

PEDIATRIC SKILLS CHECKLIST

This profile is for use by Pediatric nurses with more than one year experience in their discipline and specialty.

Please enter your full legal name as it appears on your Social Security Card.

First Name: _____

Last Name: _____

Social Security Number: _____

Date: _____

email: _____

Please check the boxes below for each age group for which you have provided age appropriate nursing care:

- A. Newborn/Neonate (birth-30days) _____
- B. Infant (30 days-1 year) _____
- C. Toddler (1-3 years) _____
- D. Preschooler (3-5 years) _____
- E. School age children (5-12 years) _____

- F. Adolescents (12-18 years) _____
- G. Young adults (18-39 years) _____
- H. Middle adults (39-64 years) _____
- I. Older adults (64+) _____

My experience is primarily in: (please indicate number of years)

- | | | | |
|---|---------------|---|---------------|
| <input type="checkbox"/> Medical | _____ year(s) | <input type="checkbox"/> Oncology | _____ year(s) |
| <input type="checkbox"/> Surgical | _____ year(s) | <input type="checkbox"/> Neurology | _____ year(s) |
| <input type="checkbox"/> Telemetry | _____ year(s) | <input type="checkbox"/> Psychiatry | _____ year(s) |
| <input type="checkbox"/> Orthopedics | _____ year(s) | <input type="checkbox"/> Rehabilitation | _____ year(s) |
| <input type="checkbox"/> Other (type) _____ | _____ year(s) | | |

Please indicate your level of experience: A. Theory, no practice B. Intermittent C. One- Two Years Current Experience
D. Two plus years experience, can function independently

A. CARDIOVASCULAR

1. Assessment
 - a. Auscultation (rate, rhythm, volume) A B C D
 - b. Blood pressure/non-invasive A B C D
 - c. Heart sounds/murmurs A B C D
 - d. Perfusion A B C D
2. Interpretation of lab results
 - a. Arterial blood gases A B C D
 - b. Hemoglobin & hematocrit A B C D
3. Equipment & procedures
 - a. Basic EKG interpretation A B C D
 - b. Non-invasive cardiac monitoring A B C D
4. Care of the child with:
 - a. Bacterial endocarditis A B C D
 - b. Cardiac arrest A B C D
 - c. Cardiomyopathy A B C D
 - d. Congenital heart disease/defects A B C D
 - e. Congestive heart failure A B C D
 - f. Myocarditis A B C D
 - g. Pericarditis A B C D
 - h. Post cardiac cath A B C D
 - i. Post cardiac surgery A B C D
 - j. Rheumatic fever A B C D
 - k. Shock A B C D
4. Medications-Digoxin (Lanoxin) A B C D

B. PULMONARY

1. Assessment
 - a. Breath sounds A B C D
 - b. Rate and work of breathing A B C D
3. Equipment & procedures
 - a. Airway management devices/suctioning
 - (1) Bulb syringe A B C D
 - (2) Nasal airway suctioning A B C D

- | | |
|---|---|
| (3) Oral airway/suctioning | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| (4) Tracheostomy/suctioning | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| b. Apnea monitor | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| c. Chest physiotherapy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| d. Chest tubes | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| e. End tidal CO ₂ | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| f. Oximeter | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| g. O ₂ therapy delivery system | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| (1) Face mask | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| (2) Hood | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| (3) Isolette | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| (4) Nasal cannula | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| (5) Tent | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| (6) Trach collar | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| h. Water seal drainage system | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 4. Care of the child with: | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| a. Asthma | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| b. Bronchiolitis (RSV) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| c. Bronchopulmonary dysplasia (BPD) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| d. Cystic fibrosis | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| e. Epiglottitis | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| f. LTB/croup | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| g. Pertussis | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| h. Pneumonia | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| i. Tonsillitis | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| j. Tuberculosis | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Medications | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| a. Alupent (Meraproteranol) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| b. Aminophylline (Theophylline) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| c. Isuprel (Isoproterenol) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| d. Ventolin (Albuterol) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

INITIAL	
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C. NEUROLOGICAL/ORTHOPEDICS

