



Name: _____
Date: _____

PEDIATRIC SKILLS EVALUATION CHECKLIST

This self evaluation is for assessing your experience in specific clinical areas. This self evaluation will not be a determining factor in accepting your application to become an employee of Access Nursing Services.

1 = No Experience 2 = Limited Experience 3 = Experienced 4 = Highly Skilled

NURSING PROCESS	1	2	3	4	RESPIRATORY PATIENTS	1	2	3	4
Nursing History					Oxygen Therapy				
Physical Assessment					Suctioning Techniques				
Nursing Care Plans					Naso-pharyngeal				
Systems Charting					Oro-pharyngeal				
Discharge Planning					Endotracheal				
Patient/Family Education					Tracheostomy Care				
MED ADMINISTRATION	1	2	3	4	Mechanical Ventilation				
Oral					Incentive Spirometry				
Intramuscular					Pleurevac				
Subcutaneous					Nebulizer				
Z Track					Insertion of Oral Airway				
Secondary Meds- IV					Ambu Bag				
Heparin Lock					SPECIAL NURSING PROC.	1	2	3	4
IV Bolus					Ostomy Care				
Intravenous Solutions					Decubitus Care				
IV Pumps: Type: _____					Enteral Feedings				
Admin of Blood/ Blood Products					Seizure Precautions				
Blood Warmer					Cast Care				
Hyperalimentation					Restraints				
Chemotherapy					Traction				
Multi-Lumen Central Venous Line					Bucks				
ISOLATION TECHNIQUES	1	2	3	4	Pelvic				
Reverse					Pin Care				
Respiratory					Nasogastric Tube				
Wound and Skin					Foley Catheter				
Strict					Foley Catheter Insertion- Male				
DIABETIC PATIENTS	1	2	3	4	Foley Catheter Insertion- Female				
Urine Testing					PEG Tube Care				
Fingerstick Monitoring					CBI- Continuous Bladder Irrigat				
Insulin Therapy					SPECIAL DEVICES	1	2	3	4
Insulin Pump					Enteral Feeding Pump				
S/S DKA					Hypothermia Blanket				
S/S Diabetic Coma					Portable Oxygen Tank				
SURGICAL PATIENTS	1	2	3	4	ADDITIONAL SKILLS	1	2	3	4
Preoperative Care					IV Insertion- peripheral				
Postoperative Care					PICC Certification				
Sterile Dressings					Other: _____				
JP Drains									
Hemovac Drains									
Packing wound									
Conscious Sedation									
CARDIAC PATIENTS	1	2	3	4					
Apical Pulse									
Recording 12 Lead EKG									
Basic Arrhythmia Interpretation									
PALS									
CPR									

I certify the above to be true and accurate. Signature: _____ Date: _____