

### Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professional.

Frequency		Experience	
1 Observed Only or Never Done		1 No Experience	
2 Rarely Done (<6 times/year)		2 Some Experience (Requires Assistance)	
3 Occasionally Done (1-2 times/month)		3 Experienced (Performs without Assistance)	
4 Frequently Done (daily or weekly)		4 Very Experienced (Performs Well)	

Print Name

SS#

Date

General Skills	Frequency				Experience			
Normal growth & development	1	2	3	4	1	2	3	4
Immunizations	1	2	3	4	1	2	3	4
Provide safe environment for age specific care	1	2	3	4	1	2	3	4
Recognize signs of failure to thrive	1	2	3	4	1	2	3	4
Recognize signs of abuse/neglect	1	2	3	4	1	2	3	4
Advanced directives	1	2	3	4	1	2	3	4
Patient/family teaching	1	2	3	4	1	2	3	4
Lift/transfer devices	1	2	3	4	1	2	3	4
Specialty beds	1	2	3	4	1	2	3	4
Restrictive devices (restraints)	1	2	3	4	1	2	3	4
End of life care/palliative care	1	2	3	4	1	2	3	4
Wound assessment & care	1	2	3	4	1	2	3	4
Automated medication dispensing	1	2	3	4	1	2	3	4
Bar coding for medication administration	1	2	3	4	1	2	3	4
Diabetic care & education	1	2	3	4	1	2	3	4
Blood Glucose Monitoring (BGM)	1	2	3	4	1	2	3	4
Insulin administration	1	2	3	4	1	2	3	4
<b>Computerized Charting</b>								
Cerner	1	2	3	4	1	2	3	4
Eclipsys	1	2	3	4	1	2	3	4
EPIC	1	2	3	4	1	2	3	4
McKesson	1	2	3	4	1	2	3	4
Meditech	1	2	3	4	1	2	3	4
<b>National Patient Safety Goals</b>								
Accurate patient identification	1	2	3	4	1	2	3	4
Effective communication	1	2	3	4	1	2	3	4
Interpretation & communication of lab values	1	2	3	4	1	2	3	4
Medication administration (PO,IM,IV,PR)	1	2	3	4	1	2	3	4
Labeling (medications & specimens)	1	2	3	4	1	2	3	4
Medication reconciliation	1	2	3	4	1	2	3	4
Anticoagulation therapy	1	2	3	4	1	2	3	4

Frequency				Experience			
1	Observed Only or Never Done	1	No Experience				
2	Rarely Done (<6 times/year)	2	Some Experience (Requires Assistance)				
3	Occasionally Done (1-2 times/month)	3	Experienced (Performs without Assistance)				
4	Frequently Done (daily or weekly)	4	Very Experienced (Performs Well)				

Initials \_\_\_\_\_

General Skills - cont.	Frequency				Experience			
Moderate sedation	1	2	3	4	1	2	3	4
Pain assessment & management	1	2	3	4	1	2	3	4
Use of PCA (IV, Intrathecal, Epidural)	1	2	3	4	1	2	3	4
Infection control	1	2	3	4	1	2	3	4
Universal precautions	1	2	3	4	1	2	3	4
Isolation	1	2	3	4	1	2	3	4
Minimize risk for falls	1	2	3	4	1	2	3	4
Prevention of pressure ulcers	1	2	3	4	1	2	3	4
<b>IV Therapy</b>								
Starting & maintaining peripheral IVs	1	2	3	4	1	2	3	4
Blood draw: venous	1	2	3	4	1	2	3	4
Central line care (includes PICC/Groshong/Hickman)	1	2	3	4	1	2	3	4
Blood draw: central line	1	2	3	4	1	2	3	4
Care & management of ports	1	2	3	4	1	2	3	4
TRN & lipids	1	2	3	4	1	2	3	4
Administration of blood & blood products	1	2	3	4	1	2	3	4
Administration of chemotherapy	1	2	3	4	1	2	3	4
Monitoring chemotherapy (does not initiate)	1	2	3	4	1	2	3	4

Cardiovascular	Frequency				Experience			
Pediatric assessment	1	2	3	4	1	2	3	4
Cardiac monitoring & emergency care	1	2	3	4	1	2	3	4
Obtains 12 lead EKG	1	2	3	4	1	2	3	4
Basic EKG interpretation	1	2	3	4	1	2	3	4
Use of Rapid Response Teams	1	2	3	4	1	2	3	4
Cardiac arrest/CPR	1	2	3	4	1	2	3	4
Administration of PALS protocols & medications	1	2	3	4	1	2	3	4
Use of Broslow System	1	2	3	4	1	2	3	4
<b>Care of Child with:</b>								
Congenital heart defects	1	2	3	4	1	2	3	4
Congestive heart failure	1	2	3	4	1	2	3	4
Post cardiac cath	1	2	3	4	1	2	3	4
Post cardiac surgery	1	2	3	4	1	2	3	4
Cardiomyopathy	1	2	3	4	1	2	3	4
Pericarditis	1	2	3	4	1	2	3	4
Shock	1	2	3	4	1	2	3	4
Rheumatic fever	1	2	3	4	1	2	3	4
Bacterial Endocarditis	1	2	3	4	1	2	3	4
<b>Medications</b>								
Antidysrhythmics	1	2	3	4	1	2	3	4

