

Pediatric Intensive Care Skills Checklist

Name: _____

Date: _____

Indicate your level of experience rating with one of the following:

A – No Experience.

B – Minimal Experience - need review and supervision, have performed at least once.

C – Competent - able to perform independently.

D – Expert - able to act as resource to others.

A. CARDIAC

1. Assessment

a. Auscultation (rate, rhythm, volume) A B C D

b. Blood pressure/non-invasive (arterial line) A B C D

c. Heart sounds/murmurs A B C D

d. Perfusion A B C D

2. Equipment & procedures

a. Central venous pressure A B C D

b. Non-invasive cardiac monitoring A B C D

c. EKG interpretation A B C D

d. Invasive hemodynamic monitoring A B C D

3. Care of the child with:

a. Bacterial endocarditis A B C D

b. Cardiac arrest A B C D

c. Cardiac transplant A B C D

d. Cardiogenic shock A B C D

e. Cardiomyopathy A B C D

f. Congenital heart defects/disease A B C D

g. Hypovolemic shock A B C D

h. Myocarditis A B C D

i. Post cardiac surgery A B C D

j. Post interventional cardiac cath A B C D

4. Medication

a. Dobutamine (Dobutrex) A B C D

b. Dopamine (Intropin) A B C D

c. Epinephrine (Adrenalin) A B C D

d. Nipride (Nitroprusside) A B C D

e. Nitroglycerine (Tridil) A B C D

f. Sodium bicarbonate 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

2. Interpretation of lab results
- a. Blood gases A B C D
 - b. X-ray reports A B C D
3. Equipment & procedures
- a. Airway management
 - (1) Assist with intubation A B C D
 - (2) Bulb syringe A B C D
 - (3) Endotracheal tube suctioning
 - (a) In-line suction A B C D
 - (b) Open ET catheter suction A B C D
 - (4) Extubation A B C D
 - (5) Nasal airway/suctioning A B C D
 - (6) Oral airway/suctioning A B C D
 - (7) Tracheostomy/suctioning A B C D
 - b. Apnea monitor A B C D
 - c. Chest physiotherapy A B C D
 - d. Chest tube (assist with)
 - (1) Insertion A B C D
 - (2) Removal A B C D
 - (3) Set-up A B C D
 - e. ECMO (extracorporeal membrane oxygenation) A B C D
 - f. End tidal CO₂ A B C D
 - g. Obtaining blood gases
 - (1) Arterial A B C D
 - (2) Heelstick A B C D
 - (3) Peripheral A B C D
 - h. Oximeter A B C D
 - i. O₂ therapy and medication delivery
 - (1) Bag (anesthesia) & mask A B C D
 - (2) Bag (self-inflating) & mask A B C D
 - (3) Isolette A B C D
 - (4) Nasal cannula A B C D
 - (5) Nebulizer A B C D
 - (6) Oxyhood A B C D
 - (7) Tent A B C D
 - (8) Trach collar A B C D
 - j. Thoracentesis A B C D
 - k. Ventilator care
 - (1) CPAP/PEEP A B C D
 - (2) High frequency jet ventilator A B C D
 - (3) Home ventilator A B C D
 - (4) IMV A B C D
 - (5) Pressure ventilator A B C D
 - (6) Volume ventilator A B C D
 - (7) Weaning A B C D
3. Care of the child with:
- a. Bronchiolitis (RSV) A B C D

- b. Chronic respiratory disease A B C D
- c. Epiglottitis A B C D
- d. Flail chest A B C D
- e. Foreign body aspiration A B C D
- f. Fresh tracheostomy A B C D
- g. Hemothorax A B C D
- h. LTB/croup A B C D
- i. Pneumonia A B C D
- j. Pneumothorax A B C D
- k. RDS A B C D
- l. Respiratory failure A B C D
- m. Severe respiratory distress A B C D
- n. Status asthmaticus A B C D
- 4. Medications
 - a. Aminophylline (Theophylline) A B C D
 - b. Prostaglandin A B C D

