CLOVER HEALTH SERVICES

SKILLS CHECKLIST

Pediatric

Name | Telephone | Who is your recruiter? | Date

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.

CARE OF PATIENTS WITH

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Bacterial Endocarditis	○	○	○	○
Cardiac Catherization	○	○	○	○
Cardiomyopathy	○	○	○	○
Congenital Heart Disease	○	○	○	○
Congestive Heart Failure	○	○	○	○
Kawasaki's Disease	○	○	○	○
Myocarditis	○	○	○	○
Pericarditis	○	○	○	○
Asthma	○	○	○	○
Bronchiolitis	○	○	○	○
Bronchopulmonary Dysplasia (BPD)	○	○	○	○
Chronic Respiratory Disease	○	○	○	○
Croup	○	○	○	○
Epiglottitis	○	○	○	○
Pertussis	○	○	○	○
Pneumonia	○	○	○	○
Respiratory Synticial Virus (RSV)	○	○	○	○
Rheumatic Fever	○	○	○	○
Tuberculosis	○	○	○	○
Closed Head Injuries	○	○	○	○
Encephalitis	○	○	○	○
Epilepsy	○	○	○	○
Hydrocephalus	○	○	○	○
Reye's Syndrome	○	○	○	○
Seizures	○	○	○	○
Febrile Seizures	○	○	○	○
Meningitis	○	○	○	○
Multiple Sclerosis	○	○	○	○
Neuromuscular Diseases	○	○	○	○
Gastroenteritis	○	○	○	○
Dehydration - Mild/Moderate	○	○	○	○
Gastroesophageal Reflux	○	○	○	○
GI Bleed	○	○	○	○
Intestinal Parasites	○	○	○	○

CARE OF PATIENTS WITH

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Intussusception	○	○	○	○
Juvenile Diabetes	○	○	○	○
Poison Ingestion/Overdose	○	○	○	○
Pyloric Stenosis	○	○	○	○
Tonsillitis	○	○	○	○
Ulcerative Colitis	○	○	○	○
Hypospadias	○	○	○	○
Urinary Tract Infection	○	○	○	○
Hemolytic Uremic Syndrome	○	○	○	○
Nephrotic Syndrome	○	○	○	○
Polycystic Kidney Disease	○	○	○	○
Hepatitis	○	○	○	○
Renal Failure	○	○	○	○
Wilm's Tumor	○	○	○	○
Clubfoot	○	○	○	○
Osteogenic Sarcoma	○	○	○	○
Osteomyelitis	○	○	○	○
Fractures - Pinned Traction	○	○	○	○
Devised Traction (casts, splints, braces)	○	○	○	○
Lupus	○	○	○	○
Adrenal Disorders	○	○	○	○
Cushing's Syndrome	○	○	○	○
Pituitary Disorders	○	○	○	○
Thyroid Dysfunction	○	○	○	○
Anemia	○	○	○	○
Hemophilia	○	○	○	○
Leukemia	○	○	○	○
Neutropenia	○	○	○	○
Sickle Cell Anemia	○	○	○	○
Bone Marrow Transplant	○	○	○	○
Hodgkin's Disease	○	○	○	○
Malignant Tumors	○	○	○	○
Radiation Implant	○	○	○	○
Childhood Communicable Diseases	○	○	○	○

CARE OF PATIENTS WITH

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Cytomegalovirus (CMV)	○	○	○	○
Fever	○	○	○	○
Infectious Mononucleosis	○	○	○	○
Lyme Disease	○	○	○	○
HIV/AIDS	○	○	○	○
MRSA/VRE	○	○	○	○
Burns	○	○	○	○
Anorexia/Bulimia	○	○	○	○
Battered Child Syndrome	○	○	○	○
Child Abuse/Neglect	○	○	○	○
Failure to Thrive	○	○	○	○
Post-Operative Care	○	○	○	○
a. Abdominal Surgery	○	○	○	○
b. Orthopedic Surgery	○	○	○	○
c. Craniofacial Surgery	○	○	○	○
d. ENT Surgery	○	○	○	○
Multiple Trauma	○	○	○	○
Developmental Delay	○	○	○	○
Cleft Lip/Palate	○	○	○	○

MEDICATION ADMINISTRATION

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Albuterol (Ventolin)	○	○	○	○
Aminophylline	○	○	○	○
Amoxicillin	○	○	○	○
Ampicillin	○	○	○	○
Atropine	○	○	○	○
Carbamazepine (Tegretol)	○	○	○	○
Chemotherapeutic Agents	○	○	○	○
Chloral Hydrate	○	○	○	○
Clonazapam (Clonopin)	○	○	○	○
Corticosteroids	○	○	○	○
Diazepam (Valium)	○	○	○	○
Digoxin	○	○	○	○
Epinephrine	○	○	○	○
Gentamycin	○	○	○	○
Growth Hormone	○	○	○	○
Insulin	○	○	○	○
Lasix	○	○	○	○
Metaproterenol (Alupent)	○	○	○	○
Nitroglycerine	○	○	○	○
Phenobarbital	○	○	○	○

