



PEDIATRIC SKILLS CHECKLIST

NAME: _____ **DATE:** _____

Please check the appropriate letter of proficiency for the following types of clinical situations and equipment.

LEVEL OF PROFICIENCY

- A** = Able to teach & supervise
- B** = 1 year constant experience
- C** = Intermittent experience
- D** = No experience

	A	B	C	D
Pediatric assessment:				
Breathing and lung sounds				
Cardiac and heart sounds				
Abd				
Consciousness				
level of pain				
grow & development				
Weighing:				
infants				
toddler				
diapers				
Peds V.S.:				
B/P				
Heart rate				
Respiratory rate				
Temperature (rectal-ax-oral)				
Measurements:				
Head circumference				
Chest circumference				
Crown to rump				
Head heal				
MEDICATIONS				
Calculation of Peds Dosages				
Administration of:				
P.O. Meds				
I.M. Meds				
Subcue				
Rectal				
Topical				



Pediatric Skills Checklist

	A	B	C	D
I.V. push				
I.V. drip				
Eye				
Ear				
Insertion and maintenance of I.V.s				
I.V. meds mixing and administration				
Central venous catheter				
Scalp veins				
Infusion pumps				
TPN and intralipids				
Administration & monitoring of blood & blood products				
Infant & Child CPR				
Cardiac monitor				
Apnea monitor				
Pulse Oximeter				
Preparation and administration of Pediatric emergency drugs				
Thermoregulators				
Phototherapy				
Assist with intraosseous infusion				
Assist with Pediatric intubation				
Suctioning (oro-naso-pharynx)				
Trach care and suctioning				
O ₂ therapy:				
nasal cannula				
croup tent				
ventilators				
ventilation with ambu bag				
vaporizer				
aerosol treatments				
Chest physiotherapy				
Chest tubes:				
assist with insertion				
pleu-e-vac				
assist with removal				
Assist with lumbar puncture				
Urinary chatherization of children				
Specimen collection from children and infants:				
urine				
stool				



Pediatric Skills Checklist

	A	B	C	D
blood				
diaper aspiration				
throat swab				
Working knowledge of pediatric lab values				
Recognition of abuse and neglect				
Reporting to child protective agency				
Assist with rape exam and processing of specimens				
Insertion of Peds N/G				
Maintenance of G-tube				
Care of children with:				
Acetaminophen toxicity				
Acquired immunodeficiency syndrome				
acute lymphocytic leukemia				
adenotosillectomy				
airway obstruction				
asthma				
bone marrow transplant				
bronchiolitis				
broncho-pulmonary dysplasia				
cardiac surgery				
CHF				
croup				
cystic fibrosis				
diabetic ketoacidosis				
diabetes mellitus				
dehydration				
epiglottitis				
failure to thrive				
febrile seizure				
head injury				
hemophilia				
intussusception				
iron poisoning				
meningitis				
near drowning				
patent ductus arteriosus ligation				
pneumonia				
respiratory distress syndrome				
Reye's syndrome				
sepsis				



Pediatric Skills Checklist

	A	B	C	D
sickle cell anemia/crisis				
spina bifida				
Care of the dying infant/child				
Intercession for the parent of the sick child				
Charting				
Charge nurse experience				

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Nurse Connection, Inc. to release checklist to client health care facilities of Nurse Connection, Inc. relating to my contract employment with that facility.

(Signature)

(Date)