

Pediatric Skills Checklist

Instructions

- 1 - No Experience (Instruction only, no hands on experience.)
- 2 - Minimal Experience (Have experience but has performed procedure infrequently. Minimal assistance needed.)
- 3 - Experienced (Competent to perform the procedure, task, or skill independently.)
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Care to patients and their families	Experience
Competent to provide care to patients and their families utilizing the nursing process	① ② ③ ④
Assess total needs of patient and family including physiological/emotional, socioeconomic, developmental, discharge planning/teaching needs, environmental, self-care	① ② ③ ④
Implementation of plan of care is continual with periodic review of patient's needs	① ② ③ ④
Competent to provide factual, accurate, complete and timely documentation of nursing care on appropriate forms	① ② ③ ④
Competent to provide nursing care to patients and their families within a developmental framework.	① ② ③ ④
Competent to provide nursing care to Neonates	① ② ③ ④
Competent to provide nursing care to Infants	① ② ③ ④
Competent to provide nursing care to Toddlers	① ② ③ ④
Competent to provide nursing care to School-aged children	① ② ③ ④
Competent to provide nursing care to Adolescents	① ② ③ ④
Competent to provide nursing care to Young Adults	① ② ③ ④
Care of patients with status alterations in:	Experience
Neurological Status:	Experience
Competent to provide care for the patient	① ② ③ ④
Assess neurological status of patient and detect any abnormalities or changes	① ② ③ ④
LOC	① ② ③ ④
Pediatric Glasgow Coma Scale	① ② ③ ④
Neurovascular Checks	① ② ③ ④
Maintain safety measures as indicated	① ② ③ ④
Pulmonary Status:	Experience
Competent to provide nursing care for patient with alteration in Pulmonary Status	① ② ③ ④
Assess need for and response to suctioning	① ② ③ ④
Assess security of the tracheostomy tube and tightness of ties	① ② ③ ④
Tracheostomy suctioning	① ② ③ ④
Maintain sterile technique	① ② ③ ④
Hyperventilate and pre oxygenate	① ② ③ ④
Instill normal saline into trach tube	① ② ③ ④
Insert catheter no farther than 0.5 cm beyond tube	① ② ③ ④
Apply intermittent suctioning, withdrawing in circular motion no longer than four seconds	① ② ③ ④

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Page 2 of 6

Pulmonary Status:	Experience
Hyperventilate and hyperoxygenate after suctioning	① ② ③ ④
Check set up to ensure delivery of prescribed amount of oxygen	① ② ③ ④
Assess patient response to oxygen delivery safety measures	① ② ③ ④
Implement oxygen delivery safety measures	① ② ③ ④
Assess and implement strategies to maintain skin integrity at the point of contact with oxygen apparatus	① ② ③ ④
Maintain suction control chamber water level as ordered	① ② ③ ④
Observe for air leaks or other malfunctions and trouble shoot appropriately	① ② ③ ④
Assess patient breath sounds and response	① ② ③ ④
Nutritional Status:	Experience
Competent to provide nursing care for a patient with alteration in nutritional status	① ② ③ ④
Assess and document nutritional status of patient, make referrals and safely perform procedures to meet needs	① ② ③ ④
Assess and document GI status	① ② ③ ④
Safely perform related procedures	① ② ③ ④
Nasogastric tube feedings	① ② ③ ④
Gastrostomy tube feedings	① ② ③ ④
Bolus	① ② ③ ④
Continuous	① ② ③ ④
Gastrostomy Button	① ② ③ ④
Cardiovascular Status:	Experience
Competence to provide care for the patient with alteration in cardiovascular status	① ② ③ ④
Assess peripheral pulses	① ② ③ ④
Blood pressure – use correct size cuff	① ② ③ ④
Assess Color	① ② ③ ④
Recognize signs of Congestive Heart Failure: (trachycardia, tachypnea, crackles or rales, hepatomegaly, oliguria, prolonged capillary, refill)	① ② ③ ④
Assess and confirm appropriate placement of leads on chest wall	① ② ③ ④
Appropriately set alarms for age and documents	① ② ③ ④
Assess any arrhythmias and or ectopics	① ② ③ ④
Ensure that apnea delay alarm is set for 15 seconds	① ② ③ ④