MEDICATION ADMINISTRATION

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Phenytoin (Dilantin)	○	○	○	○
Sodium Bicarbonate	○	○	○	○
Procainamide (Pronestyl)	○	○	○	○
Thyroid Replacement	○	○	○	○
Vancomycin	○	○	○	○
Continuous IV infusion	○	○	○	○
Eye/ear Installations	○	○	○	○
IM Injections	○	○	○	○
Metered Dose Inhalers	○	○	○	○
Nebulizer	○	○	○	○
Rectal Infusion/Suppository	○	○	○	○
SQ Injections	○	○	○	○
Z-track Injections	○	○	○	○

PROCEDURES / SKILLS

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Cast Care	○	○	○	○
Chemotherapy - Peds Protocols	○	○	○	○
Chest physiotherapy	○	○	○	○
Chest tube & drainage system	○	○	○	○
a. Care & maintenance	○	○	○	○
b. Troubleshooting	○	○	○	○
c. Removal	○	○	○	○
EKG/Arrhythmia Interpretation	○	○	○	○
Feedings	○	○	○	○
a. Breastfeeding - assist	○	○	○	○
b. Breastmilk handling/storage	○	○	○	○
c. Bottle	○	○	○	○
d. Continuous tube feeding	○	○	○	○
e. Gavage, intermittent	○	○	○	○
Foley/Straight Cath insertion & care	○	○	○	○
a. Male	○	○	○	○
b. Female	○	○	○	○
Gastric Lavage	○	○	○	○
Gastric Suction, low intermittent	○	○	○	○
Gastrostomy Tube/Site Care	○	○	○	○
Hemodialysis - care during/post	○	○	○	○

PROCEDURES / SKILLS

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Hemodynamic Monitoring, non-invasive	○	○	○	○
a. Auscultation	○	○	○	○
b. Doppler	○	○	○	○
c. Palpation	○	○	○	○
Interpretation of Lab Results	○	○	○	○
a. Blood gases	○	○	○	○
b. Bilirubin	○	○	○	○
c. CBC	○	○	○	○
d. Cultures	○	○	○	○
e. Electrolytes	○	○	○	○
f. Stool for occult blood	○	○	○	○
g. Thyroid Studies	○	○	○	○
h. Urine dipstick	○	○	○	○
Intestinal Tract Tube Insertion/Care	○	○	○	○
a. Gastrostomy button	○	○	○	○
b. Nasogastric	○	○	○	○
c. Nasojejunal	○	○	○	○
d. Orogastric tubes	○	○	○	○
Intravenous Infusions	○	○	○	○
a. Blood & Blood Products	○	○	○	○
i. Cryoprecipitate	○	○	○	○
ii. Packed RBCs	○	○	○	○
iii. Platelets	○	○	○	○
iv. Whole Blood	○	○	○	○
b. Central line care	○	○	○	○
i. Broviac	○	○	○	○
ii. Groshong	○	○	○	○
iiii. Hickman	○	○	○	○
iv. PICC	○	○	○	○
v. Portacath	○	○	○	○
vi. Quinton	○	○	○	○
c. Hyperalimentation	○	○	○	○
d. Intralipids	○	○	○	○
e. Peripheral IV insertion & care	○	○	○	○
i. Angiocath	○	○	○	○
ii. Butterfly	○	○	○	○
iii. Scalp Veins	○	○	○	○
iv. Saline Lock/Heparin Lock	○	○	○	○

PROCEDURES / SKILLS

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Isolation Procedures	○	○	○	○
Lumbar Puncture (assist with)	○	○	○	○
Oral Airway Insertion	○	○	○	○
Oxygen Therapy Administration	○	○	○	○
a. Oxyhood	○	○	○	○
b. Face mask	○	○	○	○
c. Nasal cannula	○	○	○	○
d. Trach Collar	○	○	○	○
e. Tent	○	○	○	○
f. Ambu Bag	○	○	○	○
Phototherapy Treatment	○	○	○	○
Peritoneal Dialysis	○	○	○	○
a. Automatic cycler	○	○	○	○
b. Manual	○	○	○	○
Splint Application	○	○	○	○
Specimen Collection	○	○	○	○
a. Blood	○	○	○	○
i. Central line	○	○	○	○
ii. Heel stick	○	○	○	○
iii. Venous stick	○	○	○	○
b. Cultures	○	○	○	○
i. Blood	○	○	○	○
ii. Wound	○	○	○	○
iii. Sputum	○	○	○	○
c. Urine	○	○	○	○
i. Catheter	○	○	○	○
ii. Diaper	○	○	○	○
iii. Suprapubic tap (assist)	○	○	○	○
iv. Urine bag	○	○	○	○
Suctioning	○	○	○	○
a. Bulb syringe	○	○	○	○
b. Oropharyngeal	○	○	○	○
c. Nasopharyngeal	○	○	○	○
d. Tracheostomy	○	○	○	○
e. Oral/Yankauer	○	○	○	○
Temperature	○	○	○	○
a. Axillary	○	○	○	○
b. Oral	○	○	○	○
c. Tympanic	○	○	○	○

