

**PEDIATRIC INTENSIVE CARE
SKILL CHECKLIST**

Name: _____

0 = No Experience

1 = Would require review, some supervision

2 = Able to perform without any supervision

	0	1	2
General			
Apnea Monitor			
Cardiac Monitor			
Assessment of Breath Sounds			
Drawing Blood Samples:			
Capillary			
Arterial			
Venous			
Interpretation of ABG's			
Working Knowledge of General Ped Lab Values			
Chest Physiotherapy			
Chest Tubes:			
Assist with Insertion			
Maintenance of			
Assist with Removal			
Suctioning			
Oral			
Nasotracheal			
O2 Therapy			
Nasal Cannula			
O2 Analyzer			
Croup Tent			
Ventilation with Ambu Bag			
Vaporizer			
Ventilators			
Assist with Intubation			
Assist with Extubation			
Pulse Oximeter			
Insertion and Maintenance of IV's:			
Scalp Vein			
Intracath			
Hickman			
Heparin Lock			
Peripheral			
CVP Line			
Triple Lumen Catheter			

	0	1	2
Admin. & Monitoring of Blood & Blood Products			
IV Meds - Mixing & Administration			
TPN and Intralipids			
Infusion Pumps			
IVAC			
IMED			
IVAC Syringe			
Administration of Medication			
PO			
IM			
Sub-Q			
Rectal			
Topical			
Drops			
IV Push			
IV Drip			
Calculating Pediatric Dosage			
Equipment and Techniques			
Infant CPR			
Child CPR			
Hemovac			
Pleuravac			
Specimen Collection			
1) Intake & Output			
2) Urine			
3) Stool			
4) Diaper Aspiration			
5) Application of Collecting Bag			
Weighing			
1) Infant			
2) Toddler			
3) Diapers			
Ostomy Care			
Feeding Tubes			
Diabetic Glucose Monitoring Device			
Diabetic Insulin Pump			

PEDIATRIC INTENSIVE CARE SKILLS CHECKLIST

	0	1	2
Air-Fluidized Bed			
Cardiac Monitoring			
Preparation of Emergency Drugs			
Care of Patient With:			
PDA Ligation			
CHF			
DIC			
AIDS			
Pre/Post Cardiac Surgery			
Respiratory Distress Syndrome			
Broncho-Pulmonary Dysplasia			
Croup			
Epiglottitis			
Emphysema/Asthma			
Cystic Fibrosis			
Pneumonia			
Near Drowning			
Near SIDS			
Care of Orthopedic Devices			
Seizures			
Reye's Syndrome			
Meningitis			
V-P Shunt			
Hydrocephalus			
Spina Bifida			
Post-Harrington Rod Insertion			
Osteomyelitis			
Rheumatoid Arthritis			
Fractures of Extremities			
Muscular Dystrophy			
Leukemia			
Post Bone Marrow Transplant			
Assist with Bone Marrow Aspiration			
Anemia			
Sickle Cell			
Hemophiliac			
Administration and Monitoring of:			

	0	1	2
Chemotherapeutic Agents			
Oncology - All Phases			
Tracheoesophageal Fistula			
Inguinal Hernia			
Necrotizing Enterocolitis			
Crohn's Disease			
Peritoneal Dialysis			
Ileal Conduit			
Wilm's Tumor			
Renal Failure			
Kidney Transplants			
Neurovascular Assessment			
Circulation Check			
LOC			
Fontanels			
Pupil Size and Response			
Head to Toe Assessment of Child/Infant			
Use of Doppler for Blood Pressure			
Determining Blood Pressure by Palpation			
Interpretation of Normal Infant/Child Lab Values			
Pre/Post Cardiac Surgery Care			
Foley Catheter Insertion and Care			
Suprapubic Catheter Care			
Urine Testing			
1) S & A			
2) Specific Gravity			
3) Ph			
4) Glucose			
Assessment of Bowel Sounds & Abdominal Girth			
Use and Care of Tubes			
1) Nasogastric			
2) Gastrostomy			
3) Miller-Abbott			
4) Kantor			
5) Gavage Feeding			
Calculating Caloric Intake			
Calculating Dehydration			

PEDIATRIC INTENSIVE CARE SKILLS CHECKLIST

	0	1	2
Child Abuse			
Failure to Thrive			
Tonsillectomy			
Cleft Lip/Palate			
Liver Transplant			
Heart Transplants			
Pre/Post Operative Assessment			
Assessment of Head/Neck Injury			

	0	1	2
Use of Skeletal Traction			
Use of Halo Traction			
Diabetic Teaching			
Administration & Monitoring of Aminophylline			
Dying Infant/Child			
Charge Nurse Experience			
Team Leader Experience			
Charting Within the Legal Aspects of Law			
Knowledge of Infectious Disease			

NUMBER OF YEARS EXPERIENCE:

PICU _____ PEDS _____ NURSERY _____

CERTIFICATIONS:

CPR _____ EXP DATE: _____
 PALS _____ EXP DATE: _____
 NALS _____ EXP DATE _____
 OTHER _____ EXP DATE _____

ATTENTION CLIENT:
 The skills checklist is not a guarantee of the nurses' clinical ability. It is intended to be used in assisting you in your screening and interview process.

The information I have given is true and accurate to the best of my knowledge. I hereby authorize IHR to release this list to client health care facilities of IHR.

 Name (Please Print)

 Signature

 Date