

PEDIATRICS SKILLS COMPETENCY CHECKLIST

Name: _____ Date: _____

Total years of Pediatrics nursing experience: _____

Please rate your Skill Level:
0 – NO Experience. Theory only.
1 – Limited competency / proficiency. Supervision required.
2 – Acceptable competency / proficiency.
3 – Competent / proficient. Performed frequently and independently during the past 2 years.

SKILL	0	1	2	3
I. GENERAL SKILLS:				
Pediatric physical assessment / vital signs				
Positioning for routine physical exam				
Pulse oxymetry				
Hand washing / Gowning				
Assessment of pain level & tolerance				
Drawing blood from central line				
Drawing venous blood				
Hydration status (I & O)				
TPN / Intralipids				
Care of patient with central line				
Care of patient with peripheral line				
Care of dying infant / child				
Infection control precautions				
II. NEUROLOGICAL SYSTEM:				
Neuro assessment / neuro vital signs				
Seizure disorder / precautions				
Head injury				
Craniotomy				
VP Shunt				
Spinal cord injury				
Cervical traction				
Overdose / poison ingestion				
Neuromuscular disease				
Assist with lumbar puncture				
Increased ICP				
III. RESPIRATORY SYSTEM:				
Respiratory assessment				
Auscultation of lung sounds				
Detection of Cyanosis / nasal flaring				
Broncho-pulmonary dysplasia				
Epitlotitis / Croup				
Cystic fibrosis				
Asthma				
Pneumonia				
Chest tube placement & care				
Thoracic Surgery				
Chest Trauma				
Airways / care & maintenance				
Tracheostomy / care & maintenance				
Oxygen administration				

SKILL	0	1	2	3
III. RESPIRATORY SYSTEM (contd):				
Ventilators / Apnea monitor				
Oxygen tent				
Near drowning				
RDS				
IV. CARDIOVASCULAR SYSTEM:				
Cardiovascular assessment				
EKG / obtaining & monitoring				
Interpretation of arrhythmias / TX				
Cardiac arrest				
Arterial lines				
Congenital heart defects / CHF				
Cardiac surgery				
PALS protocol				
V. GI / GU SYSTEMS:				
GI / GU assessment				
Abdominal girths				
Gavage				
NG tube / placement & care				
Gastrostomy / care				
Nutritional / hydration assmnt & status				
Abdominal surgery / transplants				
Abdominal drains				
Hepatomegaly				
Small bowel syndrome				
Nephrectomy				
Renal failure				
Peritoneal dialysis catheter				
Insertion of foley catheter				
VI. CARE OF PATIENTS:				
Anorexia				
Child Abuse				
Diabetes Mellitus				
Down's Syndrome				
Failure to Thrive				
Infectious disease				
Meningitis				
Psychiatric disorders				
Renal Transplant				
Reye's Syndrome				
Sepsis				

SKILL	0	1	2	3
VI. CARE OF PATIENTS:				
Shock				
Sickle cell				
Spinal Bifida				
Substance addiction				

SKILL	0	1	2	3
VII. MEDICATIONS (contd):				
Administration of meds				
Calculation of pediatric dosages				
Admin. of blood/blood products				
Starting IVs				

Do you speak any other language(s) besides English? Yes / No If YES, please list other language(s): _____

Are you familiar with computer charting? Yes / No If YES, what system(s) have you used: _____

Comments:

I hereby certify that all information I have provided to RNS Incorporated on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature: _____ Date: _____

RNS, Inc. Reviewer Signature: _____ Date: _____