PROCEDURES / SKILLS

	Never Performed	Limited Experience	Comfortable Performing	Proficient
d. Rectal	○	○	○	○
Traction Application	○	○	○	○
Wound/Ostomy Care	○	○	○	○
a. Colostomy care/bag change	○	○	○	○
b. Ileostomy care/bag change	○	○	○	○
c. Irrigations	○	○	○	○
d. Pressure Ulcers	○	○	○	○
i. Staging	○	○	○	○
ii. Care	○	○	○	○
e. Sterile Dressing changes	○	○	○	○
f. Surgical wounds with drains	○	○	○	○
Patient Controlled Analgesia (PCA)	○	○	○	○
Narcotic Agents	○	○	○	○
Non-narcotic agents	○	○	○	○
Non-pharmacological measures	○	○	○	○

ASSESSMENT / OTHER

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Ambulatory Infusion Pumps	○	○	○	○
Admission of patients to unit	○	○	○	○
Assess Breath Sounds	○	○	○	○
Assess Heart Sounds	○	○	○	○
Care Planning	○	○	○	○
Charge Nurse responsibilities	○	○	○	○
Computerized Charting	○	○	○	○
Fontanel Assessment	○	○	○	○
Head Circumference Measurement	○	○	○	○
Neurological Assessments	○	○	○	○
Patient Teaching	○	○	○	○
Thermal Environment Maintenance	○	○	○	○
Use of Restraints	○	○	○	○
Vital Signs	○	○	○	○

EQUIPMENT

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Apnea Monitor	○	○	○	○
Glucometer	○	○	○	○
Oxygen Flow Meter	○	○	○	○
Pulse Oximeter	○	○	○	○
Specialty Beds	○	○	○	○
a. Air fluidized	○	○	○	○
b. Low air loss	○	○	○	○
c. Orthopedic	○	○	○	○
Traction Equipment	○	○	○	○
Computer Charting Systems	○	○	○	○

if you any Other Equipment, Please Specify below

Infusion Pumps (Specific Brands)

PAIN MANAGEMENT

	Never Performed	Limited Experience	Comfortable Performing	Proficient
Pain assessment using pain scales	○	○	○	○
Epidural analgesia	○	○	○	○
IV conscious sedation	○	○	○	○
Patient controlled analgesia (PCA)	○	○	○	○
Narcotic Agents	○	○	○	○
Non-narcotic agents	○	○	○	○
Non-pharmacological measures	○	○	○	○

Do you speak any languages other than English? Yes ◯ No ◯ **If yes, which language(s)?** _____

Age Specific Skills

Check the box under EACH age group that you have experience with and are comfortable with for each skill below.	☐ Neonates(0-30 days)	☐ Infants(1 mo-1 yr)	☐ Toddlers(1-3 yrs)
	☐ Preschool(4-6 yrs)	☐ School Age(7-12 yrs)	☐ Adolescent(13-18 yrs)
	☐ Young Adult(19-39 yrs)	☐ Middle Adults(40-64 yrs)	☐ Older Adults(65+ yrs)
Understands the different communication needs for the age group & changes communication methods and terminology accordingly	☐ Neonates(0-30 days)	☐ Infants(1 mo-1 yr)	☐ Toddlers(1-3 yrs)
	☐ Preschool(4-6 yrs)	☐ School Age(7-12 yrs)	☐ Adolescent(13-18 yrs)
	☐ Young Adult(19-39 yrs)	☐ Middle Adults(40-64 yrs)	☐ Older Adults(65+ yrs)
Understands the different medications, dosages and possible side effects for the age group and administers medications appropriately	☐ Neonates(0-30 days)	☐ Infants(1 mo-1 yr)	☐ Toddlers(1-3 yrs)
	☐ Preschool(4-6 yrs)	☐ School Age(7-12 yrs)	☐ Adolescent(13-18 yrs)
	☐ Young Adult(19-39 yrs)	☐ Middle Adults(40-64 yrs)	☐ Older Adults(65+ yrs)
Understands the different safety risks for the age group and alters the environment accordingly	☐ Neonates(0-30 days)	☐ Infants(1 mo-1 yr)	☐ Toddlers(1-3 yrs)
	☐ Preschool(4-6 yrs)	☐ School Age(7-12 yrs)	☐ Adolescent(13-18 yrs)
	☐ Young Adult(19-39 yrs)	☐ Middle Adults(40-64 yrs)	☐ Older Adults(65+ yrs)
Understands the normal growth and development for the age group and adapts care accordingly	☐ Neonates(0-30 days)	☐ Infants(1 mo-1 yr)	☐ Toddlers(1-3 yrs)
	☐ Preschool(4-6 yrs)	☐ School Age(7-12 yrs)	☐ Adolescent(13-18 yrs)
	☐ Young Adult(19-39 yrs)	☐ Middle Adults(40-64 yrs)	☐ Older Adults(65+ yrs)

☐ I hereby certify that ALL information I have provided to Clover Health Services, on this skills checklist and all other documentation, is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.