1. Assessment-level of consciousness A B C D
2. Equipment & procedures
 - a. Application of splints A B C D
 - b. Assist with lumbar puncture A B C D
 - c. Cast A B C D
 - d. ICP monitoring A B C D
 - e. Pinned fractures A B C D
 - f. Traction A B C D
3. Care of the child with:
 - a. Battered child syndrome A B C D
 - b. Closed head trauma A B C D
 - c. Clubfoot A B C D
 - d. Encephalitis A B C D
 - e. Febrile seizures A B C D
 - f. Meningitis A B C D
 - g. Multiple sclerosis A B C D
 - h. Multiple trauma A B C D
 - i. Near drowning A B C D
 - j. Neuromuscular disease A B C D
 - k. Osteogenic sarcoma A B C D
 - l. Osteom yelitis A B C D
 - m. Spinal cord injury A B C D
4. Medications
 - a. Clonazepam (Klonopin) A B C D
 - b. Corticosteroids A B C D
 - c. Dilantin (Phenytoin) A B C D
 - d. Phenobarbital A B C D
 - e. Tegretol (Carbamazepine) A B C D
 - f. Valium (Diazepam) A B C D

E. GASTROINTESTINAL

1. Assessment
 - a. Abdominal A B C D
 - b. Nutritional A B C D
2. Interpretation of lab results-Serum electrolytes A B C D
3. Equipment & procedures
 - a. Feedings
 - (1) Bottle A B C D
 - (2) Breast A B C D
 - (3) Central hyperalimentation A B C D
 - (4) Gavage A B C D
 - (5) Peripheral hyperalimentation A B C D
 - b. Gastrostomy/button A B C D
 - c. I-Tubes A B C D
 - d. Jejunal feeding A B C D
 - e. NG and sump tubes to suction A B C D
 - f. Penrose drains A B C D
 - g. Placement of naso/orogastric tube A B C D
 - h. Wound irrigation/dressing change A B C D
4. Care of the child with:
 - a. Anal fissure A B C D
 - b. Cleft lip/palate A B C D
 - c. Colostomy A B C D
 - d. Diaphragmatic hernia A B C D
 - e. Failure to thrive (FTT) A B C D
 - f. Gastroenteritis/dehydration A B C D
 - g. GE reflux A B C D
 - h. GI bleeding A B C D
 - i. Ileostomy A B C D
 - j. Intestinal parasites A B C D
 - k. Necrotizing enterocolitis (NEC) A B C D
 - l. Pyloric stenosis A B C D

- m. Surgical abdomen A B C D
- n. Ulcerative colitis A B C D

F. RENAL / GENITOURINARY

1. Assessment of fluid balance A B C D
2. Interpretation of lab results
 - a. BUN & creatinine A B C D
 - b. Urinalysis A B C D
3. Equipment & procedures
 - a. Assist with suprapubic tap A B C D
 - b. Catheter insertion
 - (1) Catheter care A B C D
 - (2) Female A B C D
 - (3) Indwelling A B C D
 - (4) Male A B C D
 - (5) Straight A B C D
 - c. Collection of urine specimen A B C D
4. Care of the child with:
 - a. Circumcision A B C D
 - b. Glomerularnephritis A B C D
 - c. Hemodialysis A B C D
 - d. Hemolytic uremic syndrome (HUS) A B C D
 - e. Hypospadias A B C D
 - f. Ileal conduit ureteral A B C D
 - g. Infantile polycystic disease A B C D
 - h. Kidney transplant A B C D
 - i. Nephrotic syndrome A B C D
 - j. Peritoneal dialysis A B C D
 - k. Renal failure A B C D
 - l. Urinary tract infection A B C D
 - m. Wilm's tumor A B C D

