## PICU Skills Checklist

Name: $\qquad$ Date: $\qquad$

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a check $(\sqrt{ })$ in the appropriate box.

1 = No experience; Theory/observed only
3 = Acceptable competency; > 5 times per year

| Skill Level | 1 | 2 | 3 | 4 |
| :---: | :---: | :---: | :---: | :---: |
| Cardiovascular |  |  |  |  |
| Assessment |  |  |  |  |
| Auscultation (rate, rhythm, volume) |  |  |  |  |
| Blood pressure, invasive (arterial line) |  |  |  |  |
| Heart sounds/murmurs |  |  |  |  |
| Perfusion |  |  |  |  |
| Equipment \& procedures |  |  |  |  |
| Central venous pressure |  |  |  |  |
| Defibrillation/cardioversion |  |  |  |  |
| EKG interpretation |  |  |  |  |
| Invasive hemodynamic monitoring: |  |  |  |  |
| 1. Pulmonary artery/capillary wedge |  |  |  |  |
| 2. Right atrial/left atrial |  |  |  |  |
| Care of the child with |  |  |  |  |
| Bacterial endocarditis |  |  |  |  |
| Cardiac arrest |  |  |  |  |
| Cardiac transplant |  |  |  |  |
| Cardiogenic shock |  |  |  |  |
| Cardiomyopathy |  |  |  |  |
| Congenital heart disease/defects |  |  |  |  |
| Hypovolemic shock |  |  |  |  |
| Myocarditis |  |  |  |  |
| Post cardiac surgery |  |  |  |  |
| Post interventional cardiac cath |  |  |  |  |
| Medications |  |  |  |  |
| Dobutamine (Dobutrex) |  |  |  |  |
| Dopamine (Intropin) |  |  |  |  |
| Epinephrine (Adrenalin) A |  |  |  |  |
| Nipride (Nitroprusside) |  |  |  |  |
| Nitroglycerine (Tridil) |  |  |  |  |
| Sodium bicarbonate |  |  |  |  |
| Pulmonary |  |  |  |  |
| Assessment |  |  |  |  |
| Breath Sounds |  |  |  |  |

2 = Limited competency; < 5 times per year; Needs supervision
4 = Competent; Performs on a daily or weekly basis; Proficient

| Skill Level | 1 | 2 | 3 | 4 |
| :---: | :---: | :---: | :---: | :---: |
| Pulmonary Cont. |  |  |  |  |
| Rate and work of breathing |  |  |  |  |
| Interpretation of lab results |  |  |  |  |
| Blood gases |  |  |  |  |
| X-ray reports |  |  |  |  |
| Equipment \& procedures |  |  |  |  |
| Airway management |  |  |  |  |
| 1. Assist with intubation |  |  |  |  |
| 2. Bulb syringe |  |  |  |  |
| Endotracheal tube suctioning |  |  |  |  |
| a. in-line suction |  |  |  |  |
| b. Open ET catheter suction |  |  |  |  |
| 3. Extubation |  |  |  |  |
| 4. Nasal airway/suctioning |  |  |  |  |
| 5. Oral airway/suctioning |  |  |  |  |
| 6. Tracheostomy/suctioning |  |  |  |  |
| Apnea monitor |  |  |  |  |
| Chest physiotherapy |  |  |  |  |
| Chest tube (assist with) |  |  |  |  |
| 1. Insertion |  |  |  |  |
| 2. Removal |  |  |  |  |
| 3. Set up |  |  |  |  |
| ECMO (extracorporeal membrane oxygenation) |  |  |  |  |
| End tidal CO2 |  |  |  |  |
| Obtaining blood gases |  |  |  |  |
| 1. Arterial |  |  |  |  |
| 2. Heelstick |  |  |  |  |
| 3. Peripheral |  |  |  |  |
| Oximeter |  |  |  |  |
| O2 therapy \& medication delivery |  |  |  |  |
| 1. Bag (anesthesia) and mask |  |  |  |  |
| 2. Bag (self-inflating) and mask |  |  |  |  |
| 3. Isolette |  |  |  |  |
| 4. Nasal cannula |  |  |  |  |







Please list any areas of expertise below:
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$\qquad$

I hereby certify that ALL information I have provided to Onyx Health Care Staffing on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature: $\qquad$ Date: $\qquad$