Frequency					Experience			
1	Observed Only or Never Done				1	No Experience		
2	Rarely Done (<6 times/year)				2	Some Experience (Requires Assistance)		
3	Occasionally Done (1-2 times/month)				3	Experienced (Performs without Assistance)		
4	Frequently Done (daily or weekly)				4	Very Experienced (Performs Well)		

Initials \_\_\_\_\_

Cardiovascular - cont.	Frequency				Experience			
Antihypertensives	1	2	3	4	1	2	3	4
Cardiac glycoside (digoxin)	1	2	3	4	1	2	3	4

Pulmonary	Frequency				Experience			
Respiratory assessment	1	2	3	4	1	2	3	4
Rate & work of breathing	1	2	3	4	1	2	3	4
<b>Equipment &amp; Procedures</b>								
Oral/nasal suctioning	1	2	3	4	1	2	3	4
Tracheostomy care and suctioning	1	2	3	4	1	2	3	4
Chest Physiotherapy (CPT)	1	2	3	4	1	2	3	4
Pulse oximeter	1	2	3	4	1	2	3	4
Ventilator management	1	2	3	4	1	2	3	4
O2 (NC / mask / oxyhood)	1	2	3	4	1	2	3	4
Assist with chest tube insertion & management	1	2	3	4	1	2	3	4
<b>Care of Child with:</b>								
Asthma	1	2	3	4	1	2	3	4
RSV (Respiratory Syncytial Virus)	1	2	3	4	1	2	3	4
Bronchopulmonary Dysplasia (BPD)	1	2	3	4	1	2	3	4
Cystic fibrosis	1	2	3	4	1	2	3	4
Croup	1	2	3	4	1	2	3	4
Pneumonia	1	2	3	4	1	2	3	4
Epiglottitis	1	2	3	4	1	2	3	4
Tuberculosis	1	2	3	4	1	2	3	4
<b>Medications</b>								
Alupent	1	2	3	4	1	2	3	4
Aminophylline	1	2	3	4	1	2	3	4
Ventolin	1	2	3	4	1	2	3	4
Respigam/Synergis	1	2	3	4	1	2	3	4

Neurological	Frequency				Experience			
Pediatric neurological assessment	1	2	3	4	1	2	3	4
Assist with lumbar puncture	1	2	3	4	1	2	3	4
ICP monitoring	1	2	3	4	1	2	3	4
<b>Care of Child with:</b>								
Battered child syndrome	1	2	3	4	1	2	3	4
Depression	1	2	3	4	1	2	3	4
TBI (Traumatic Brain Injury)	1	2	3	4	1	2	3	4
Encephalitis	1	2	3	4	1	2	3	4

Frequency		Experience	
1 Observed Only or Never Done		1 No Experience	
2 Rarely Done (<6 times/year)		2 Some Experience (Requires Assistance)	
3 Occasionally Done (1-2 times/month)		3 Experienced (Performs without Assistance)	
4 Frequently Done (daily or weekly)		4 Very Experienced (Performs Well)	

Initials \_\_\_\_\_

Neurological - cont.	Frequency				Experience			
Meningitis	1	2	3	4	1	2	3	4
Neuromuscular disease	1	2	3	4	1	2	3	4
Spinal cord injury	1	2	3	4	1	2	3	4
Seizures	1	2	3	4	1	2	3	4
Hydrocephalus	1	2	3	4	1	2	3	4
VP shunt	1	2	3	4	1	2	3	4
Epilepsy	1	2	3	4	1	2	3	4
Near drowning	1	2	3	4	1	2	3	4
<b>Medications</b>								
Stimulants (Ritalin, Adderall)	1	2	3	4	1	2	3	4
Steroids (Decadron, Solumedrol)	1	2	3	4	1	2	3	4
Anticonvulsants (Dilantin, Phenobarbital)	1	2	3	4	1	2	3	4

Orthopedics	Frequency				Experience			
Assessment of circulation checks	1	2	3	4	1	2	3	4
<b>Equipment &amp; Procedures</b>								
Devised traction (splints, casts, braces)	1	2	3	4	1	2	3	4
Pinned traction	1	2	3	4	1	2	3	4
<b>Care of Child with:</b>								
Osteomyelitis	1	2	3	4	1	2	3	4
Fractures	1	2	3	4	1	2	3	4
Post Harrington rod insertion	1	2	3	4	1	2	3	4

Gastrointestinal	Frequency				Experience			
GI assessment	1	2	3	4	1	2	3	4
Abdominal Girth Measurement	1	2	3	4	1	2	3	4
<b>Equipment &amp; Procedures</b>								
Feedings	1	2	3	4	1	2	3	4
Bottle	1	2	3	4	1	2	3	4
Breast	1	2	3	4	1	2	3	4
Gavage	1	2	3	4	1	2	3	4
Gastrostomy	1	2	3	4	1	2	3	4
Nasojejunal	1	2	3	4	1	2	3	4
Nasogastric and sump tubes to suction	1	2	3	4	1	2	3	4
Placement of oro / Nasogastric tubes	1	2	3	4	1	2	3	4
Colostomy / Ileostomy care	1	2	3	4	1	2	3	4
<b>Care of Child with:</b>								
Anorexia / Bulimia	1	2	3	4	1	2	3	4

