



PLEASE CHECK THE LEVEL OF PROFICIENCY FOR EACH SKILL

- 1. HIGHLY EXPERIENCED Proficient - Performs on a daily or weekly basis
2. MODERATE EXPERIENCE May need minimal resource - Performs 1-2 times/month
3. LIMITED EXPERIENCE Needs review - Performs 6 times a year
4. NO EXPERIENCE Observed only

NAME \_\_\_\_\_

DATE \_\_\_\_\_

MEDICATION ADMINISTRATION

- 1. Unit dose
2. Pyxis system
3. Calculation of pediatric dosages
4. Administration of:
A. Oral meds
B. IM meds
C. IV push meds
D. IV drip meds
E. Subcutaneous meds
F. Aerosol therapy

IV THERAPY

- 1. Starting IVs:
A. Scalp veins
B. Angiocath insertion
2. Mixing IVs
3. Regulating IVs
4. Assessment of patency / site
5. Discontinuing peripheral IVs
6. Discontinuing subclavian IVs
7. Heparin locks
8. Hickman line care / broviac line care
9. Subclavian line care
10. Use of triple lumen catheters
11. Blood and blood product transfusion
12. IV hyperalimentation:
A. Central
B. Peripheral
C. Dressing
13. Intralipid infusion
14. Use of infusion pump
15. CVP lines
16. Umbilical artery line / umbilical vein line
17. Discontinuing umbilical artery line
18. Arterial line

ISOLATION TECHNIQUES & PRECAUTIONS

- 1. Universal precautions
2. Familiarity with isolation techniques & procedures

CARDIOVASCULAR SYSTEM

- 1. Apnea monitor
2. Cardiac monitor
3. Cardio-pulmonary resuscitation of infant
4. Cardio-pulmonary resuscitation of child
5. Preparation of pediatric emergency drugs
6. Defibrillation / cardioversion
7. Transcutaneous cardiac pacing
8. Interpretation of EKG rhythm strips
9. Use of life pack (portable monitoring devices)
10. Care of patient with pulmonary artery line
11. Care of intracardiac line (RA, LA)
12. Care of child / infant with congenital heart disease
A. PDA litigation
B. Cyanotic heart disease
C. Acyanotic heart disease

- D. Congestive heart failure
E. Cardiac catheterization patient
13. Pre and post operative care of child/infant undergoing cardiac surgery
14. Disseminated intravascular coagulation (DIC)
15. Assessment of:
A. Pulses
B. Perfusion
C. Heart sounds
16. Blood pressure
A. Use of doppler
B. Use of palpation
C. Non-invasive machine (dynamap)
17. Administration of cardiac drugs
A. Digoxin
B. Lidocaine
C. Bretylium
D. Verapamil
E. Epinephrine
F. Dopamine
18. Interpretation of normal HCT values
19. Assistance with exchange transfusion
20. Care of infant / child in shock
A. Hypovolemic
B. Septic
C. Cardiogenic
21. ECMO (extra corporeal membrane oxygenation)

RESPIRATORY SYSTEM

- 1. Assessment of breath sounds
2. Obtaining blood gases / lab tests
A. heel stick (Capillary)
B. Artery line
C. Arterial stick
D. Venous stick
3. Interpretation of blood gases
4. Chest Physiotherapy
5. Interpretation of chest X-Ray
6. ETT care and suctioning
7. Tracheostomy care and suctioning
8. Chest tube:
A. Assisting with insertion and set-up
B. Maintenance care
9. Transcutaneous monitor O2/CO2
10. O2 saturation monitor
11. Use of respiratory assistance equipment
A. Oxyhood, nasa cannula
B. Croup tent
C. Mask/nasal CPAP
D. Mask/nasal BiPap
E. Ventilation with ambu bag / anesthesia bag
F. Care of infant / child on ventilator
G. High frequency oscillatory ventilation
12. Use of sedation of child on ventilator
13. Use of chemical paralysis

