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**Skills Checklist - Newborn and Pediatric**

The following **checklist** is used to assess your experience and **skills**. Please provide a self-assessment of your **skills** using the following guidelines: (MARK WITH AN “**X**”)

1 - No experience

2 - Require training

3 - Have performed this task and able to perform without supervision

4 - Experienced and able to perform independently

5 - Able to teach and supervise

I understand that the information provided in this application is true to the best of my knowledge. I authorize the release of the information in this document to Master Staffing, Inc. and the facilities where I may be employed.

**Name -**

**Date -**

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| **Newborn and Pediatric Care** | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| Administration of Blood/Blood Products |  |  |  |  |  |
| Adolescent |  |  |  |  |  |
| Apnea Monitoring |  |  |  |  |  |
| Assist with Lumbar Puncture |  |  |  |  |  |
| Blood Exchange |  |  |  |  |  |
| Calculation of Pedi Dosage |  |  |  |  |  |
| Cardiac Arrest/CPR |  |  |  |  |  |
| Chemotherapy |  |  |  |  |  |
| Cord and Circumcision Care |  |  |  |  |  |
| ECMO |  |  |  |  |  |
| Glascow Coma Scale |  |  |  |  |  |
| Hemodynamic Monitoring |  |  |  |  |  |
| IMV |  |  |  |  |  |
| Infant |  |  |  |  |  |
| Infusion Pumps |  |  |  |  |  |
| Interpretation of Arrhythmias |  |  |  |  |  |
| Jet Vents |  |  |  |  |  |
| Knowledge of Normal Serum Lab Values |  |  |  |  |  |
| Maintenance of Heparin Locks |  |  |  |  |  |
| Neonatal Level (Circle Level) |  |  |  |  |  |
| **Newborn** Nursery |  |  |  |  |  |
| Obtain Specimens from UAC and UVC |  |  |  |  |  |
| Oncology/Hematology |  |  |  |  |  |
| **Pediatric** ICU |  |  |  |  |  |
| Pediatrics |  |  |  |  |  |
| Phototherapy |  |  |  |  |  |
| PIP |  |  |  |  |  |
| Preparation of Emergency Drugs |  |  |  |  |  |
| Pulse Oximetry |  |  |  |  |  |
| Scalp Veins |  |  |  |  |  |
| School Aged |  |  |  |  |  |
| Starting IVs |  |  |  |  |  |
| Toddler |  |  |  |  |  |
| TPN/Hyperalimentation |  |  |  |  |  |
| Transducer Set-Up &Maint. of A-Line |  |  |  |  |  |
| Transducer Set-Up &Maint. of Swan Ganz |  |  |  |  |  |
| Transducer Set-Up & Maintenance of UAC |  |  |  |  |  |
| Transducer Set-Up & Maintenance of UVC |  |  |  |  |  |
| **Care of Patient With** | | | | | |
| Asthma |  |  |  |  |  |
| Bone Marrow Transplant |  |  |  |  |  |
| Bowel Obstruction |  |  |  |  |  |
| Broncho-Pulmonary Dysplasia |  |  |  |  |  |
| Drug Addiction/Withdrawal |  |  |  |  |  |
| Endotracheal Tube Care and Suctioning |  |  |  |  |  |
| Tracheostomy Care and Suctioning |  |  |  |  |  |
| Pre/Post Cardiac Surgery |  |  |  |  |  |
| Pre/Post Cardiac Cath |  |  |  |  |  |
| Pre/Post Neuro Surgery |  |  |  |  |  |
| Pre/Post Thoracic Surgery |  |  |  |  |  |
| CHF |  |  |  |  |  |
| Cystic Fibrosis |  |  |  |  |  |
| Diabetes Mellitus |  |  |  |  |  |
| Epiglottiditis |  |  |  |  |  |
| Failure to Thrive |  |  |  |  |  |
| Intracranial Hemorrhage |  |  |  |  |  |
| Leukemia |  |  |  |  |  |
| Low Birth Weight Infants |  |  |  |  |  |
| Meconium Aspiration |  |  |  |  |  |
| Meningitis |  |  |  |  |  |
| Near Drowning |  |  |  |  |  |
| N.E.C. |  |  |  |  |  |
| Neuromuscular Disease |  |  |  |  |  |
| NG Tube Feeding |  |  |  |  |  |
| Overdose/Poison Ingestion |  |  |  |  |  |
| PDA Ligation |  |  |  |  |  |
| Pneumonia |  |  |  |  |  |
| Post Harrington Rod Insertion |  |  |  |  |  |
| Pulmonary Edema |  |  |  |  |  |
| RDS |  |  |  |  |  |
| Seizure Activity |  |  |  |  |  |
| Sickle Cell Disease |  |  |  |  |  |
| Spina Bifida |  |  |  |  |  |
| Systemic Infection |  |  |  |  |  |
| Tetralogy of Fallot |  |  |  |  |  |
| Tracheoesophogeal Fistula |  |  |  |  |  |
| Transposition of Great Vessels |  |  |  |  |  |

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| I certify that all of the above information is correct and that any misrepresentation or falsification of  fact may be considered sufficient cause for Immediate dismissal from \_\_\_\_\_\_\_\_\_\_\_\_\_.  I have filled out this **skills checklist** to the best of my knowledge and agree that all of the information  Provided is correct (please check box).  NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print Clearly)      DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    LICENSE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |