

# PEDIATRICS SKILLS CHECKLIST

NAME:

SIGNATURE:

DATE:

**1 - Highly skilled** (can function well independently, strong experience)

**2 - Proficient** (experienced, may need occasional review/assistance)    **3 - Limited Skill** (limited to no experience)

## ASSESSMENT

Skills (check appropriate box)	1	2	3
Pre/Post Open Heart			
Cardiovascular			
Arrhythmia Recognition			
Giving Blood/Blood Products			
Arterial Blood Gas Stick			
Blood Gas Interpretation			
Capillary Fill Time			

## SUCTIONING

Skills (check appropriate box)	1	2	3
Naso-pharyngeal			
Tracheal			
Tracheostomy			
Postural Drainage			

## NEUROLOGICAL

Skills (check appropriate box)	1	2	3
Neurological Checks			
Seizure Precautions			
Lumbar Puncture			
Meningitis			
ICP Monitoring			
Knowledge of Seizure Medication			

## GENITOURINARY

Skills (check appropriate box)	1	2	3
Foley Catheter Insertion			
Catheter Care			
Supra Pubic Catheter			

## ASTROINTESTINAL

Skills (check appropriate box)	1	2	3
Gastroenteritis			
Gastrostomy/J-Tube Care			
Insertion on NG Tube			
Irrigation of NG Tube			
Feeding Pump			
Colostomy Care			
Abdominal Girth Measurements			

## INTERVENOUS THERAPY

Skills (check appropriate box)	1	2	3
IV Additives/Piggy Back			
Insertion			
Regulation & Site Care			
Infusion Pumps			
Hickman Catheter			
Giving Lipids/TPN			

## OXYGEN EQUIPMENT

Skills (check appropriate box)	1	2	3
Assessment of Lung Fields			
Cannula/Mask			
Headbox/Mist Tent			

## PHARMACOLOGY AGENTS

Skills (check appropriate box)	1	2	3
Bronchodilators			
Aminophylline/Drip			
Alupent			
Atropine			
Terbutaline			
Cardiovascular Drugs			
Digoxin			
Propranolol			

## DIAGNOSIS/PROBLEMS

Skills (check appropriate box)	1	2	3
Asthma			
Cleft Palate			
Croup			
Diabetes			
Failure to Thrive			
HIV/Immune Deficiency			
Oncology Patient			
Bone Marrow Biopsy			
Leukemia			
Pneumonia			
Cystic Fibrosis			