C. NEUROLOGICAL

- 1. Assessment – Neurological status A B C D
- 2. Equipment & procedures
 - a. Intracranial pressure monitoring A B C D
- 3. Care of the child with:
 - a. Brain death/organ procurement A B C D
 - b. Coma A B C D
 - c. Encephalitis A B C D
 - d. Externalized VP shunt/reservoirs A B C D
 - e. Head trauma A B C D
 - f. Meningitis A B C D
 - g. Neuromuscular disease A B C D
 - h. Post neurosurgery A B C D
 - i. Spinal Cord injury A B C D
 - j. Status epilepticus A B C D
- 4. Medications – Anticonvulsant medication A B C D

D. ORTHOPEDICS

- 1. Equipment & procedures
 - a. Specialized orthopedic bed A B C D
- 2. Care of the child with:
 - a. Cervical traction A B C D
 - b. Pinned fractures A B C D
 - c. Post vertebral surgery A B C D

E. GASTROINTESTINAL

- 1. Assessment
 - a. Abdominal A B C D
 - b. Nutritional A B C D

2. Equipment and procedures
 - a. Abdominal decompression devices A B C D
 - b. Feedings
 - (1) Assist with breast feeding A B C D
 - (2) Bottle A B C D
 - (3) Breast milk handling/storage A B C D
 - (4) Gavage A B C D
 - c. Placement of intestinal tubes
 - (1) Gastrostomy/button A B C D
 - (2) Jejunal A B C D
 - (3) Nasogastric/orogastric A B C D
 - d. Test for occult blood A B C D
3. Care of the child with:
 - a. Fresh ostomy A B C D
 - b. Gastroenteritis/severe dehydration A B C D
 - c. GE reflux A B C D
 - d. GI bleeding A B C D
 - e. Hepatic failure A B C D
 - f. Hepatitis A B C D
 - g. Necrotizing enterocolitis (NEC) A B C D
 - h. Pancreatitis A B C D
 - i. Post abdominal surgery A B C D
 - j. Stress ulcer A B C D
 - k. Surgical abdomen A B C D

F. RENAL/GENITOURINARY

1. Assessment – fluid balance A B C D
2. Interpretation of lab results
 - a. Test urine and interpret results
 - (1) Glucose A B C D
 - (2) Labstix A B C D
 - (3) Occult blood A B C D
 - (4) pH A B C D
 - (5) Specific gravity A B C D
3. Equipment and procedures
 - a. Collection of urine specimen
 - (1) Assist with supra-pubic tap A B C D
 - (2) Catheter A B C D
 - (3) Diaper/bag A B C D
 - b. Insertion & care of straight and Foley catheter
 - (1) Female A B C D
 - (2) Male A B C D
 - c. Supra-pubic A B C D
4. Care of the child with:
 - a. Acute renal failure A B C D
 - b. CAVH A B C D
 - c. Diabetes insipidus (DI) A B C D
 - d. Hemodialysis A B C D

- e. Hemolytic uremic syndrome (HUS) A B C D
- f. Nephritis A B C D
- g. Nephrotic Syndrome A B C D
- h. Peritoneal dialysis A B C D
- i. Post renal transplant A B C D
- j. Syndrome inappropriate ADH (SIADH) A B C D

G. ENDOCRINE/METABOLIC

- 1. Assessment of electrolyte balance A B C D
- 2. Equipment and procedures A B C D
- a. blood glucose testing - type _____
- 3. Care of the child with:
 - b. Diabetic ketoacidosis A B C D
 - c. Hyper/hypocalcemia A B C D
 - d. Hyperbilirubinemia A B C D
 - e. Thyroid dysfunction A B C D
- 4. Medications - Insulin A B C D

H. WOUND MANAGEMENT

- 1. Assessment
 - a. Skin for impending breakdown A B C D
 - b. Stasis ulcers A B C D
 - c. Surgical wound healing A B C D
- 2. Equipment and procedures
 - a. Air fluidized, low airloss beds A B C D
 - b. Sterile dressing changes A B C D
 - c. Wound care/irrigations A B C D
- 3. Care of the child with:
 - a. Burns
 - (1) First degree A B C D
 - (2) Second degree A B C D
 - (3) Third degree A B C D
 - b. Pressure sores A B C D
 - c. Staged decubitus ulcers A B C D
 - d. Surgical wounds with drain(s) A B C D
 - e. Traumatic wounds A B C D

