

# PA TRAVEL NURSES

(888) 894-2900 (bus) • (888) 894-2073 (fax)

NAME:

## Pediatrics ICU Skills Checklist

**1** = > 2 years experience      **2** = 1-2 years experience      **3** = < 1 year experience      **4** = theory only

<b><u>RESPIRATORY</u></b>		<b><u>CARDIAC</u></b>	
Croup	<input type="checkbox"/>	Cardiac Arrest / CPR	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Assessment of Heart Sounds	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	Cardioversion	<input type="checkbox"/>
Oximeter	<input type="checkbox"/>	Swan Ganz	<input type="checkbox"/>
O <sub>2</sub> (NC, Mask, Tent)	<input type="checkbox"/>	ECMO	<input type="checkbox"/>
Assist with Intubation	<input type="checkbox"/>	A-Line	<input type="checkbox"/>
Ventilator / Weaning	<input type="checkbox"/>	12 Lead EKG Interpretation	<input type="checkbox"/>
Oral, Nasal, and ET Suctioning	<input type="checkbox"/>	Interpretation of Arrhythmias	<input type="checkbox"/>
Care of Tracheostomy	<input type="checkbox"/>	Hemodynamic Monitoring	<input type="checkbox"/>
Chest Physiotherapy	<input type="checkbox"/>	Defibrillation	<input type="checkbox"/>
Apnea Monitor	<input type="checkbox"/>	Pre/Post Cardiac Surgery	<input type="checkbox"/>
Ambu Bag	<input type="checkbox"/>	Care of Patient with PDA	<input type="checkbox"/>
Maintain Chest Tube	<input type="checkbox"/>	Care of Patient with CHF	<input type="checkbox"/>
ABG Interpretation	<input type="checkbox"/>	Care of Patient with DIC	<input type="checkbox"/>
Respiratory Distress Syndrome	<input type="checkbox"/>	Cyanotic Heart Disease	<input type="checkbox"/>
Near Drowning	<input type="checkbox"/>	Acyanotic Heat Disease	<input type="checkbox"/>
Cystic Fibrosis	<input type="checkbox"/>	Assist with Central Line Insertion	<input type="checkbox"/>
Bronch-Pulmonary Dysplasia	<input type="checkbox"/>	PTCA	<input type="checkbox"/>
		Cardiogenic / Hypovolemic Shock	<input type="checkbox"/>
<b><u>VASCULAR</u></b>		<b><u>GASTROINTESTINAL</u></b>	
Hemodialysis	<input type="checkbox"/>	NG Tube Insertion	<input type="checkbox"/>
Peritoneal Dialysis	<input type="checkbox"/>	Gastrostomy Tube	<input type="checkbox"/>
Peripheral Pulses	<input type="checkbox"/>	Jejunostomy Tube	<input type="checkbox"/>
Fluid Overload	<input type="checkbox"/>	Enterostomal Care	<input type="checkbox"/>
Maintain Heparin Lock	<input type="checkbox"/>	Tracheoesophageal Fistula	<input type="checkbox"/>
Normal Lab Values	<input type="checkbox"/>	Colostomy / Ileostomy	<input type="checkbox"/>
Maintain Heparin Drip	<input type="checkbox"/>	Ruptured Spleen	<input type="checkbox"/>
		Gastroschisis	<input type="checkbox"/>
<b><u>SHOCK</u></b>		Necrotizing Enterocolitis	<input type="checkbox"/>
Cardiogenic	<input type="checkbox"/>	Chrons Disease	<input type="checkbox"/>
Hypovolemic	<input type="checkbox"/>	Dehydration	<input type="checkbox"/>
Septic	<input type="checkbox"/>	Phototherapy	<input type="checkbox"/>
Anaphylatic	<input type="checkbox"/>	Stool tests	<input type="checkbox"/>
		Multiple Abdominal Trauma	<input type="checkbox"/>
<b><u>OTHER</u></b>		<b><u>TRANSPLANTS</u></b>	
Leukemia	<input type="checkbox"/>	Heart	<input type="checkbox"/>
Ingestion of Poison	<input type="checkbox"/>	Lung	<input type="checkbox"/>
Burns	<input type="checkbox"/>	Kidney	<input type="checkbox"/>
Terminal Illness	<input type="checkbox"/>	Liver	<input type="checkbox"/>
Anemia	<input type="checkbox"/>		
Sickle Cell Disease	<input type="checkbox"/>		
Hemophilia	<input type="checkbox"/>		
HIV / AIDS	<input type="checkbox"/>		
Failure to Thrive	<input type="checkbox"/>		
Suspected Child Abuse	<input type="checkbox"/>		
Cleft Lip / Palate	<input type="checkbox"/>		

