

Pediatric 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 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 defects/disease 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

5. Medication – 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

2. 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 B C D

(4) Tracheostomy/suctioning

A B C D

b. Apnea monitor

A B C D

c. Chest physiotherapy

A B C D

d. Chest tubes

A B C D

e. End tidal CO₂

A B C D

f. Oximeter

A B C D

g. Oxygen therapy delivery systems

(1) Face mask

A B C D

(2) Hood

A B C D

(3) Isolette

A B C D

(4) Nasal cannula

A B C D

(5) Tent

A B C D

(6) Trach collar

A B C D

h. Water seal drainage system

A B C D

3. Care of the child with:

a. Asthma

A B C D

b. Bronchiolitis (RSV)

A B C D

c. Bronchopulmonary dysplasia (BPD)

A B C D

d. Cystic fibrosis

A B C D

e. Epiglottitis

A B C D

f. LTB/croup

A B C D

g. Pertussis

A B C D

h. Pneumonia

A B C D

i. Tonsillitis

A B C D

j. Tuberculosis

A B C D

4. Medications

a. Alupent (Meraproteranol)

A B C D

b. Aminophylline (Theophylline)

A B C D

c. Isuprel (Isoproterenol)

A B C D

d. Ventolin (Albuterol)

A B C D

C. NEUROLOGICAL/ORTHOPEDICS

1. Assessment – level of consciousness

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
- b. Closed head trauma
- c. Clubfoot
- d. Encephalitis
- e. Febrile seizures
- f. Meningitis
- g. Multiple sclerosis
- h. Multiple trauma
- i. Near drowning
- j. Neuromuscular disease
- k. Osteogenic sarcoma
- l. Osteomyelitis
- m. Spinal cord injury

- A B C D
- A B C D
- A B C D
- A B C D
- A B C D
- A B C D
- A B C D
- A B C D
- A B C D
- A B C D
- A B C D
- A B C D

4. Medications

- a. Clonazepam (Klonopin)
- b. Corticosteroids
- c. Dilantin (Phenytoin)
- d. Phenobarbital
- e. Tegretol (Carbamazepine)
- f. Valium(Diazepam)

- A B C D
- A B C D
- A B C D
- A B C D
- A B C D
- A B C D

D. GASTROINTESTINAL

1. Assessment

- a. Abdominal
- b. Nutritional

- A B C D
- A B C D
- A B C D

2. Interpretation of lab results – Serum electrolytes

3. Equipment and procedures

a. Feedings

- (1) Bottle
- (2) Breast
- (3) Central Hyperalimentation
- (4) Gavage
- (5) Peripheral Hyperalimentation

- A B C D
- A B C D
- A B C D
- A B C D
- A B C D
- A B C D
- A B C D
- A B C D
- A B C D
- A B C D
- A B C D

b. Gastrostomy/button

c. I-tubes

d. Jejunal feeding

e. NG and sump tubes to suction

f. Penrose drains

g. Placement of naso/orogastric tube

h. Wound irrigation/dressing change

4. Care of the child with:

- a. Anal fissure
- b. Cleft lip/palate
- c. Colostomy
- d. Diaphragmatic hernia
- e. Failure to thrive (FTT)

- A B C D
- A B C D
- A B C D
- A B C D
- 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

E. RENAL/GENITOURINARY

- 1. Assessment – fluid balance A B C D
- 2. Interpretation of lab results
 - a. BUN and creatinine A B C D
 - b. Urinalysis A B C D
- 3. Equipment and 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 and 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. Medications
 - 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 and 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. Hemophilia A B C D
 - f. Hodgkin's disease A B C D
 - g. Infectious mononucleosis A B C D
 - h. Leukemia A B C D
 - i. Malignant tumors A B C D
 - j. Sickle cell anemia A B C D
 - k. Spleen trauma/splenectomy A B C D
- 5. Medications
 - a. Chemotherapy Certification Yes No
 - b. Prednisone A B C D

H. MEDICATION ADMINISTRATION FOR CHILDREN

- 1. Calculation of pediatric doses A B C D
- 2. Eye/ear installations A B C D
- 3. Knowledge of emergency drugs A B C D
- 4. Knowledge of routine pediatric drugs A B C D
- 5. Metered dose inhaler A B C D

I. PHLEBOTOMY/IV THERAPY

- 1. Equipment and procedures
 - a. Administration of blood/blood products
 - (1) Cryoprecipitate A B C D
 - (2) Packed red blood cells A B C D
 - (3) Whole blood A B C D
 - b. Drawing blood from central line A B C D

- c. Drawing venous blood A B C D
- d. Starting IVs
 - (1) Angiocath A B C D
 - (2) Butterfly A B C D
 - (3) Heparin lock A B C D
- 2. 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 line/dressing A B C D
 - c. Peripheral line/dressing A B C D

J. INFECTIOUS DISEASES

- 1. Interpretation of lab results – blood count A B C D
- 2. Equipment and procedures
 - a. Fever management A B C D
 - b. Isolation A B C D
- 3. Care of the child with:
 - a. AIDS A B C D
 - b. Common childhood – communicable disease A B C D
 - c. Cytomegalo virus (CMV) A B C D
 - d. Hepatitis A B C D
 - e. Kawasaki disease A B C D
 - f. Lyme disease A B C D

K. MISCELLANEOUS

- 1. Assessment
 - a. Normal growth and development A B C D
 - b. Normal laboratory values A B C D
 - c. Recognize signs of abuse or neglect A B C D
- 2. Medication – immunization schedule A B C D
- 3. Care of the child with:
 - a. Anorexia/bulimia A B C D
 - b. Craniofacial reconstruction A B C D
 - c. Depression A B C D
 - d. ENT surgery A B C D
 - e. Eye surgery A B C D
 - f. Ingestion of foreign body A B C D
 - g. Ingestion of poison or toxins A B C D
 - h. Plastic surgery A B C D
 - i. Suicidal threats/actions A B C D

L. 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 and procedures | |
| a. 1 st degree burns (throughout body) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| b. 2 nd degree burns | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| c. 3 rd 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"/> |

M. 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"/> |

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

	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"/>

Initials _____

X:\TMP - Kristy to Convert\Peds skills cklist & JD.doc

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

Total years in pediatric nursing: _____ year(s)

- | | | | |
|---------------------------------------|---------------|---|---------------|
| <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) |

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)

- | | |
|--|-------------------------------|
| <input type="checkbox"/> BCLS | Exp. Date: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> NRP | Exp. Date: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> PALS | Exp. Date: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> 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 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 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 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 and discharge planning customized to the infant, toddler, preschool, school age, 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 infant, toddler, preschool, school age, 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 pediatric 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.