I. ONCOLOGY

- 1. Assessment
 - a. Nutritional status A B C D
 - b. Pain control 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
 - a. Reverse isolation A B C D

4. Care of the child with:
- a. Acute tumor lysis syndrome A B C D
 - b. Bone marrow transplant A B C D
 - c. Disseminated intravascular coagulation (DIC) A B C D
 - d. Fresh oncologic surgery A B C D
 - e. In-patient chemotherapy A B C D
 - f. In-patient hospice A B C D
 - g. Leukemia A B C D
 - h. Malignant tumors A B C D
 - i. Radiation implant A B C D
 - j. Sickle cell anemia A B C D
5. Medication
- a. Chemotherapy certification Yes No

J. INFECTIOUS DISEASES

1. Interpretation of lab results
- a. CBC/differential A B C D
 - b. Culture reports A B C D
2. Equipment and procedures
- a. Assist with lumbar puncture A B C D
 - b. Collect culture specimens A B C D
 - c. Isolation techniques A B C D
- Care of the child with:
- a. Cytomegalo virus (CMV) A B C D
 - b. HIV/AIDS A B C D
 - c. Septic shock A B C D
 - d. Tuberculosis A B C D

K. PHLEBOTOMY/IV THERAPY

1. Interpretation of lab results A B C D
2. Equipment & procedures
- a. Administration of blood/blood products
 - (1) Cryoprecipitate A B C D
 - (2) Packed red blood cells A B C D
 - (3) Plasma/albumin A B C D
 - (4) Whole blood A B C D
 - b. Delivery methods
 - (1) Implantable venous port A B C D
 - (2) Percutaneous arterial line A B C D
 - (3) Percutaneous venous line A B C D
 - (4) PICC (peripherally inserted central catheters) A B C D
 - c. Drawing blood from central line A B C D
 - d. Drawing venous blood A B C D
 - e. Hyperalimentation/TPN
 - (1) Central A B C D
 - (2) Peripheral A B C D

- f. Intralipid A B C D
- g. Managing IV Therapy
 - (1) Discontinuing A B C D
 - (2) Dressing & tubing change A B C D
 - (3) Site & patency assessment A B C D
- h. Starting IVs
 - (1) Angiocath A B C D
 - (2) Butterfly A B C D
 - (3) Heparin lock A B C D
- 3. Care of the child with:
 - a. Central line/catheter/dressing
 - (1) Broviac A B C D
 - (2) Groshong A B C D
 - (3) Hickman A B C D
 - (4) Portacath A B C D
 - (5) Quinton A B C D
 - b. Cutdown A B C D

L. PAIN MANAGEMENT

- 1. Assessment of pain level/tolerance A B C D
- 2. Care of the child with:
 - a. Epidural anesthesia/analgesia A B C D
 - b. IV conscious sedation A B C D

M. MISCELLANEOUS

- 1. Assessment
 - a. Knowledge of normal growth and development A B C D
 - b. Recognize/report signs of child abuse/neglect A B C D
- 2. Equipment & procedures
 - a. Application of restraints A B C D
- 3. Care of the child with:
 - a. Anorexia/bulimia A B C D
 - b. Blunt trauma A B C D
 - c. Complex wound care A B C D
 - d. Craniofacial reconstruction A B C D
 - e. ENT surgery A B C D
 - f. Gun shot/open chest A B C D
 - g. Ingestions/overdose A B C D
 - h. Kawasaki disease A B C D
 - i. Multiple trauma A B C D
 - j. Near drowning A B C D
 - k. Penetrating trauma A B C D
- 4. Medications
 - a. Calculation of drugs delivered by continuous infusion A B C D
 - b. Dosage calculations A B C D

- c. Knowledge of delivery methods
 - (1) Eye/ear installations A B C D
 - (2) Intramuscular injections (IM) A B C D
 - (3) Intravenous mediations (IV) A B C D
 - (4) Metered dose inhaled A B C D
 - (5) Subcutaneous (SQ) injections A B C D
 - (6) Z trach injections A B C D
- d. Knowledge of emergency drug action and reaction A B C D
- e. Pediatric drug actions & reactions A B C D

Age Specific Practice Criteria

Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.

