

<b>PEDIATRIC INTENSIVE CARE UNIT</b> <b>SKILLS CHECKLIST</b>
---

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please check the appropriate letter of proficiency for the following types of clinical situations and equipment.

**LEVEL OF PROFICIENCY**

- A** = Able to teach & supervise
- B** = 1 year constant experience
- C** = Intermittent experience
- D** = No experience

	A	B	C	D
<b>GENERAL</b>				
Apnea monitor				
Cardiac monitor				
Assessment of breath sounds				
Drawing ABG's or other blood samples:				
Capillary				
Arterial				
Interpretations of ABG's				
Working knowledge of general pediatric lab values				
Chest physiotherapy				
Chest Tubes:				
Assist with insertion				
Maintenance of				
Assistance with removal				
Suctioning:				
Oral				
Nasotracheal				
O <sub>2</sub> therapy:				
nasal cannula				
O <sub>2</sub> analyzer				
Croup tent				
Ventilation with ambu bag				
Vaporizer				
Ventilators:				
Assist with intubation				
Assist with extubation				
Pulse oximeter				

PICU Skills Checklist

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Insertion and maintenance of IV's:				
Scalp vein				
Intracath				
Hickman				
Heparin lock				
Peripheral				
CVP line				
Triple lumen catheter				
Administration & monitoring of blood & blood products				
IV meds - mixing and administration				
TPN and intralipids				
infusion pumps				
IVAC				
IMED				
IVAC syringe				
Administration of medication				
PO				
IM				
Sub-Q				
Rectal				
Topical				
Drops				
IV push				
IV drip				
Calculating pediatric dosage				
Equipment and techniques:				
infant CPR				
Child CPR				
Hemovac				
Pleurovac				
Specimen collection				
(1) I&O				
(2) Urine				
(3) Stool				
(4) Diaper Aspiration				
(5) Application of collecting bag				

*PICU Skills Checklist*

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Weighing				
(1) Infant				
(2) Toddler				
(3) Diapers				
Ostomy care				
Feeding Tubes				
Diabetic glucose monitoring device				
Diabetic insulin pump				
Air-fluidized bed				
Cardiac monitoring				
Preparation of emergency drugs				

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Be Well Nursing, LLC. to release checklist to client health care facilities of Be Well Nursing, LLC. relating to my contract employment with that facility.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*