## MEDICATION ADMINISTRATION

- |                                        | 1                        | 2                        | 3                        | 4                        |
|----------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 14. Care of infant / child with:       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Respiratory distress syndrome (RDS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Broncho - pulmonary dysplasia (BPD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Laryngotracheobronchitis            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Reactive airway disease             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Status asthmaticus                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Cystic fibrosis                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Pneumonia                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Near-drowning                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Apnea                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## NEUROLOGICAL SYSTEM

- |                                                       |                          |                          |                          |                          |
|-------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Level of consciousness / glasgow coma scale        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Fontanel                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Pupil size and response                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Assisting with a lumbar puncture                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Monitoring intracranial pressure                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Care of infant / child with:                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Seizures                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Meningitis                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. V-P shunt                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Acute head injury / increase intracranial pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Hypoxic encephalopathy                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Brain death                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Organ donation                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Care of child post craniotomy                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Maintaining a neutral thermal environment:         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Hyper / Hypothermia blanket                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Warming lights                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Isolette                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## GASTROINTESTINAL SYSTEM

- |                                                                     |                          |                          |                          |                          |
|---------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Assessment of GI status                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Abdominal girth                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Bowel sounds                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Nasogastric & sump tubes, intermittent and continuous suctioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Gastrostomy tube                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Tube Feeding                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Nasogastric                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Nasojejunal                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Colostomy / Ileostomy care                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Phototherapy treatment                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Calculation of fluids                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Calculation of caloric intake                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Care of infant / child with:                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Abdominal trauma / GI bleed                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Ruptured spleen                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Gastroschisis / omphalocele                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Necrotizing enterocolitis                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Tracheoesophageal fistula (TEF)                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Severe dehydration                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Liver transplant patient                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## GENITOURINARY SYSTEM

- |                                                                     |                          |                          |                          |                          |
|---------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Test and interpret urine specific gravity, ph, glucose and blood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Insertion and care of foley catheter                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Peritoneal dialysis                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Hemodialysis                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                     | 1                        | 2                        | 3                        | 4                        |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. Care of the infant / child with: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Illial conduit                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Major GU reconstruction          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## ENDOCRINE SYSTEM

- |                                                          |                          |                          |                          |                          |
|----------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Interpret normal electrolyte value                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Insertion and care of foley catheter                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Glucometer                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Care of the infant / child with diabetic ketoacidosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Infusion of insulin pump                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## ORTHOPEDIC SYSTEM

- |                                                                         |                          |                          |                          |                          |
|-------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Circulation checks for neurovascular assessment                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Assistance with devices (cervical collar & traction)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Care of the patient with a fractured femur and/or multiple fractures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Post spinal fusion                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## INTEGUMENTARY SYSTEM

- |                                                     |                          |                          |                          |                          |
|-----------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Prevention of impaired skin integrity:           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Assessment of wound                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sterile dressing change                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Care of burned patient:                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Use of specialty beds ( Flexicare and Clinitron) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Assessment of skin:                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Jaundice                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Cyanosis                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Mottling                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Petechiae                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Rash                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## HEMATOLOGIC SYSTEM

- |                                              |                          |                          |                          |                          |
|----------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Care of child with:                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Leukemia                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Anemia                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Sickle cell disease                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Hemophilia                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Administration of factor VIII infusions   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Care of child post-bone marrow transplant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Assist with bone marrow aspiration        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Administration of chemotherapy            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## OTHER

- |                                           |                          |                          |                          |                          |
|-------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Care of child with:                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Child abuse                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Cleft lip and/or palate                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Eating disorder                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Care of child with developmental delay | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Cognitive                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Motor                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Care of child post tonsillectomy       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Care of dying infant / child           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Pain management                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Family / child teaching                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## AGE OF PATIENT CARED FOR

- |                                |                          |                          |                          |                          |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Neo natal (up to 1 month)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Infant ( 1 month to 1 year) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Pediatric (1 to 12 years)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Adolescent (12 to 18 years) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Adult ( 18 years+)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## AFFIDAVIT STATEMENT BY THE PRACTITIONER:

I, \_\_\_\_\_ hereby acknowledge that the following information attached herein is true and correct to the best of my knowledge. In addition, I hereby authorize Advanced Medical Placement, to release the skills checklist to any client institutions of Advanced Medical Placement, in relation to my employment.

Therefore, I authorize release of this checklist on this date of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_