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Page 3 of 6

GU Status:	Experience
Competent to provide nursing care for a patient with alterations in GU status	① ② ③ ④
Choose appropriate size catheter	① ② ③ ④
Maintain sterility	① ② ③ ④
Document time, amount of water instilled into balloon, volume, characteristics of urine and patient tolerance to procedure	① ② ③ ④
Care of the Catheter	① ② ③ ④
Removal of Foley Catheter	① ② ③ ④
Obtain a urine specimen	① ② ③ ④
Skin Integrity:	Experience
Competent to provide nursing care for patient with alteration in skin integrity	① ② ③ ④
Check skin in systematic way to observe for skin turgor, color, temp, mucosa, skin integrity	① ② ③ ④
Implement strategies to reduce pressure on affected area	① ② ③ ④
Mobility:	Experience
Competent to provide nursing care for the patient with alteration in mobility	① ② ③ ④
Maintain body alignment	① ② ③ ④
Turn/position	① ② ③ ④
Provide comfort measures as needed	① ② ③ ④
Care of patient with Ostomy	Experience
Competent to provide nursing care for the patient with an ostomy	① ② ③ ④
Dispose soiled bag or dressing in red plastic bag	① ② ③ ④
Prepare skin barrier by cutting hole in wafer according to stomach diameter	① ② ③ ④
Attach bag and wafer ostomy site	① ② ③ ④
Care of post-operative patient	Experience
Competent to provide nursing care for the postoperative patient	① ② ③ ④
Receive report from recovery room nurse, documenting RR nurses' name	① ② ③ ④
Obtain and document vital signs	① ② ③ ④
Perform patient assessment thoroughly, concentrating on surgical area/systems of concern	① ② ③ ④
Medication Administration	Experience
Competent to safely administer medication to patients	① ② ③ ④
Use most accurate means for measuring medication dosages	① ② ③ ④
Use appropriate method of administration based on patient's level of development	① ② ③ ④
Check identification of patient	① ② ③ ④

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Medication Administration	Experience
Ensure patient receives entire dose	① ② ③ ④
Administer IM Injections	① ② ③ ④
IM Injections Does not exceed maximum volume for age, 0.25 ml for small infant, 1.0 ml for large infant and small children, 2.0 ml for adolescents and 3.0 ml for adults	① ② ③ ④
IM Injections Choose appropriate site	① ② ③ ④
IM Injections Choose appropriate needle length	① ② ③ ④
IM Injections Safely and effectively restrain child for injection	① ② ③ ④
Administer Narcotics (PO, IM, IV)	① ② ③ ④
Verify correct dosage with patients weight	① ② ③ ④
Request a witness for verification of dosage waste	① ② ③ ④
Document all medications according to MAR guidelines	① ② ③ ④
Calculate dosage for age and fractional dosages	① ② ③ ④
Familiarity with Immunization Registries	① ② ③ ④
Pediatric vaccination and immunization schedule	① ② ③ ④
Recording pediatric vaccinations and immunizations	① ② ③ ④
Care for the patient receiving:	Experience
PCA Therapy	Experience
Competent to provide nursing care for the patient receiving PCA Therapy	① ② ③ ④
Connect PCA pump to IV post most proximal to IV insertion site	① ② ③ ④
Maintain emergency equipment at bedside and place PCA Pump In Use sign over bed	① ② ③ ④
Assess patient VS, status and response and document on PCA flow sheet	① ② ③ ④
Document PCA Therapy on PCA flow sheet	① ② ③ ④
Intravenous Infusion and IV Medications	Experience
Gather necessary fluids and supplies per physician order	① ② ③ ④
Check infusion to verify appropriate fluids are being administered and proper infusion rate	① ② ③ ④
Monitor fluid intake and infusion site on an hourly basis	① ② ③ ④

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Total Periential Nutrition	Experience
Administer any solution greater than 12.5% glucose into a Central Line	① ② ③ ④
Solution of D10W or less: Temperature q4h, accurate I&O, daily weight	① ② ③ ④
Solutions > D10W: Same as above and includes blood glucose monitoring q8h for 24 hours after any change is made or if patient's status changes	① ② ③ ④
Notify physician of any alteration of above, or any possible adverse reaction to PN	① ② ③ ④
Ensure that PN is infusing on time, does not attempt to catch up if interruptions occur	① ② ③ ④
Change administration set every 24 hours	① ② ③ ④
Intralipids	Experience
Obtain baseline VS prior to starting lipids	① ② ③ ④
For initial flow rate, infuse no faster than 0.1 cc/minute for the first 15 minutes	① ② ③ ④
Blood Therapy	Experience
Competent to provide nursing care for the patient receiving blood therapy	① ② ③ ④
Verify blood consent form from chart	① ② ③ ④
Obtain blood product no longer than 30 minutes prior to transfusion	① ② ③ ④
Utilize correct tubing for blood products	① ② ③ ④
Transfuse blood product within allotted time allowing blood to hang no more than 4 hours	① ② ③ ④
Monitor patient taking vital signs: Pre transfusion, 15 minutes after initiation, hourly, 1 hour after completion and stay in patient room for the first 15 minutes of transfusion	① ② ③ ④
Document patient reaction to transfusion and complete info required on Nursing Blood Administration Record	① ② ③ ④
Care of patient undergoing Lumbar puncture	Experience
Competent to provide nursing care for the patient undergoing a lumbar puncture	① ② ③ ④
Place patient in lateral recumbent position: Knees against abdomen, neck flexed towards chest	① ② ③ ④
Care of patient with central venous access	Experience
Competent to provide nursing care for the patient with central venous access	① ② ③ ④
Maintain sterile technique	① ② ③ ④
Change tubing every 24 hours	① ② ③ ④
Heparinize line	① ② ③ ④
Change dressing	① ② ③ ④
Draw blood	① ② ③ ④
General	Experience
Competent to provide blood glucose monitoring effectively and correctly	① ② ③ ④

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Page 6 of 6

JCAHO	Experience
JCAHO National Safety Goals	<input type="checkbox"/>
JCAHO Prohibited Abbreviations	<input type="checkbox"/>