

Name: _____

Skills Checklist

PEDIATRIC/PICU/NICU SELF-ASSESSMENT SKILLS CHECKLIST

Level of Proficiency:

1. Can function independently
2. Experienced but may need review
3. Limited experience
4. No experience

By accurately filling out this checklist, you will help us match your skills and interests with available assignments. Please place an "X" in the column that best describes your experience level with each skill.

Cardiovascular 1 2 3 4

- Bacterial Endocarditis.....
- Cardiac Arrest.....
- Heart Transplant.....
- Hemophilia.....
- Myocarditis.....
- Status Post Cardiac Cath.....

Shock

- Anaphylactic.....
- Cardiogenic.....
- Hypovolemic.....
- Septic.....
- Cardiomyopathy.....

Cardiac Defects

- Coarctation of the Aorta.....
- Hypoplastic Heart.....
- Septal Defect.....
- Tetralogy of Fallot.....
- Transposition of the Great Vessels.....

Pulmonary 1 2 3 4

- Apnea/Apnea Monitoring.....
- Asthma.....

Asphyxiation

- Near Drowning.....
- Arrest.....
- Assist with Intubation.....
- Oral Airway.....
- Nasal Airway.....
- Extracorporeal Membrane Oxygenation.....
- Bronchiolitis.....
- Bronchopulmonary Dysplasia.....
- Chronic Respiratory Disease.....
- Croup.....
- Cystic Fibrosis.....
- Epiglottitis.....
- Foreign Body Aspiration.....
- Fresh Tracheostomy.....
- Pertussis.....
- Pneumonia.....
- Pneumothorax.....
- Status Asthmaticus.....
- Tonsillitis.....
- Tuberculosis.....

Mechanical Ventilation

- CPAP/PEEP.....
- High Frequency Jet Vent.....
- Pressure Ventilator.....
- Volume Ventilator.....
- Weaning.....

Suctioning

- Bulb Syringe.....
- ET Tube.....
- Pulse Oximetry.....

Oxygen Therapy

- Bag and Mask.....
- ET Tube.....
- Oximeter.....
- Oxyhood.....
- Tent.....
- Trach Collar.....

Neurological 1 2 3 4

- Intracranial Pressure Monitoring.....
- Coma.....
- Encephalitis.....
- Epilepsy.....
- Febrile Seizures.....
- Head Injury.....
- Spinal Cord Injury.....
- Status Epilepticus.....
- Brain Death.....
- Organ Procurement.....
- Meningitis.....
- Assist with Lumbar Puncture.....

Orthopedics 1 2 3 4

- Fracture/Cast Care.....
- Pinned Fractures/Pin Care.....
- Splints.....
- Flail Chest.....

Extremity Fracture

- Open.....
- Closed.....

Gastrointestinal 1 2 3 4

- Continuous Tube Feedings.....
- Breast Feeding.....
- Bottle Feeding.....
- Cleft Lip/Palate.....
- Diaphragmatic Hernia.....

- Gastroenteritis/Dehydration.....
- Esophageal Reflux.....
- GI Bleeding.....
- Gastric Lavage.....
- Gastrostomy Tube/Button.....
- Nasogastric Tube.....
- Liver Transplant.....
- Anal Fissure.....
- Anorexia/Bulimia.....
- Pancreatitis.....
- Poison Ingestion.....
- Pyloric Stenosis.....

Renal/GU 1 2 3 4

- Hemodialysis.....
- Peritoneal Dialysis.....
- Acute Renal Failure.....
- Glomerulonephritis.....
- Hemolytic Uremic Syndrome.....
- Nephrotic Syndrome.....
- Renal Transplant.....

Endocrine/Metabolic 1 2 3 4

- Juvenile Diabetes.....
- Diabetic Ketoacidosis.....
- Thyroid Dysfunction.....

Oncology/Blood Dyscrasias 1 2 3 4

- Leukemia.....
- Malignant Tumors.....
- Hodgkin's Disease.....
- Radiation Implants.....
- Chemotherapy Administration.....
- Sickle Cell Anemia.....
- Bone Marrow Transplants.....
- Wilm's Tumor.....

Wound Management 1 2 3 4

- Gunshot Wound.....
- Stab Wound.....

Burns

- First Degree.....
- Second Degree.....
- Third Degree.....

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Infectious Diseases	1	2	3	4
Common Communicable Diseases.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytomegalovirus.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mononucleosis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal Parasites.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Intravenous Therapy	1	2	3	4
Blood and Blood.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Administration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percutaneous Arterial Line.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Central line maintenance

PICC.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portacath.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quinton.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heparin Lock.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral IV Line.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broviac.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groshong.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hickman.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medications	1	2	3	4
Antibiotics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aminophylline.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atropine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conscious Sedation

(Chloral Hydrate, Valium, Versed).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroid Therapy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticonvulsants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inotropic Therapy

Digoxin, Dobutamine, Primacor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dopamine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epinephrine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antipyretics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth Hormone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diuretics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitroglycerin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid Replacements.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NICU Only	1	2	3	4
Use of Artificial Surfactant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meconium Aspiration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistent Pulmonary Hypertension.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phototherapy for Jaundice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIC.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congenital Disorders of Internal/ External Organs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Addiction/Withdrawal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypo/Hyperkalemia.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypo/Hyponatremia.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Umbilical Artery/Venous Line.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for Transport.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cord Care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermoregulation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiant Warmer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessment	1	2	3	4
Apgar Score.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Exam.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal History.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loss Screening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gestational Age.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ballard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dubowitz.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other	1	2	3	4
EMR Systems..... (Electronic Medical Records)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Date: _____