Security Forces Hospital Program DEPARTMENT OF NURSING

RECRUITMENT CHECKLIST

PEDIATRIC MEDICAL/SURGICAL

| Го: | | | | | |
|-------|---|---|------------|-------------------|--------------|
| | Name of Cand | lidate | | | |
| Note: | Please complete the | e skills checklist to ensure your individual | experience | e may be clearly | understood. |
| | Tick (/) the appropr based on your clinic | riate column. The information will be used cal expertise and our hospital's needs. | to ensure | best possible pla | icement |
| | | an honest and accurate assessment of my skill m and/or meet the checked duties will affect n | | | I understand |
| Ple | ease See Checklist Leg | end Below for Parameters A, B, C: | | Applicant's | Signature |
| | Nurse: P | Patient ratio from last position = 1 Nurse | e: | Patients | |
| | Cl | inical Skills | A | В | С |
| • | Basic Cardiac Life Supp | port (BCLS) Certified | | | |
| • | Certified Pediatric Adva | anced Life Support (PALS) Certified | | | |
| • | Insertion and Care of IV | Cannula | | | |
| • | Aseptic Technique, i.e. with Dressing Change, IV Care | | | | |
| • | Pain Assessment and Management Knowledge of Glasgow Coma Scale Knowledge of Isolations/Standard Precautions | | | | |
| • | | | | | |
| • | | | | | |
| • | Nebulization | | | | |
| | Suctioning: | • Oral | | | |
| | | Nasal | | | |
| | | Tracheostomy | | | |
| | Oxygen Therapy: | Nasal Cannula | | | |
| | | Face Mask | | | |
| | | Head Box | | | |
| | Feeding: | Nasogastric | | | |
| | | Gastrostomy | | | |
| | | Cleft Lip Palate Feeding | | | |
| | | • Bottle | | | |
| | IV Administration: | Blood Products | | | |
| | | • Albumin | | | |
| | | Heparin | | | |
| | | Immunoglobulin (IVIG) | | | |

A = Competent, 2+ years recent experience: Independent in skill and knowlegeable of disease process.

B = Novice: Knowlegeable of skill/disease but needs supervision.

C = Unskilled: Lack knowledge/skill to attend to patient/need.

Please ($\sqrt{\ }$) check box if applicable.

| Cli | nical Skills | A | В | С |
|-----------------------|---------------------------------------|---|---|---|
| Total Parenteral Nutr | rition Administration | | | |
| Monitoring Blood G | lucose and Insulin Administration | | | |
| Care of Patient with | Burns | | | |
| Removal of Clips, Su | uture, Drains | | | |
| Application of Skin 7 | Traction | | | |
| Stoma and Gastrosto | my Care | | | |
| Rectal Irrigation | | | | |
| Care of Indwelling U | Jrinary Catheters | | | |
| Continuous Intermitt | ent Catheterization | | | |
| Handling and Admin | istration of Cytotoxic Drugs | | | |
| Care of Patient on Cl | nemotherapy | | | |
| Care of Spinal Injuri | es | | | |
| Access / Care of Cen | tral and PICC Line | | | |
| Preparation for | / Assist with Procedures | A | В | С |
| Lumbar Puncture | , 1100100 WICH 1 1000uu100 | | | |
| Ventricular Tapping | | | | |
| Bone Marrow Aspira | ute/Biopsy | | | |
| Liver/Kidney/Skin/M | | | | |
| Incision and drainage | | | | |
| Application of: | • Cast | | | |
| 11 | Skin / Skeletal Traction | | | |
| | Holter Traction | | | |
| Preparation for | Computer Tomography (CT) | | | |
| Radiological | Scan | | | |
| Procedures: | Barium Meal/Enema | | | |
| | Magnetic Resonance Imaging (MRI) | | | |
| | Nuclear Scan (i.e. Bone Scan, | | | |
| | Milk Scan) | | | |
| Equipment | / Instruments Used | A | В | С |
| • Thermometer | Oral Axillary Tympanic | | | |
| Glucometer | , , , , , , , , , , , , , , , , , , , | | | |
| Pulse Oximeter | | | | |
| Mechanized Blood P | ressure Machine | | | |
| Infusion Pump | Alaris Other | | | |
| Syringe Pump | ☐ IVAC ☐ Asena ☐ Other | | | |
| Enteral Nutrition Pur | mp | | | |

