

PEDIATRIC SKILLS CHECKLIST

MSI HEALTH INTERNATIONAL.

Please write the number that reflects your proficiency in each skill or patient care situation.

Levels of Proficiency:

0 = Unfamiliar with

1 = Theory; no practice

2 = Familiar with; need review

3 = Some experience; need minimal review

4 = Frequent experience; performs well

- ___ Pediatric CPR courses
- ___ PALS
- ___ IV Certified

PATIENT GROUPS:

- ___ Neonates, Infants
- ___ Children 2 to 12
- ___ Adolescents
- ___ Over 18 years of age

BASIC SKILLS:

- ___ Admissions, Discharge, Transfers
- ___ Charting, Documentation, Care Plans, Consents
- ___ Universal precautions, Infection control
- ___ Isolation criteria
- ___ Security procedures, confidentiality
- ___ Restraints: criteria, safety
- ___ Ordering/preparing for lab work & Diagnostics, collecting specimens (eg, U-bag, pedi-bag)
- ___ Intake and output
- ___ Bathing, oral and peri care
- ___ Infant formulas, age appropriate foods
- ___ Phototherapy, eye protection, bilirubin levels
- ___ Appropriate patient positioning for condition
- ___ Isoletics, Warmer beds, temp. control
- ___ Bassinets, cribs (rails)
- ___ Monitoring: vital signs, cardiac, pulse oximetry
- ___ IV cannulation, INT/Hep lock, fluid administration, IV pumps, meds
- ___ Blood/ blood product administration
- ___ TPN, lipid administration
- ___ Glucose testing, eg. Dextrostics
- ___ Arterial lines: insertion, sample, etc.
- ___ Central venous lines: assist with insertion, CVP, complications: PICC
- ___ Dressing changes, suture removal

- ___ Surgical drains and tubes
- ___ Sterile techniques
- ___ Sterile field
- ___ Assist with lumbar punctures
- ___ Assist with bone marrow aspiration
- ___ Assist with intraosseous infusion
- ___ Patient/ family teaching: Pre/post op
- ___ Child/family reactions to hospitalization
- ___ Emergency drug administration
- ___ Pediatric analgesia, PCA

CARDIAC SYSTEM:

- ___ Assessment of heart sounds
- ___ Dysrhythmia interpretation and intervention
- ___ Cardiac catheterization
- ___ Congenital hearts PDA, coarctation
- ___ Congestive heart failure
- ___ Open heart procedures
- ___ Heart transplant

RESPIRATORY SYSTEM:

- ___ Breath sound evaluation
- ___ Assist with intubation/extubation
- ___ Oral airway
- ___ Suctioning: set-up, routes
- ___ O2 administration: set-up, flow, etc
- ___ Oxyhood management, weaning
- ___ CPAP management, weaning
- ___ Mechanical ventilation: placing on vent, weaning, complications
- ___ High frequency ventilation
- ___ ECMO: management, complications
- ___ Tracheostomy: assist with procedure, care
- ___ Assist with chest tube insertion, care
- ___ Pneumonia
- ___ Respiratory distress syndrome
- ___ Pneumothorax
- ___ Congenital: diaphragmatic hernia, etc

- ___ Asthma
- ___ Chest trauma
- ___ Airway obstruction
- ___ Croup, epiglottitis
- ___ Cystic fibrosis

EYE, EAR, NOSE & THROAT:

- ___ Tonsillectomy & adenoidectomy
- ___ Ear infections, ear tubes
- ___ Congenital: cleft lip/palette, etc
- ___ Thrush
- ___ System trauma

ENDOCRINE SYSTEM:

- ___ Diabetes management: insulin, etc
- ___ Diabetic emergencies: Ketoacidosis, etc
- ___ Acute hypoglycemia
- ___ Inborn errors of metabolism eg. PKU

HEMATOLOGY, IMMUNOLOGY

- ___ Anemia: sickle cell, etc
- ___ Hemophilia
- ___ Leukemia, Hodgkin disease
- ___ Other carcinoma
- ___ Chemotherapy, radiation: complications, etc
- ___ HIV Infection, AIDS
- ___ Communicable diseases: varicella, TB, mononucleosis
- ___ Vaccinations, immunizations
- ___ Chemotherapy, radiation: complications, etc
- ___ HIV Infection, AIDS

MUSCULOSKELETAL SYSTEM:

- ___ Fracture: complications, open, closed reduction, casting/removal
- ___ Body casts: spine
- ___ Scoliosis
- ___ Trauma: sports injuries
- ___ Muscular dystrophy

Please check box to attest that all above information is true and correct.

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Signature: _____ Date: _____

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Master Staffing Inc.

- ___ Amputation
- ___ Traction, splints, braces, CPM machines

NEUROLOGICAL SYSTEM:

- ___ Increased intracranial pressure, ICP monitoring
- ___ Neurological checks
- ___ Coma, glasgow coma scale
- ___ Head injuries: closed, open

- ___ Craniotomy
- ___ Bleeding: intracranial, etc
- ___ Meningitis
- ___ Seizure
- ___ Neural tube defects
- ___ Disease process: reye syndrome, etc

GASTROINTESTINAL SYSTEM:

- ___ Hepatic failure, infection
- ___ Vomiting/diarrhea, electrolyte imbalance, dehydration
- ___ Abdominal trauma
- ___ Appendicitis, appendectomy
- ___ Bowel, gastric resection
- ___ Congenital anomalies
- ___ Colostomy
- ___ Insert NG, OG tube feedings, gastric decompression

GENITOURINARY SYSTEM:

- ___ Cystic kidneys
- ___ Pyelonephritis, glomerulonephritis
- ___ UTI, bladder infection
- ___ Kidney stones
- ___ Nephrectomy
- ___ Congenital anomalies
- ___ Nephrostomy tubes
- ___ Renal transplant
- ___ Catheters: indwelling, suprapubic, etc

MULTISYSTEM/ OTHER:

- ___ Multiple trauma
- ___ DIC
- ___ Toxic, caustic ingestions
- ___ Drug overdoses

- ___ Near drowning
- ___ Burn: thermal, chemical
- ___ Shock: Hypovolemic, septic, anaphylactic, hemorrhagic, neurogenic, cardiogenic
- ___ Failure to thrive
- ___ Child abuse: physical, sexual, mental

MEDICATIONS & TREATMENTS

- ___ IM
- ___ Subcutaneous
- ___ Oral
- ___ IV
- ___ Eye, ear drops
- ___ General medication safety rules, eg. Double check dosages, etc.
- ___ Narcan
- ___ Epinephrine
- ___ Dopamine
- ___ Insulin
- ___ Digitalis
- ___ Lasix

- ___ SoluMedrol
- ___ Mannitol
- ___ Phenobarbital
- ___ Ipecac syrup
- ___ Gastric lavage: charcoal, ice, etc.

I certify that all of the above information is correct and that any misrepresentation or falsification of fact may be considered sufficient cause for immediate dismissal from _____. I have filled out this skills checklist to the best of my knowledge and agree that all of the information provided is correct (please check box).

NAME (Please Print Clearly)

DATE

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SIGNATURE

LICENSE NUMBER