F. ENDOCRINE/METABOLIC

1. Assessment A B C D
2. Interpretation of lab results
 - a. Blood glucose A B C D
 - b. Thyroid studies A B C D
3. Equipment & procedures
 - a. Blood glucose testing: Type _____ A B C D
4. Care of the child with:
 - a. Adrenal disorders A B C D
 - b. Cushing's syndrome A B C D
 - c. Juvenile diabetes A B C D
 - d. Pituitary disorders A B C D
 - e. Thyroid malfunction A B C D
5. Medication
 - a. Growth hormone A B C D
 - b. Insulin A B C D
 - c. Thyroid A B C D

G. HEMATOLOGY/ONCOLOGY

1. Assessment of Nutritional status A B C D
2. Interpretation of lab results
 - a. Blood chemistry A B C D
 - b. Blood counts A B C D
3. Equipment & procedures-Reverse isolation A B C D
4. Care of the child with:
 - a. Anemia A B C D
 - b. Bone marrow transplant A B C D
 - c. Depressed immune system A B C D
 - d. Disseminated intravascular coagulation (DIC) A B C D
 - e. Hemophillia A B C D

INITIAL	
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f. Hodgkin's disease	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
g. Infectious mononucleosis	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
h. Leukemia	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
i. Malignant tumors	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
j. Sickle cell anemia	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
k. Spleen trauma/splenectomy	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
5. Medication				
a. Chemotherapy certification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
b. Prednisone	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
H. MEDICATION ADMINISTRATION FOR CHILDREN				
1. Calculation of pediatric doses	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
2. Eye/ear installations	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3. Knowledge of emergency drugs	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
4. Knowledge of routine pediatric drugs	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
5. Metered dose inhaler	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
I. PHLEBOTOMY/IV THERAPY				
1. Equipment & procedures				
a. Administration of blood/blood products				
(1) Cryoprecipitate	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
(2) Packed red blood cells	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
(3) Whole blood	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
b. Drawing blood from central line	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
c. Drawing venous blood	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
d. Starting IVs				
(1) Angiocath	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
(2) Butterfly	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
(3) Heparin lock	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
2. Care of the child with:				
a. Central line/catheter/dressing				
(1) Broviac	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
(2) Groshong	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
(3) Hickman	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
(4) Portacath	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
(5) Quinton	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
b. Cutdown line/dressing	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
c. Peripheral line/dressing	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
J. INFECTIOUS DISEASES				
1. Interpretation of lab results-blood count	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
2. Equipment & procedures				
a. Fever management	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
b. Isolation	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3. Care of the child with:				
a. AIDS	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
b. Common childhood-communicable diseases	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>

c. Cytomegalovirus (CMV)	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
d. Hepatitis	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
e. Kawasaki disease	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
f. Lyme disease	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
K. MISCELLANEOUS				
1. Assessment				
a. Normal growth and development	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
b. Normal laboratory values	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
b. Recognize signs of child abuse/neglect	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
2. Medication-immunization schedule	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3. Care of the child with:				
a. Anorexia/bulimia	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
b. Craniofacial reconstruction	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
c. Depression	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
d. ENT surgery	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
e. Eye surgery	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
f. Ingestion of foreign body	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
g. Ingestion of poisons or toxins	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
h. Plastic surgery	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
i. Suicidal threats/actions	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
H. WOUND MANAGEMENT				
1. Assessment				
a. Skin for impending breakdown	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
b. Stasis ulcers	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
c. Surgical wound healing	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
2. Equipment & procedures				
a. First degree burns (throughout body)	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
b. Second degree burns	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
c. Third degree burns	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
d. Pressure sores	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
e. Staged decubitus ulcers	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
f. Sterile dressing changes	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
g. Surgical wounds with drain(s)	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
h. Traumatic wound care	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
i. Use of air fluidized, low airloss beds	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
j. Wound care/irrigations	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
H. PAIN MANAGEMENT				
1. Assessment of pain level/tolerance	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
2. Care of the child with:				
a. Epidural anesthesia/analgesia	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
b. IV conscious sedation	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
c. Narcotic analgesia	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>

The information I have given is true and accurate to the best of my knowledge. I hereby authorize **Ascentia Healthcare** to release this Pediatric Skills Checklist to facilities of Ascentia Healthcare in relation to consideration of my employment with those facilities.

Print Name

Date

Signature