

Pediatric, Pediatric Intensive Care RN Skills Checklist

First Name

Last Name

Social Security number

Date

Email

Please indicate your level of experience (0, 1, 2, or 3)

0 = Theory, no practice 1 = Limited 2 = Confident 3 = Very Confident

A. GENERAL

Care for the Infant	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Care for the Toddler	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Care for the Pre-schooler	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Care for the School-ager	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Care for the Adolescent	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Assess pediatric patient head-to-toe	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Knowledge of age-appropriate vital signs	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Knowledge of normal serum values	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Use of radiant warmers	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Use of phototherapy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Care for the patient with sepsis	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Care for the patient with failure to thrive	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Care for the patient who is near drowning	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Care for the patient with hyperbilirubinemia	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Care for the patient who has overdosed or been poisoned	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Care for the patient who is post Harrington Rod insertion	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

B. CARDIOVASCULAR

Assess heart sounds and peripheral pulses	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Interpret arrhythmias	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Intervene appropriately for arrhythmias	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Assist with arterial line insertion	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Care for patients with arterial line	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Draw blood samples from arterial line	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Interpret arterial line waveform/pressures	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Remove arterial line	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Assist with S/G insertion	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Care for patient with S/G catheter	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Interpret PA waveforms/pressures	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Assist with central line insertion	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Draw blood samples from central line	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Assist with cardioversion	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Care for the patient with acute heart failure	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient requiring temporary pacing	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the post-op cardiac surgery patient	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient in shock	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the pre- and post-cardia cath patient	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the post op thoracic surgery patient	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient with PDA Litigation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient Tetralogy of Fallot	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient with Transposition of Great Vessels	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Participate in resuscitation as a team member	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Participate in resuscitation by performing defibrillation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Participate in resuscitation by preparing emergency drugs	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Participate in resuscitation by performing CPR	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

C. PULMONARY

Assess lung sounds	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Set up O2 devices	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Pulse oximetry monitoring	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Open, establish patent airway	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Interpret ABG	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Suction and care of endotracheal tube	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Use Ambu bag	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Assist with intubation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Assist with chest tube insertion	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient with asthma	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient with mechanical ventilation	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient with RDS	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient with chest tubes	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient with a tracheostomy	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient with cystic fibrosis	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient with pulmonary edema	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient with respiratory distress	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient with respiratory failure	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

D. NEUROLOGICAL

Assess Glasgow Coma Scale	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Identify sudden change in LOC	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Assess sensory, motor, speech	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Reflex assessment (Babinski, gag)	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Identify, intervene for seizure	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient with ICP monitoring	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient who is post-op neurosurgical	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient in a comatose state	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient by assisting with lumbar puncture	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient with neuromuscular disease	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
Care for the patient with meningitis	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

Care for the patient with a brain tumor 0 1 2 3

E. GI/RENAL/ENDOCRINE/NUTRITION

Insert nasogastric tube 0 1 2 3
Care for the patient with gastroenteritis 0 1 2 3
Care for the patient with dehydration 0 1 2 3
Care for the patient with Diabetes mellitus 0 1 2 3
Care for the patient with a GI bleed 0 1 2 3
Care for the patient with hemodialysis 0 1 2 3
Care for the patient with DKA 0 1 2 3
Care for the patient with TPN 0 1 2 3
Care for the patient with enteral nutrition 0 1 2 3
Care for the patient with bowel obstruction 0 1 2 3
Care for the patient with appendicitis 0 1 2 3
Care for the patient with pH probe 0 1 2 3
Care for the patient with gastroesophageal reflux 0 1 2 3

F. HEMATOLOGY/ONCOLOGY

Administer blood and blood products 0 1 2 3
Administer chemotherapeutic agents 0 1 2 3
Care for the patient with neutropenia 0 1 2 3
Care for the patient with Sickle Cell Anemia 0 1 2 3
Care for the patient with HIV 0 1 2 3
Care for the patient with Leukemia 0 1 2 3
Care for the patient with Hodgkin's Disease 0 1 2 3

G. MEDICATIONS

Calculate pediatric dosing 0 1 2 3
Use of Infusion/Syringe pump 0 1 2 3
Use PCA pumps 0 1 2 3
Use epidural pumps 0 1 2 3
Administer IV Dopamine 0 1 2 3
Administer IV Norepinephrine (Levophed) 0 1 2 3
Administer IV Phenylephrine (Neo-Synephrine) 0 1 2 3
Administer IV Nitroglycerine 0 1 2 3
Administer IV Nitroprusside (Nipride) 0 1 2 3
Administer IV Dobutamine (Dobutrex) 0 1 2 3
Administer IV Lidocaine 0 1 2 3
Administer IV Amiodarone (Cordarone) 0 1 2 3
Administer IV Atropine 0 1 2 3
Administer IV Thrombolytics (i.e., TPA, Streptokinase) 0 1 2 3
Administer IV Heparin 0 1 2 3
Administer IV Benzodiazepines (i.e., Valium, Versed, Ativan) 0 1 2 3
Administer IV Propofol (Diprivan) 0 1 2 3
Administer IV Neuromuscular blocking agents (Pavulon, Norcuron) 0 1 2 3

Administer IV Morphine 0 1 2 3

H. PAIN MANAGEMENT/MISCELLANEOUS

Assessment of pain level/tolerance/manage 0 1 2 3

Care of the child with Epidural anesthesia/analgesia 0 1 2 3

Admit unstable patient 0 1 2 3

Transport patient within hospital for testing 0 1 2 3

Start peripheral IV/scalp vein 0 1 2 3

Maintain a heparin/saline lock 0 1 2 3

Age specific practice criteria

Please check the box corresponding to each age group for which you have expertise in providing age-appropriate nursing care.

- | | |
|--|---|
| <input type="checkbox"/> Newborn/Neonate (birth - 30 days) | <input type="checkbox"/> Adolescents (12 –18 years) |
| <input type="checkbox"/> Infant (30 days - 1 year) | <input type="checkbox"/> Young adults (18-39 years) |
| <input type="checkbox"/> Toddler (1 - 3 years) | <input type="checkbox"/> Middle adults (39-65 years) |
| <input type="checkbox"/> Preschooler (3-5 years) | <input type="checkbox"/> Older adults (older than 65 years) |
| <input type="checkbox"/> School age children (5-12 years) | |

EXPERIENCE WITH AGE GROUP

1. Calculate body weight to verify correct dosing of medication 0 1 2 3

2. Assess immunization status for pediatric, and adolescent 0 1 2 3

3. Set age-appropriate short-term and long-term goals in care planning 0 1 2 3

4. Provide age-appropriate education, considering possible vision and hearing impairment for Older than 65years . 0 1 2 3

Certification: (mo/day/yr)

BCLS Completion Date: _____

PALS Completion Date: _____

Other (type): _____ Completion Date: _____

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Professional Nursing, Inc. to release this Peds/ Pediatric Intensive Care RN Skills Checklist to Client facilities of Professional Nursing, Inc. in consideration of my assignment to work at those facilities.

Signature

Date