



ARMED FORCES HOSPITAL SOUTHERN REGION
KHAMIS MUSHAYT
CRITICAL NURSING CARE

PAEDIATRIC INTENSIVE CARE SKILLS CHECKLIST
(HRS/F091/01)

NAME OF APPLICANT: _____

DATE: _____

<p>HOW TO COMPLETE THIS FORM:</p> <p>A thorough evaluation of your skill level in various Specialty areas will enable us to locate assignments that are suitable to your skills and the needs of our patients. Please place an “X” in the box that most accurately describes your level of expertise for this skills listed.</p>	<p>LEVELS OF PROFICIENCY:</p> <p>A = Perform Well (at least one year of current experience, very comfortable performing without supervision) B = Limited Experience (6-12 months, within the past two years, would require some assistance) C = Perform Infrequently (less than three months of experience, need more experience and practice, assistance required) D = No Experience (have never performed this task, willing to learn)</p>
---	--

SKILL	A	B	C	D	COMMENTS (IF ANY)
GENERAL SKILLS:					
Paediatric Physical Assessment					
Glascow Coma Scale					
Pain Score					
Obtain blood sample					
Obtain blood culture					
Heelstick for dextrostix and CBG					
IV Cannulation					
Tube Feeding (NGT/OGT)					
Nutritional /IV Calculations					
Drug/Dosage Calculations					
CARE OF PATIENTS WITH:					
Haematological disorders					
Respiratory Disorders					
Neurological Disorders					
Endocrine Disorders					
Cardiac Disorders					
Atrial Septal Defect					
Ventricular Septal Defect					
Tetralogy of FalLOT					
Renal disorders					
Surgical Interventions					
Traecheostomy					
RESPIRATORY:					
Iterpretation of ABG/CGB					
Intubation					
Extubation					
Cardiac anomalies					

SKILL	A	B	C	D	COMMENTS (IF ANY)
EQUIPMENT USED:					
Cardiac Monitor					
Ventilator					
Incubator					
Syringe Pump					
Infusion pump					
Blood gas machine					
Glucometer					
Cerebral Oximeter					
Capnometer					
Phototherapy Lights					
Apnoe Monitor					
Nebulizer					
Adminitration of Oygen by;					
Tracheostomy Mask					
Nasal prongs					
Face Mask					
Oxygen Blender					
Ventilation Mode:					
Pressure Control					
SIMV					
Pressure Support					
CPAP					
High Frequency Ventilation					
Assisting With:					
Lumbar puncture					
Central line insertion					
Exchange Transfusion					
Bone marrow aspiration					
Arterial line insertion					
Insertion chest tube					
Suprapubic aspiration					
PHARMACOLOGY:					
Sedation					
Dopamine					
Dobutrex					
Epinephrine					
Adrenaline					
Antibiotics					
Prostaglandin					
Electrolyte Correction					
TPN					
Recognize and Act Appropriately:					
VF					
SVT					
Bradycardia					
Asystole					
Code Blue					

January 2010

CERTIFICATIONS:

Thank you for completing the above. Demonstration of skills stated will be expected during 90 days probationary period. Inability to demonstrate skills may result in termination during probationary period.

Name/Signature of Applicant

DATE