| Pediatric Dis | eases /Conditions Managed | A | В | С |
|-----------------------------------|--|---|---|---|
| • Pyxis Machine | Pyxis Machine | | | |
| Overhead Warme | er | | | |
| Blood Warmer | Blood Warmer | | | |
| Apnea Monitor | Apnea Monitor | | | |
| Electrocardiograp | Electrocardiograph (ECG) machine Trancutaneous Monitor Defibrillator | | | |
| Trancutaneous M. | | | | |
| Defibrillator | | | | |
| Oxygen Analyze | | | | |
| Phototherapy light | nts | | | |
| Transport Incuba | tor | | | |
| Cardiology: | Congenital Heart Disease | | | |
| Eye: | Trauma Repair | | | |
| | Cataract | | | |
| | Esotropia / Exotropia Correction | | | |
| Endocrine / | Congenital Electrolyte Disturbances | | | |
| Metabolic: | Methyl Malonic/Propionic Acidemias | | | |
| | Diabetes Mellitus | | | |
| Gastroenterology: | Dehydration/Gastroenteritis | | | |
| | Congenital Chloride Loosing Diarrhea | | | |
| | Gastroesophageal Disease | | | |
| | Bowel Obstruction | | | |
| | Short Bowel, Hirschsprung, Crohn's | | | |
| | Imperforate Anus | | | |
| | Abdominal Pain | | | |
| Infectious Diseases: | Chicken Pox / Measles | | | |
| | Meningitis | | | |
| | Poliomyelitis | | | |
| | (A) H1N1 | | | |
| | Respiratory Syncytial Virus (RSV) | | | |
| | Brucellosis | | | |
| | Tuberculosis | | | |
| | Guillain Barre Syndrome | | | |
| | Methycillin Resistant Staphylococcus Aureus (MRSA) | | | |
| Hematology: | Sickle Cell Anemia, Thalessemia | | | |
| | Thrombocytopenia / Platelet Disorders | | | |
| Nephrology/ | Nephrotic Syndrome/ Hydronephrosis | | | |
| Urology: | Urinary Tract Infection (UTI) | | | |

| Pediatric Diseases /Conditions Managed | | A | В | С |
|--|------------------------------------|---|---|---|
| | Acute/Chronic Renal Failure | | | |
| | Nephrostomy / Mitrofanoff | | | |
| | Hypospadias Repair | | | |
| | Pyeloplasty | | | |
| | Ambiguous Genitalia | | | |
| Neurology/ | Seizures Disorders | | | |
| Neurosurgery: | Head Trauma / Craniotomy | | | |
| | Hydrocephalus / Shunt | | | |
| | Spinal Injuries | | | |
| Oncology: | Acute Myeloid Leukemia (AML) | | | |
| | Renal Tumors (i.e. Wilms Tumor) | | | |
| | Hodgkin's Disease | | | |
| | Acute Lymphoblastic Leukemia (ALL) | | | |
| Respiratory: | Bronchial Asthma | | | |
| | Bronchiolitis | | | |
| | Pneumonia | | | |
| | Apnea | | | |
| Rheumatology: | Rheumatic Fever | | | |
| | Juvenile Rheumatoid Arthritis | | | |
| | Systemic Lupus Erythematosis (SLE) | | | |
| Skin: | Burns | | | |
| | Skin Grafting | | | |
| Surgical / Plastics : | Tonsillectomy | | | |
| | Hernia Repair | | | |
| | Appendectomy | | | |
| | Cleft lip / Palate Repair | | | |
| Trauma/Orthopedic: | Fractures | | | |
| | Osteogenesis Imperfecta | | | |
| | | | - | |