

## Pediatrics Skills Checklist

Level of Proficiency:

- 1. Can function independently**
- 2. Experienced but may need review**
- 3. Limited or no experience**

By accurately filling out this checklist, you will help us match your skills and interest with available assignments. Please select the button in the column that best describes your experience level with each skill.

<b>NEUROLOGICAL PROBLEMS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>SUCTIONING</b>	<b>1</b>	<b>2</b>	<b>3</b>
Neurological checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Naso-Pharyngeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tracheal			
Seizure precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tracheostomy Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of seizure medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Postural Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ICP monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ORTHOPEDIC/TRACTION</b>			
Lumbar puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pin Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ASSESSMENT</b>				Skeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pelvic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmia recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cast Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre/Post open heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving blood/blood products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circulation checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capillary fill time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cast application/removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood gas interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin graft and dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arterial gas stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suture/Staple removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth and development levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>THERAPIES/PROCEDURES</b>			
Infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Toddler/Pre-school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up and run EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Defibrillation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dimensions/Landmarks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>INTERVENOUS THERAPY</b>			
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IV additives/Piggy back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regulation and site care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hickman Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musculoaskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Giving Lipids/TPN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tone/Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infusion pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>GENTOURINARY</b>			
Hip/Click	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suprapubic catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OXYGEN EQUIPMENT</b>				Catheter care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of lung fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foley catheter insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannula/Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PHARMACOLOGY AGENTS</b>			
Headbox/Mist Tent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bronchodialators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxyhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Propanolol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trach Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digoxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest PT/Pulmonary Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Terbutaline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Atropine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DIAGNOSIS/PROBLEMS</b>				Alupent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific gravity measurements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleft Palate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant security protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				School age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Failure to thrive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/Immune deficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Play therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cystic fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>GASTROINTESTINAL</b>			
Reye's syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gastroenteritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broncho-pulmonary dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gastrostomy/J-tube care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insertion of NG tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Irrigation of NG tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone Marrow Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeding pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colostomy Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sepsis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal Girth measurements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypothermia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Hyperthermia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Hyperbilirubinemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>MANAGING EQUIPMENT</b>							
Hypothermia blanket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Infant scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Cardiac Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Apnea Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
O2 sat monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Breast pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Sili-light/Billi blanket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
CPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_