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<p style="text-align: center;"><b><u>NEUROLOGICAL</u></b></p> <p>Neurological Assessment <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Obtaining Glasgow Scale <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>ICP Monitoring <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Seizure Activity <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Seizure Precautions <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Spina Bifida <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Meningitis <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Pre/Post Neuro Surgery <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>V-P Shunt <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Hydrocephalus <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Acute Spinal Cord Injury <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Rocky Mountain Spotted Fever <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Reyes Syndrome <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Assist with Lumbar Puncture <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Maintain Thermal Environment <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p style="text-align: center;"><b><u>MEDICATION ADMINISTRATION</u></b></p> <p>IV Push, Drip <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>IV Mixture <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Topical <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Hyperalimantation <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Lipids <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Chemotherapy <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Drops (nose, eye, ear) <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Rectal <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p style="text-align: center;"><b><u>IV THERAPY</u></b></p> <p>Start Peripheral IV <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Regulate / Maintain IV <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Mix IV's Using Additives <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p style="text-align: center;"><b><u>USE OF IV INFUSION PUMPS</u></b></p> <p>IVAC <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>IMED <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>PCA <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Syringe <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Discontinue Peripheral IV <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Maintain / Discontinue PICC Line <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Maintain Hickman <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Subcutaneous Central Line <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Assist with CVP Insertion <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Maintain / Discontinue CVP <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Change CVP Dressing <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Obtain CVP Reading <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Venous Puncture <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Arterial Puncture <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Blood and Blood Products <input style="width: 20px; height: 15px;" type="checkbox"/></p>		<p style="text-align: center;"><b><u>ORTHOPEDIC</u></b></p> <p>Casts/Splints/Braces <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Arthritis <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Orthopedic Surgery <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Multiple Fractures <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Body Cast <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Stryker Frame <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Circo-Electric Bed <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Skin Traction <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Skeletal Traction <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p style="text-align: center;"><b><u>GENITOURINARY / RENAL</u></b></p> <p>Foley Insertion <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Nephrostomy Tube <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Suprapubic Tube <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Electrolyte Imbalance / Replacement <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>GU Irrigation <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Pre/Post Operative Nephrectomy <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>TURP <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Shunts and Fistulas <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Renal Failure / Trauma <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Pre/Post Operative GU Surgery <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Urinary Diversion <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Peritoneal Dialysis <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p style="text-align: center;"><b><u>MISCELLANEOUS</u></b></p> <p>Universal Precautions <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>CPR <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Drawing Venous Blood <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Ostomy Care <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Hemovac <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Obtaining Cultures <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Patient with Overdose <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Diabetic Insulin Pump <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Patient with Diabetic Emergency <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Preparation / Administration of Emergency Drugs <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Restraints <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Patient / Family Teaching <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Weights <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Pain Management <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Fluid Resuscitation <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Patient with DT's <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Doppler <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Prevent / Treat Skin Breakdown <input style="width: 20px; height: 15px;" type="checkbox"/></p>
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## *Pediatrics ICU Skills Checklist*

I certify that the information I have given in this Pediatrics ICU Skills Checklist is true and accurate to the best of my knowledge. I also authorize PA Travel Nurses to release this Pediatrics ICU Skills Checklist to any PA Travel Nurses client facility, potential PA Travel Nurses client facility, and to any other governmental or regulatory agency at such agency's request. I hereby hold PA Travel Nurses, and any duly accredited representative thereof, harmless and free of liability for any results that may arise from the release of this information by PA Travel Nurses.

*Signature* of Applicant:

Date Signed by Applicant:

Applicant Social Security Number: