



Pediatric Skills Checklist

Name: _____

Date: _____

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (✓) in the appropriate box.

1 = No experience; Theory/observed only

2 = Limited competency; < 5 times per year; Needs supervision

3 = Acceptable competency; > 5 times per year

4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
Meds/IV Therapy				
Administer PO Medications				
Administer NG Medications				
Administer IM & SQ Medications				
Administer Eye/Ear Medications				
Peripheral IV Insertion				
Mix IV Infusion w/Additives				
Use of Heparin/Saline Locks				
Needle-less Systems				
Infusion Pumps				
Discontinue Peripheral IV's				
Pain Assessment/Management				
Vascular				
Draw Blood for Lab Studies				
Administer Blood & Blood Products				
Hyperalimentation/TPN				
Central Venous Lines (CVL)				
CVL's Dressing Change				
Hickman/Broviac Catheters				
Intake and Output				
Assess for Edema/Fluid Overload				
Peripheral Pulses				
Ultrasonic Doppler				
Neurology				
Neuro Assessment/Vital Signs				
Glascow Coma Scale				
Assist with Lumbar Puncture				
Intracranial Pressure Monitoring				
Seizure Precautions				
Use of Anticonvulsants				
Open/Closed Head Injury				
Internal/External Shunts				
Spinal Cord Injury				
Meningitis/Encephalitis				
Overdose/Ingestion				

Skill Level	1	2	3	4
Neurology cont...				
Near Drowning				
Spina Bifida				
Reye's Syndrome				
Battered Child Syndrome				
Orthopedic				
Crutch Walking				
Cast Care/Spica Cast				
Amputation				
Skeletal Traction				
Post Harrington Rod Insertion				
Cardiac				
Use of Cardiac Monitors				
Interpretation of Arrhythmias				
Assist with Code				
Defibrillation/Cardioversion				
Cardiac Arrest/CPR				
Preparation of Emergency Meds				
Arterial Lines				
Congestive Heart Failure				
Congestive Heart Defects/Disease				
Pre/Post Cardiac Cath				
Pre/Post Cardiac Surgery				
Heart Transplant				
Gastrointestinal				
Asses Bowel Sounds				
Insertion/Monitoring NG Tubes				
Insertion/Monitoring OG Tube				
Assist w/Bottle & Breast Feeding				
Tube Feedings via Flexible Tubes				
Gastrostomy Tube Feeding				
Gastroenteritis				
GE Reflux				
Cleft Lip/Palate				
Colostomy Care				

Gastrointestinal cont...				
Abdominal Wounds & Drains				
Failure to Thrive				
Nephrostomy Tube				
Shunts & Fistulas				
Renal Failure				
Renal Transplant				
Hemodialysis				
Peritoneal Dialysis				
Nephrotic Syndrome				
Hematology/Oncology				
Leukemia				
AIDS				
Hemophilia				
Bone Marrow Transplant				
Sickle Cell Disease				
Chemotherapy				
Respiratory				
Suctioning & Bulb Syringe				
Assist w/Intubation (ETT)				
ETT Extubation				
Ventilate with Ambu-bag				
Apnea monitor				
Nebulizer				
Oxygen Delivery				
Isolette				
Hood/Tent				
Nasal Cannula				
Face Masks				
Ventilators				
Interpret ABG's				
Chest Tubes				
Chest Percussion				
Asthma				
Apiglottitis & Tonsillitis				
Bronchiolitis (RSV)				
Croup				
Pneumonia				
Tracheostomy				
Bronchopulmonary Dysplasia (BPD)				
Cystic Fibrosis				
Trachea-Esophageal Fistula				

Genitourinary				
Straight/Foley Cath Male				
Straight/Foley Cath Female				
General Nursing				
Admit & Orient Patients				
Discharge Patients				
Supervise Unlicensed Personnel				
Vital Sign Monitoring				
Pulse Oximetry				
Urine Dipstick				
Blood Glucose Monitoring				
Wound Care/Debridement				
Dressing Changes				
Wound Drains (JP/Hemovac)				
Positioning/Transferring				
Restraints				
Isolation Techniques				
Pre-Operative Care/Preparation				
Conscious Sedation				
Post-Anesthesia Care				
General				
Epidural				
Multiple Trauma Patients				
Liver Transplants				
Diabetic Teaching/Care				
Depression				
Anorexia/Bulimia				
Suicidal Threats/Actions				
Postmortem Care				
EMR				
Epic				
Cerner				
Eclipsys				
McKesson				
Meditech				
Other Computerized System				

Please list any areas of expertise below:

I hereby certify that ALL information I have provided to Wellspring Nurse Source 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: _____