

Nurses with Pride and Promise, Inc.

Nursing Staffing Agency

Pediatric Skills Checklist

*** Denotes required field**

This profile is for use by Pediatric nurses with more than one year experience in their discipline and specialty. It will not be a determining factor for employment but it may aid in promoting yourself at the Interview.

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

First name*

Last name*

Social Security number

Date

____ - ____ - ____

____ / ____ / ____

Email: _____

Please indicate your level of experience by checking the applicable box below.

A. Theory, no practice

C. One - two years experience

B. Intermittent experience

D. Two plus years experience

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 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. Equipments & 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 CO ₂	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 | 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. Osteomyelitis | 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 |

D. 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

E. RENAL/GENITOURINARY

1. Assessment - 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. Glomerulonephritis	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	<input type="text"/>			
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 & 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 & 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 & 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 diseases | 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 | | B | | C | | D |
 - b. Stasis ulcers | A | | B | | C | | D |
 - c. Surgical wound healing | A | | B | | C | | D |
2. Equipment & procedures
 - a. 1st degree burns (throughout body) | A | | B | | C | | D |
 - b. 2nd degree burns | A | | B | | C | | D |
 - c. 3rd degree burns | A | | B | | C | | D |
 - d. Pressure sores | A | | B | | C | | D |
 - e. Staged decubitus ulcers | A | | B | | C | | D |
 - f. Sterile dressing changes | A | | B | | C | | D |
 - g. Surgical wounds with drain(s) | A | | B | | C | | D |
 - h. Traumatic wound care | A | | B | | C | | D |
 - i. Use of air fluidized, low airloss beds | A | | B | | C | | D |
 - j. Wound care/irrigations | A | | B | | C | | D |

M. 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 |
 - c. Narcotic analgesia | 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)

D. Preschooler (3 - 5 years)

B. Infant (30 days - 1 year)

E. School age children (5 - 12 years)

C. Toddler (1 - 3 years)

F. Adolescents (12 - 18 years)

EXPERIENCE WITH AGE GROUPS:

	A	B	C	D	E	F
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"/>
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"/>
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"/>

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) |
| <input type="checkbox"/> Computerized charting | Exp. date: _____ | (mm/dd/yyyy) |

system:
 Medication administration _____ Exp. date: _____ (mm/dd/yyyy)
system:

The information I have given is true and accurate to the best of my knowledge.

Signature: _____ Date: _____