

NEWBORN AND PEDIATRIC SKILLS CHECKLIST

Name _____ Date _____

Level of Experience

A = Able To Teach And Supervise
B = Two Year Consistent Experience
C = One Year Consistent Experience

D = Intermittent Experience
E = No Experience

	A	B	C	D	E
Pediatrics	☐	☐	☐	☐	☐
Infant.....	☐	☐	☐	☐	☐
Toddler	☐	☐	☐	☐	☐
School Aged.....	☐	☐	☐	☐	☐
Adolescent.....	☐	☐	☐	☐	☐
Newborn Nursery	☐	☐	☐	☐	☐
Neonatal Level II	☐	☐	☐	☐	☐
Neonatal Level III.....	☐	☐	☐	☐	☐
Pediatric ICU	☐	☐	☐	☐	☐
Full Body Assessment	☐	☐	☐	☐	☐
Starting IV's.....	☐	☐	☐	☐	☐
Scalp Veins	☐	☐	☐	☐	☐
Cardiac Arrest / CPR	☐	☐	☐	☐	☐
Interpretation of Arrhythmias.....	☐	☐	☐	☐	☐
Obtain Speci. from UAC and UVC ...	☐	☐	☐	☐	☐
Infusion Pumps	☐	☐	☐	☐	☐
Maintenance of Heparin Locks.....	☐	☐	☐	☐	☐
Transducer Set-Up & Maintenance of					
UAC.....	☐	☐	☐	☐	☐
UVC.....	☐	☐	☐	☐	☐
Swan Ganz.....	☐	☐	☐	☐	☐
A-Line.....	☐	☐	☐	☐	☐
Admin of Blood and Blood Products	☐	☐	☐	☐	☐
Blood Exchange	☐	☐	☐	☐	☐
TPN / Hyperalimentation	☐	☐	☐	☐	☐
Knowledge/Norm Serum Lab Values	☐	☐	☐	☐	☐
Jet Vents	☐	☐	☐	☐	☐
ECMO	☐	☐	☐	☐	☐
IMV	☐	☐	☐	☐	☐
PIP.....	☐	☐	☐	☐	☐
Pulse Oximetry	☐	☐	☐	☐	☐
Oxyhood.....	☐	☐	☐	☐	☐
Interpretation of ABG's.....	☐	☐	☐	☐	☐
Radiant Warmers.....	☐	☐	☐	☐	☐
Apnea Monitoring.....	☐	☐	☐	☐	☐
Glasgow Coma Scale.....	☐	☐	☐	☐	☐
Assist with Lumbar Puncture.....	☐	☐	☐	☐	☐
Calculation of Pedi Dosage	☐	☐	☐	☐	☐
Hemodynamic Monitoring	☐	☐	☐	☐	☐
Seizure Activity	☐	☐	☐	☐	☐

(Continued)

	A	B	C	D	E
Preparation of Emergency Drugs	☐	☐	☐	☐	☐
Phototherapy.....	☐	☐	☐	☐	☐
Cord and Circumcision Care	☐	☐	☐	☐	☐
Oncology / Hematology	☐	☐	☐	☐	☐
Drug Addiction / Withdrawal.....	☐	☐	☐	☐	☐
Broncho - Pulmonary Dysplasia	☐	☐	☐	☐	☐
Bowel Obstruction.....	☐	☐	☐	☐	☐
Bone Marrow Transplant.....	☐	☐	☐	☐	☐
Asthma.....	☐	☐	☐	☐	☐
Chemotherapy	☐	☐	☐	☐	☐
Endotracheal Tube Care/Suctioning ..	☐	☐	☐	☐	☐
Tracheostomy Care and Suctioning....	☐	☐	☐	☐	☐
Pre / Post Cardiac Surgery	☐	☐	☐	☐	☐
Pre / Post Cardiac Cath	☐	☐	☐	☐	☐
Pre / Post Thoracic Surgery	☐	☐	☐	☐	☐
Pre / Post Neuro Surgery	☐	☐	☐	☐	☐
Failure to Thrive.....	☐	☐	☐	☐	☐
Epiglottitis.....	☐	☐	☐	☐	☐
Diabetes Mellitus	☐	☐	☐	☐	☐
Cystic Fibrosis.....	☐	☐	☐	☐	☐
CHF.....	☐	☐	☐	☐	☐
HIV	☐	☐	☐	☐	☐
Intracranial Hemorrhage.....	☐	☐	☐	☐	☐
Leukemia	☐	☐	☐	☐	☐
Low Birth Weight Infants	☐	☐	☐	☐	☐
Meningitis	☐	☐	☐	☐	☐
Meconium Aspiration.....	☐	☐	☐	☐	☐
Spina Bifida	☐	☐	☐	☐	☐
Sickle Cell Disease.....	☐	☐	☐	☐	☐
Pneumonia	☐	☐	☐	☐	☐
Pulmonary Edema.....	☐	☐	☐	☐	☐
RDS	☐	☐	☐	☐	☐
N.E.C.	☐	☐	☐	☐	☐
Neuromuscular Disease.....	☐	☐	☐	☐	☐
Near Drowning.....	☐	☐	☐	☐	☐
Post Harrington Rod Insertion	☐	☐	☐	☐	☐
Tracheoesophageal Fistula	☐	☐	☐	☐	☐
Transposition of Great Vessels.....	☐	☐	☐	☐	☐
Systemic Infection.....	☐	☐	☐	☐	☐
Tetralogy of Fallot.....	☐	☐	☐	☐	☐

EXPERIENCE / CERTIFICATION

Indicate any specialty in which you have at least one year experience or certification within the past 3 years.

YEARS MONTHS

ICU: _____

CCU: _____

OPEN HEART CRITICAL CARE: _____

SICU: _____

EMERGENCY ROOM: _____

GERIATRICS: _____

BURN: _____

GYNECOLOGY: _____

GU: _____

LABOR / DELIVERY: _____

POST – PARTUM: _____

NURSERY: _____

NICU (INDICATE LEVEL): _____

PEDIATRICS: _____

MEDICAL: _____

SURGICAL: _____

TELEMETRY: _____

CARDIAC STEPDOWN: _____

NEURO: _____

ORTHO: _____

REHABILITATION: _____

DIALYSIS: _____

DIABETIC: _____

PSYCH: _____

OPERATING ROOM: _____

RECOVERY ROOM: _____

HOME HEALTH: _____

NURSING MANAGEMENT: _____

OTHER (INDICATE): _____

Please include copies of any certifications with this form.

I understand that I am legally accountable in the areas I have stated performance ability on the attached Clinical Skills Checklist. I realize that it is my personal responsibility to seek further instruction in areas of deficiency and I will make them known to Quality Medical Staffing.

Signature

Date