



PEDIATRIC CLINICAL SKILLS CHECKLIST

Date: _____

Full Name: _____

INSTRUCTIONS

Please provide accurate answers so we can correctly match your abilities to our client job requirements. Please check the level of experience and expertise you have in each skill category, using the following scale:

#1 = Familiar with procedure but will usually or almost always require some assistance.

#2 = Competent and familiar with procedure: I can perform this procedure with excellence, usually without assistance.

#3 = Very competent: I have at least 12 months experience and can perform this procedure with excellence and without assistance.

NOTE: Leave blank any procedures which you have **no experience, training or low competence.**

SKILLS	1	2	3
Blood/blood product administration/precautions			
Calculation of rates			
Mcg/min			
Mcg/kg/min			
Mg/min			
Hang IV Piggyback			
Heparin Lock			
Hyperalimentation			
Peripheral/Central Line			
Knowledge of solution			
Insertion of Central line			
Use of Broviac/Hickman/Groshong Catheters			
Lab Assessment			
Implanted venous access ports			
Dressing changes			
Insertion of peripheral line:			
Dressing change			
d/c line			
Universal precautions			
Isolation procedures			
Airborne isolations			
Wound/blood isolations			
Specimen Collection:			
Arterial line blood draw			
Blood culture			
Capillary blood draw			
Central line blood draw			
PICC line blood draw			
Sputum			
Stool			
Urine Culture			

SKILLS	1	2	3
Urinalysis			
Venipuncture			
Wound Culture			
Normal Anatomy of the Heart			
Left Side			
Right Side			
Resuscitation			
Team Member			
Perform defibrillation			
Perform/set up emergent cardioversion			
Prepare and administer meds			
Set up and interpret 12 lead EKG			
Administer oxygen			
Use of apnea monitor			
Assess lung sounds			
Incentive spirometer			
Nebulizer			
Normal physiology of pulmonary vascular system			
Obtain arterial blood gas			
Result interpretation			
Pavulonized patient			
Pulse oximetry			
Suctioning			
Use of emergency equipment			
Insulin prep and administration			
Blood glucose monitoring			
Equipment used			
Jejunostomy care			
NG tube insertion/lavage			
Normal physiology of renal and GI system			

SKILLS	1	2	3
Ostomy/stoma care			
Peritoneal lavage			
Poison control			
Wound care irrigations			
Consent for treatment of a minor			
Procedure for patient signing AMA			
Disaster protocols			
Assist with peritoneal lavage			
MISC. TRAYS/INSTRUMENTS			
Pelvic tray			
Cut down tray			
Procto tray			
CVP tray			
Culdocentesis tray			
Thoracentesis tray			
PEDIATRICS			
Administration of Medication			
Oral			
Subcutaneous			
Intramuscular			
Pediatric Nursing			
Anorexic patient care			
Assist with lumbar puncture			
Respiratory distress syndrome			
Broncho-pulmonary dysplasia			
Croup			
Epiglottitis			
Asthma			

SKILLS	1	2	3
Cystic fibrosis			
Pneumonia			
Near drowning			
Near SIDS			
Chest tubes			
Reye's syndrome			
Meningitis			
Hydrocephalus			
Spina bifida			
Lead play therapy			
Care of the child with seizures			
Sickle cell			
Equipment			
Apnea monitor			
Cardiac monitor			
Ventilator			
ECMO			
Care of the child with			
Child abuse			
Failure to thrive			
Cleft palate			
Post tonsillectomy			
Dying infant/child			
Diabetes mellitus			
Psych patients			

Please list any areas of expertise below:

Certification:

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this skills checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

Full Name (Print): _____

Signature: _____

Retyped name acts as signature, if submitting form by email

Reviewed by _____ : Date: _____