Frequency				Experience			
1	Observed Only or Never Done			1	No Experience		
2	Rarely Done (<6 times/year)			2	Some Experience (Requires Assistance)		
3	Occasionally Done (1-2 times/month)			3	Experienced (Performs without Assistance)		
4	Frequently Done (daily or weekly)			4	Very Experienced (Performs Well)		

Initials \_\_\_\_\_

Gastrointestinal - cont.	Frequency				Experience			
Tracheoesophageal Fistula (TEF)	1	2	3	4	1	2	3	4
Gastroschisis / Omphalocele	1	2	3	4	1	2	3	4
Necrotizing Enterocolitis (NEC)	1	2	3	4	1	2	3	4
Crohn's disease	1	2	3	4	1	2	3	4
Cleft lip / palate	1	2	3	4	1	2	3	4
Gastroenteritis	1	2	3	4	1	2	3	4
Pyloric stenosis	1	2	3	4	1	2	3	4
Ulcerative colitis	1	2	3	4	1	2	3	4
GE reflux	1	2	3	4	1	2	3	4
GI bleeding	1	2	3	4	1	2	3	4
Intestinal parasites	1	2	3	4	1	2	3	4
Surgical abdomen	1	2	3	4	1	2	3	4

Renal / GU	Frequency				Experience			
Assessment of fluid balance	1	2	3	4	1	2	3	4
<b>Equipment &amp; Procedures</b>								
Assist with suprapubic tap	1	2	3	4	1	2	3	4
Peritoneal dialysis	1	2	3	4	1	2	3	4
Insertion & care of foley catheter	1	2	3	4	1	2	3	4
<b>Care of Child with:</b>								
Glomerular nephritis	1	2	3	4	1	2	3	4
Iliac conduit ureteral	1	2	3	4	1	2	3	4
Nephrotic syndrome	1	2	3	4	1	2	3	4
Wilm's tumor	1	2	3	4	1	2	3	4
UTI	1	2	3	4	1	2	3	4
Hemolytic uremic syndrome	1	2	3	4	1	2	3	4
Kidney transplant	1	2	3	4	1	2	3	4

Endocrine System	Frequency				Experience			
<b>Care of Child with:</b>								
Adrenal disorders	1	2	3	4	1	2	3	4
Cushing's syndrome	1	2	3	4	1	2	3	4
Pituitary disorders	1	2	3	4	1	2	3	4
Thyroid malfunction	1	2	3	4	1	2	3	4
<b>Medications</b>								
Thyroid	1	2	3	4	1	2	3	4
Growth hormone	1	2	3	4	1	2	3	4

Hematology/Oncology	Frequency				Experience			
Assist with bone marrow aspiration	1	2	3	4	1	2	3	4



Frequency				Experience			
1	Observed Only or Never Done	1	No Experience				
2	Rarely Done (<6 times/year)	2	Some Experience (Requires Assistance)				
3	Occasionally Done (1-2 times/month)	3	Experienced (Performs without Assistance)				
4	Frequently Done (daily or weekly)	4	Very Experienced (Performs Well)				

Initials \_\_\_\_\_

Hematology/Oncology - cont.	Frequency				Experience			
Care of Child with:								
Anemia	1	2	3	4	1	2	3	4
Bone marrow transplant	1	2	3	4	1	2	3	4
Leukemia	1	2	3	4	1	2	3	4
Sickle cell disease	1	2	3	4	1	2	3	4
Hemophilia	1	2	3	4	1	2	3	4
Malignant tumors	1	2	3	4	1	2	3	4
Spleen trauma / Splenectomy	1	2	3	4	1	2	3	4
Hodgkin's	1	2	3	4	1	2	3	4

Infectious Diseases	Frequency				Experience			
Care of Child with:								
Common childhood communicable diseases	1	2	3	4	1	2	3	4
HIV / CMV / AIDS	1	2	3	4	1	2	3	4
Hepatitis	1	2	3	4	1	2	3	4
Kawasaki disease	1	2	3	4	1	2	3	4

Age Specific Competencies	Frequency				Experience			
Infants (ages 0-2 years)	1	2	3	4	1	2	3	4
Early Childhood (ages 3-4 years)	1	2	3	4	1	2	3	4
Preschool (ages 5-6 years)	1	2	3	4	1	2	3	4
School Age (ages 7-12 years)	1	2	3	4	1	2	3	4
Adolescents (ages 13-18 years)	1	2	3	4	1	2	3	4

Please list any Additional Skills:	
1.	2.
3.	4.
Additional training:	
1.	2.
3.	4.
Additional equipment:	
1.	2.
3.	4.

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.

Signature

Date