- A. Newborn/Neonate (birth-30 days)
- 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+)

Experience with Age Groups

Able to adapt care to incorporate normal growth and development.

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.

Can ensure a safe environment reflecting specific needs of various age groups.

	A	B	C	D	E	F	G	H	I
Able to adapt care to incorporate normal growth and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can ensure a safe environment reflecting specific needs of various age groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Pediatric Intensive Care _____ year(s)
- Pediatric Stepdown _____ year(s)
- General Pediatric _____ year(s)
- Other (type) _____ _____ year(s)

Certification:

Please check the boxes below and indicate the expiration date for each certificate that you have. If you do not know the exact date, please use the last date of the specific month (e.g., 08/31/2003)

- ACLS Exp. Date: _____ (mm/dd/yyyy)
- BCLS Exp. Date: _____ (mm/dd/yyyy)
- NRP Exp. Date: _____ (mm/dd/yyyy)
- PALS Exp. Date: _____ (mm/dd/yyyy)
- Other (type): Exp. Date: _____ (mm/dd/yyyy)

Please read and agree to the statements below by marking the checkbox.

I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Pediatric Intensive Care Skills Checklist to the Client facilities in relation to consideration of employment as a Registered Nurse with those facilities.

Signature

Date



**Registered Professional Nurse Job Description
Pediatric ICU Care**

Job Summary:

The Pediatric RN is responsible for managing the care of the pediatric and adult patient requiring a surgical procedure that requires moderate to complex assessment, interventions and levels of nursing vigilance. The Pediatric RN is responsible to the Clinical Manager assigned to the Pediatric unit.

Qualifications

- Current licensure in good standing in the state of practice
- Evidence of 1 year of Pediatric ICU nursing experience within the past two years; scrub and/or circulating experience mandatory
- Evidence of current BLS credential mandatory; additionally, the RN may have resuscitation credentials including but not limited to ACLS & PALS

Responsibilities

- Conducts an individualized patient assessment and reassessment, prioritizing the data collected based on the infant, toddler, preschool, school age, adolescent, adult or elderly patient’s immediate condition or needs within timeframe specified by client facility’s policies, procedures or protocols.
- Develops individualized plan of care reflecting collaboration with other members of the healthcare team.
- Collaborates with physician and other team members to implement orders and plan of care in an accurate and timely manner.
- Provides individualize patient/family education customized to the adolescent, adult or elderly patient and his/her family.
- Documents patient assessment findings, physical/psychosocial responses to nursing intervention and progress toward problem resolution and communicates these responses to team members as appropriate.
- Responds to emergencies according to facility policy and procedure.
- Maintains confidentiality in matters related to patient, family and client facility staff.
- Provides care in a non-judgmental, non-discriminatory manner that is sensitive to the adolescent, adult or elderly patient’s and family’s diversity, preserving their autonomy, dignity and rights.
- Reports relative indicators of patient condition to appropriate personnel during and at the end of each shift.
- Maintains current competency in PICU nursing.

RN Name: _____

RN Signature: _____

Date: _____

Joint Commission
**2006 Critical Access Hospital and Hospital
National Patient Safety Goals**

Note: New Goals and Requirements are indicated in **bold**.

- Goal 1 Improve the accuracy of patient identification.
- 1A Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.
- 1B Not applicable.
- Goal 2 Improve the effectiveness of communication among caregivers.
- 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
- 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- 2D Not applicable.
- 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.**
- Goal 3 Improve the safety of using medications.
- 3A Retired in 2006.
- 3B Standardize and limit the number of drug concentrations available in the organization.
- 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.
- 3D Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.**
- Goal 4 Not applicable.
- Goal 5 Retired in 2006
- Goal 6 Not applicable.
- Goal 7 Reduce the risk of health care-associated infections.

- 7A Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

- Goal 8 Accurately and completely reconcile medications across the continuum of care.
- 8A Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.
- 8B A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.

- Goal 9 Reduce the risk of patient harm resulting from falls.
- 9B Implement a fall reduction program and evaluate the effectiveness of the program.
Note: Replacement for 9A.

- Goal 10 Not applicable.
- Goal 11 Not applicable.
- Goal 12 Not applicable.
- Goal 13 Not applicable.
- Goal 14 Not applicable.