



Date: _____

Pediatrics Nursing Skills Checklist

Please check the column that best describes your experience level with each skill.

Key:

- 1 - Performs well (no assistance required)
- 2 - Some experience (some assistance required)
- 3 - No experience
- 4 - Not applicable

	1	2	3	4
General Skills				
admission assessment	_____	_____	_____	_____
legal principles of charting	_____	_____	_____	_____
patient education	_____	_____	_____	_____
charge nurse responsibilities	_____	_____	_____	_____
specimen collection	_____	_____	_____	_____
lab value assessment	_____	_____	_____	_____
pain management	_____	_____	_____	_____
isolation procedures	_____	_____	_____	_____
wound and skin care	_____	_____	_____	_____
isolation precautions	_____	_____	_____	_____
diabetic teaching	_____	_____	_____	_____
discharge teaching	_____	_____	_____	_____
use of restraints	_____	_____	_____	_____
primary nurse	_____	_____	_____	_____
team leading	_____	_____	_____	_____

Intravenous Therapy				
IV therapy	_____	_____	_____	_____
start peripheral IV lines	_____	_____	_____	_____
change IV dressings	_____	_____	_____	_____
administer IV antibiotics	_____	_____	_____	_____
administer bolus infusions	_____	_____	_____	_____
administer IV chemotherapy	_____	_____	_____	_____
monitor central lines	_____	_____	_____	_____
Hickman/Broviac catheters	_____	_____	_____	_____
infusion pumps	_____	_____	_____	_____
hyperalimentation therapy	_____	_____	_____	_____
blood / blood transfusion	_____	_____	_____	_____

Administration of Medication				
Oral	_____	_____	_____	_____
Subcutaneous	_____	_____	_____	_____
Intramuscular	_____	_____	_____	_____

Pediatric Nursing				
anorexic patient care	_____	_____	_____	_____
assist w/ lumbar puncture	_____	_____	_____	_____
respiratory distress syndrome	_____	_____	_____	_____
broncho-pulmonary dysplasia	_____	_____	_____	_____
croup	_____	_____	_____	_____

Print Name: _____

Signature: _____

	1	2	3	4
Pediatric Nursing - continued				
epillogotitis	_____	_____	_____	_____
asthma	_____	_____	_____	_____
cystic fibrosis	_____	_____	_____	_____
pneumonia	_____	_____	_____	_____
near drowning	_____	_____	_____	_____
near SIDS	_____	_____	_____	_____
chest tubes	_____	_____	_____	_____
Reye's Syndrome	_____	_____	_____	_____
meningitis	_____	_____	_____	_____
hydrocephalus	_____	_____	_____	_____
spina bifida	_____	_____	_____	_____
lead play therapy	_____	_____	_____	_____
care of child with seizures	_____	_____	_____	_____
sickle cell	_____	_____	_____	_____
other problems:	_____	_____	_____	_____

Equipment				
apnea monitor	_____	_____	_____	_____
cardiac monitor	_____	_____	_____	_____
ventilator	_____	_____	_____	_____
ECMO	_____	_____	_____	_____

Care of Child with				
child abuse	_____	_____	_____	_____
failure to thrive	_____	_____	_____	_____
cleft palate	_____	_____	_____	_____
care of child post tonsillectomy	_____	_____	_____	_____
care of dying infant/child	_____	_____	_____	_____
diabetes mellitus	_____	_____	_____	_____
care of infant/child in diabetic acidosis	_____	_____	_____	_____
psych. patients	_____	_____	_____	_____

Certifications	Expiration Date:
BCLS	_____
PALS	_____
Other:	_____
Other:	_____

List any additional skills or experience.

