS				
Cast Care				
Chemotherapy - Peds Protocols				
Chest physiotherapy				
Chest tube & drainage system				
a. Care & maintenance				
b. Troubleshooting				
c. Removal				
EKG/Arrhythmia Interpretation				
Feedings				
a. Breastfeeding - assist				
b. Breastmilk handling/storage				
c. Bottle				
d. Continuous tube feeding				
e. Gavage, intermittent				
Foley/Straight Cath insertion & care				
a. Male				

PROCEDURES/SKILLS	1	2	3	4
b. Female				
Gastric Lavage				
Gastric Suction, low intermittent				
Gastrostomy Tube/Site Care				
Hemodialysis - care during/post				
Hemodynamic Monitoring, non-invasive				
a. Auscultation				
b. Doppler				
d. Palpation				
Interpretation of Lab Results				
a. Blood gases				
b. Bilirubin				
c. CBC				
d. Cultures				
e. Electrolytes				
f. Stool for occult blood				
g. Thyroid Studies				
h. Urine dipstick				
Intestinal Tract Tube Insertion/Care				
a. Gastrostomy button				
b. Nasogastric				
c. Nasojejunal				
d. Orogastric tubes				
Intravenous Infusions				
a. Blood & Blood Products				
- Cryoprecipitate				
- Packed RBCs				
- Platelets				
- Whole Blood				
b. Central line care				
- Broviac				
- Groshong				
- Hickman				
- PICC				
- Portacath				
- Quinton				
c. Hyperalimentation				
d. Intralipids				
e. Peripheral IV insertion & care				
- Angiocath				
- Butterfly				
- Scalp Veins				
f. Saline Lock/Heparin Lock				
Isolation Procedures				
Lumbar Puncture (assist with)				
Oral Airway Insertion				
Oxygen Therapy Administration				
a. Oxyhood				
b. Face mask				
c. Nasal cannula				
d. Trach Collar				
e. Tent				
f. Ambu Bag				

Name _____

PROCEDURES/SKILLS	1	2	3	4
Phototherapy Treatment				
Peritoneal Dialysis				
a. Automatic cycler				
b. Manual				
Splint Application				
Specimen Collection				
a. Blood				
- Central line				
- Heel stick				
- Venous stick				
b. Cultures				
- Blood				
- Wound				
- Sputum				
c. Urine				
- Catheter				
- Diaper				
- Suprapubic tap (assist)				
- Urine bag				
Suctioning				
a. Bulb syringe				
b. Oropharyngeal				
c. Nasopharyngeal				
d. Tracheostomy				
e. Oral/Yankauer				
Temperature				
a. Axillary				
b. Oral				
c. Tympanic				
d. Rectal				
Traction Application				
Wound/Ostomy Care				
a. Colostomy care/bag change				
b. Ileostomy care/bag change				
c. Irrigations				
d. Pressure Ulcers				
- Staging				
- Care				

PROCEDURES/SKILLS	1	2	3	4
e. Sterile Dressing changes				
f. Surgical wounds with drains				
Pain assessment using pain scales				
Epidural Analgesia				
IV Conscious Sedation				
Patient Controlled Analgesia (PCA)				
Narcotic Agents				
Non-narcotic agents				
Non-pharmacological measures				
EQUIPMENT				
Apnea Monitor				
Glucometer				
Infusion Pumps (specific brands)				
-				
-				
Oxygen Flow Meter				
Pulse Oximeter				
Specialty Beds				
a. Air fluidized				
b. Low air loss				
c. Orthopedic				
Traction Equipment				
ASSESSMENT/OTHER				
Abdominal Girth Measurement				
Admission of patients to unit				
Assess Breath Sounds				
Assess Heart Sounds				
Care Planning				
Charge Nurse responsibilities				
Circulation Checks				
Computerized Charting				
Fontanel Assessment				
Head Circumference Measurement				
Neurological Assessments				
Patient Teaching				
Thermal Environment Maintenance				
Use of Restraints				
Vital Signs				

Do you speak any languages other than English? (circle) YES NO

If yes, which language(s)? _____

CONTINUED NEXT PAGE

Name _____

<u>Age Specific Skills</u>	Neonates (0-30 days)	Infants (1 mo- 1 yr)	Toddlers (1-3 yrs)	Preschool (4-6 yrs)	School Age (7-12 yrs)	Adolescent (13-18 yrs)	Young Adult (19-39 yrs)	Middle Adults (40-64 yrs)	Older Adults (65+ yrs)
Check the box under EACH age group that you have experience with and are comfortable with for each skill below.									
Understands the different communication needs for the age group & changes communication methods and terminology accordingly									
Understands the different medications, dosages and possible side effects for the age group and administers medications appropriately									
Understands the different safety risks for the age group and alters the environment accordingly									
Understands the normal growth and development for the age group and adapts care accordingly									

I hereby certify that ALL information I have provided to Emerald, on this skills checklist and all other documentation, is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature _____ Date _____

FAX TO 1-866-917-5055