



HEALTH CARE RECRUITERS

www.unihcr.com

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Classification: \_\_\_\_\_

Total Years experience: \_\_\_\_\_

Clinical area of Competence with past 3 years: \_\_\_\_\_

Type of Unit	Size of Unit	
Have you Traveled Before?	Yes	No
Expertise/Experience Not Listed:		

**INSTRUCTIONS:** This checklist is meant to serve as 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.

**0 = Never Performed    1= Limited Experience    2= Comfortable Performing    3= Proficient**

INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY FOR ALL PROCEDURES / EQUIPMENT IN LAST 12 MONTHS.

	SKILL LEVEL					SKILL LEVEL			
	0	1	2	3		0	1	2	3
<b>EXPERIENCE</b>					<b>CARDIOVASCULAR SYSTEM</b>				
Cardiovascular					Blood Pressure:				
Endocrine System					Non-Invasive Machine (Dynamap)				
Gastrointestinal System					Use of Doppler				
Genitourinary System					Use of Palpation				
Hematologic System					Care of Child/Infant Undergoing Cardiac Surgery				
Integumentary System					Cardiac Monitor				
Neurological System					Cardio-Pulmonary Resuscitation of Child				
Orthopedic System					Cardio-Pulmonary Resuscitation of Infant				
Respiratory System					Congestive Heart Failure				
IV Therapy					Cyanotic Heart Disease				
Medication Administration					Disseminated Intravascular Coagulation (DIC)				
Isolation Techniques/Precautions					Interpret EKG Rhythm Strips				
<b>CHARTING</b>					Interpret Normal HCT Values				
Computerized					PDA Ligation				
DARE					Parent/Child Teaching for Heart Disease				
APIE					Preparation of Emergency Drugs				
SOAPIE					Pre : Post operation care of a child after a cardiac catheterization				
FOCUS					<b>ENDOCRINE SYSTEM</b>				
Discharge Planning					Diabetic Acidosis				
Utilization Review					Diabetes Mellitus				
Chart Review/Audit					Infusion of Insulin Drip				
<b>CARDIOVASCULAR SYSTEM</b>					Interpret Normal Electrolyte Value				
Acyanotic Heart Disease					Parent/Child Teaching				
<b>CARDIOVASCULAR SYSTEM</b>					Perform / Interpret Blood Glucose Levels Via				
Administration of Cardiac Drugs:					Chemstrip				
IM					Dextrosix				
IV									
Glucometer									
Oral									
Apnea Monitor									
Assessment of Heart Sounds									
Assessment of Pulses									
Assistance with Exchange Transfusion									

**PEDIATRIC NURSE SKILLS CHECKLIST**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY FOR ALL PROCEDURES / EQUIPMENT IN LAST 12 MONTHS.**

	SKILL LEVEL					SKILL LEVEL			
	0	1	2	3		0	1	2	3
<b>GASTROINTESTINAL SYSTEM</b>					<b>INTEGUMENTARY SYSTEM</b>				
Calculation of Caloric Intake					Prevention of Impaired Skin Integrity: Immobility, Decreased Perfusion Specialty Beds - Flexicare & Clinitron				
Calculation & Measure of Dehydration					Sterile Dressing Change				
Colostomy / Ileostomy Care					<b>NEUROLOGICAL SYSTEM</b>				
Crohn's Disease					Administration of Anticonvulsive Meds PO/IM IV				
Gastronomy Tube					Assessment of Fontanel				
Gastroschisis/Omphalocele					Assessment of Level of Consciousness				
Gavage Feeding:					Assessment of Pupil Size and Response				
Nasogastric					Assisting with Lumbar Puncture				
Nasojeunal					Epilepsy				
GI Status:					Hydrocephalus				
Measure of Abdominal Girth					Maintaining a Neutral Thermal Environment: Hyper/Hypothermia Blanket Use of Isolette				
Assessment of Bowel Sounds					Measurement of Head Circumference				
Necrotizing Enterocolitis					Meningitis				
Phototherapy Treatment					Parent/Child Teaching				
Stool Test (pH and Blood)					Reye's Syndrome				
Sump Tubes, Intermittent & Continuous					Seizures				
Tracheoesophageal Fistula (TEF)					Spina Bifida				
Weight on Digital Scales					V-P Shunt				
<b>GENITOURINARY SYSTEM</b>					<b>ORTHOPEDIC SYSTEM</b>				
Disorders of External Organs					Care of Child in Stryker Frame				
Ileal Conduit					Circulation Checks for Neurovascular Assess				
Insertion and Care of Foley Catheter					Circo-Electric Bed				
Peritoneal Dialysis					Devised (Slints, Braces, Casts) Traction				
S & A Testing					Fractures				
Assisting with Suprapubic Tap					Juvenile Rheumatoid Arthritis				
Test/Interpret Urine Specific Gravity, pH Glucose - Use of Glucometer					Osteomyelitis				
Wilm's Tumor					Parent/Child teaching				
<b>HEMATOLOGIC SYSTEM</b>					Post-Harrington Rod Insertion				
Administration of Chemotherapy					<b>RESPIRATORY SYSTEM</b>				
Administration of Factor VIII Infusions					Apnea				
Anemia					Assessment of Breath Sounds				
Hemophilia					Asthma				
Leukemia					Broncho-Pulmonary Dysplasia (BPD)				
Parent/Child Teaching					Calculation and Administration of Buffer Solution (Sodium Bicard)				
Post Bone-Marrow Transplant					Complications of AIDS				
Sickle Cell Disease					Chest Physiotherapy (CPT)				
<b>INTEGUMENTARY SYSTEM</b>					Chest Tube Assisting w/ Insertion & Set-Up				
Assessment of Color Change of Skin:					Chest Tube Maintenance Care				
Cyanosis					Croup				
Jaundice					Cystic Fibrosis				
Mottling					Epiglottitis				
Petechiae					Interpretation of Blood Gases				
Assessment of Rashes					Obtaining Blood Gases/Lab Tests: Heel Stick (Capillary) Peripheral Artery Line				
Assessment of Wound Healing									
Care of Burned Infant/Child									
Collection of Culture Specimens:									
Nasopharyngeal									
Stool									
Urine									
Parent/Child Teaching									

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY FOR ALL PROCEDURES / EQUIPMENT IN LAST 12 MONTHS.**

	SKILL LEVEL				OTHER	SKILL LEVEL			
	0	1	2	3		0	1	2	3
<b>RESPIRATORY SYSTEM</b>									
Oral/Pharyngeal Suctioning					Cancer				
Nasal/Pharyngeal Suctioning					Child Abuse				
Near-Drowning					Cleft Lip and/or Palate				
Parent/Child Teaching for Problems					Developmental Delay:				
Pneumonia					Cognitive				
Respiratory Distress Syndrome (RDS)					Motor				
Use of Respiratory Assistance Equipment:					Dying Infant/Child				
Oxyhood, Nasal Cannula					Eating Disorder				
O <sub>2</sub> , Analyzer					Failure to Thrive				
Croup Tent					Post Tonsillectomy				
Oximeter					Pain Management				
Tracheostomy Care and Suctioning									
Ventilation with Ambu Bag									
<b>IV THERAPY</b>									
Assessment of Patency/Site									
Blood and Blood Product Transfusion									
Discontinuing Peripheral IV's									
Discontinuing Central Line									
Heparin Locks									
Hickman Line Care/Broviac Line Care									
Infusion Pump									
Intralipid Infusion									
IV Hyperalimentation:									
Central									
IV Hyperalimentation:									
Dressing									
Peripheral									
Mixing IV's									
Regulating IV's									
Central Line care									
Starting IV's - Angiocath Insertion									
Starting IV's - Scalp Veins									
Triple Lumen Catheters									
<b>MEDICATION ADMINISTRATION</b>									
Administration of:									
Aerosol Therapy									
IM Meds									
Immunizations									
IV Push Meds									
Oral Meds									
Subcutaneous Meds									
Calculation of Ped Dosages									
Unit Dose									
<b>ISOLATION TECHNIQUES/PRECAUTIONS</b>									
Familiarity w/ Isolation Techniques									
Universal Precautions									

Name: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Age Specific Skills</u>	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)
Check the box under EACH age group that you have experience with and are comfortable with for each skill below.									
Understands the different communication needs for the age group & changes communication methods and terminology accordingly									
Understands the different medications, dosages and possible side effects for the age group and administers medications appropriately									
Understands the different safety risks for the age group and alters the environment accordingly									
Understands the normal growth and development for the age group and adapts care accordingly									

I hereby certify that ALL information I have provided to UNI, 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.

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

FAX TO (877) 970-5777

**PEDIATRIC NURSE SKILLS CHECKLIST**