

# Shamrock Medical Staffing, Inc.

## Pediatric Skills Checklist

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

### A. CARDIOVASCULAR

Highly Skilled	Skilled	Limited	With Assistance	No Experience
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#### 1. Assessment

- a. Auscultation (rate, rhythm, volume)
- b. Blood pressure/non-invasive
- c. Heart sounds/murmurs
- d. Perfusion


#### 2. Interpretation of lab results

- a. Arterial blood gases
- b. Hemoglobin & hematocrit


#### 3. Equipment & procedures

- a. Basic EKG interpretation
- b. Non-invasive cardiac monitoring


#### 4. Care of the child with:

- a. Bacterial endocarditis
- b. Cardiac arrest
- c. Cardiomyopathy
- d. Congenital heart defects/disease
- e. Congestive heart failure
- f. Myocarditis
- g. Pericarditis
- h. Post cardiac cath
- i. Post cardiac surgery
- j. Rheumatic fever
- k. Shock


#### 5. Medication - Digoxin (Lanoxin)

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### B. PULMONARY

Highly Skilled	Skilled	Limited	With Assistance	No Experience
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**H. MEDICATION ADMINISTRATION FOR CHILDREN**

1. Calculation of pediatric doses				
2. Eye/ear installations				
3. Knowledge of emergency drugs				
4. Knowledge of routine pediatric drugs				
5. Metered dose inhaler				

**I. PHLEBOTOMY/IV THERAPY**

1. Equipment & Procedures				
a. Administration of blood/blood products				
(1) Cryoprecipitate				
(2) Packed red blood cells				
(3) Whole blood				
b. Drawing blood from central line				
c. Drawing venous blood				
d. Starting IVs				
(1) Angiocath				
(2) Butterfly				
(3) Heparin lock				
2. Care of the child with:				
a. Central line/catheter/dressing				
(1) Broviac				
(2) Groshong				
(3) Hickman				
(4) Portacath				
(5) Quinton				
b. Cutdown line/dressing				
c. Peripheral line/dressing				

**J. INFECTIOUS DISEASES**

1. Interpretation of lab results - blood count				
2. Equipment & Procedures				
a. Fever management				
b. Isolation				
3. Care of the child with:				
a. AIDS				
b. Common childhood - communicable diseases				
c. Cytomegalo virus (CMV)				
d. Hepatitis				
e. Kawasaki disease				
f. Lyme disease				
	<b>Highly Skilled</b>	<b>Skilled</b>	<b>Limited</b>	<b>With Assistance</b>
				<b>No Experience</b>

**K. MISCELLANEOUS**

1. Assessment				
a. Normal growth and development				
b. Normal laboratory values				
c. Recognize signs of abuse or neglect				



Telemetry		year(s)
Orthopedics		year(s)
Oncology		year(s)
Neurology		year(s)
Psychiatry		year(s)
Rehabilitation		year(s)
Other (type)		year(s)

This information I have given is true and accurate to the best of my knowledge. I hereby authorize Richards Healthcare Inc. to release this Pediatric Skills Checklist to Client facilities of Richards Healthcare Inc. in relation to consideration of employment as a Traveler with those facilities.

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**Signature**

\_\_\_\_\_  
**Date**