

Emergency Department Pediatric Skills

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Name:		Employee ID #:	
Unit:		Title:	
Due Date:	New hire: prior to end of unit orientation period: ____/____/____.		
	Current Staff:		

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Skill/Learning Not all skills are applicable to all Nursing areas – if not applicable mark as N/A	Completed Online Module	Date Completed (or N/A)	Verifier Initials
Pediatric ABG Verification Check Sheet #DAHS-NSCPABGV10			
Pediatric IV Verification Stick Sheet #DAHS-NSCP IV			
Assessment of the Critically Ill Child Online Module Only #DAHS-NCHACIC19-PLS			
Blood Culture Collection for Neonates and Peds Skills Checklist #DAHS-NSCBCCNP15 (Completion of online module DAHS- NGNBCCNP12 and checklist required for credit)			
Developmental Pediatric Coping Skills Checklist #DAHS-NSCDPC14			
End-tidal carbon dioxide monitoring Skills Checklist #DAHS-NSCETCDM15			
Management of the Patient Receiving Nitrous Oxide for Pain Management in the ED Skills Checklist #DAHS-NSCMOTPRNOFPMITED16 (Completion of online module #DAHS-NENMPRNOED15 and checklist required for credit)			
MDI with Spacer Skills Checklist #DAHS-NSCMDIS14			
Neonatal Pain Assessment Skills Checklist #DAHS-NSCNPA14			
Neuromuscular Blocking Agents (NMBAs) in the PICU Skills Checklist #DAHS-NSCNBAP14			
Pediatric Assessment: Performing a Head-to-Toe Assessment Online Module Only #DAHS-NCHPAPHTA17-PLS			
Pediatric Critical Care Airway Management Skills: Performs per UC Davis Health Policy 17038, Pediatric and Neonatal Airway			
Pediatric Critical Care Fluid Resuscitation Skills Checklist #DAHS-NSCPCCFR14			
Pediatric Critical Care Mechanical Ventilation Skills Checklist #DAHS-NSCPCCMV14			
Pediatric Critical Care Respiratory Assessment Skills Checklist #DAHS-NSCPCCRA14			
Pediatric Critical Care VAP Prevention Skills Checklist #DAHS-NSCPCCVAPP14			

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Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention Skills Checklist #DAHS-NSCPHMESSIP14			
Pediatric Holds for Injection and Procedures Skills Checklist #DAHS-NSCPHIP14			
Pediatric IV and Fluid Management Skills Checklist #DAHS-NSCPIVFM14			
Pediatric Nutritional Assessment and Support Skills Checklist #DAHS-NSCPNAS14			
Precipitous Delivery Skills Checklist #DAHS-NSCPD14			
Retinopathy of Prematurity Skills Checklist #DAHS-NSCR14			

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ABG Verification Check Sheet

The above named person is verified to perform arterial punctures in this hospital or outpatient clinic according to UCDHS Patient Care Standards
Arterial punctures must be supervised by verified personnel

Pediatric ABG Verification Check Sheet #DAHS-NSCPABGV10 (only if required for nursing area)

Completed Arterial Puncture Online Module #DAHS-NGN91-ECS - Passing score of 85% on test		
Complete three (3) sticks observed by verified personnel		
Artery Location:		
Artery Location:		
Artery Location:		

IV Verification Check Sheet

The above named person is verified to start and administer intravenous fluids, and venipuncture for blood withdrawal at UC Davis Health System facilities under guidelines of the UCDHS Patient Care Standards Manual. Starts and dressing techniques must be supervised by verified personnel.

Pediatric IV Check Sheet #DAHS-NSCPIV (only if required for nursing area) - Online module passing score of 85%

Completed Pediatric Learning Solutions Online Modules: Pediatric Peripheral IV Care & Management and Management of Peripheral IV Complications in the Pediatric Patient and associated policy		
Complete six (6) sticks observed by verified personnel		
Location:		
Location:		
Location:		
Location:		
Location:		
Location:		

Assessment of the Critically Ill Child Online Module Only DAHS-NCHACIC19-PLS

Completion of Assessment of the Critically Ill Child Online Module Only #DAHS-NCHACIC19-PLS		
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Blood Culture Collection for Neonates and Peds Skills Checklist (only if working in PEDS/Neonate populations) #DAHS-NSCBCCNP15

References: 1. UC Davis Health Policy 13015: Drawing Blood Cultures		
Completion of online module #DAHS-NCHBCCNP12 and checklist required for credit.		
States the clinical importance of proper blood culture collection.		

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Blood Culture Collection for Neonates and Peds Skills Checklist (only if working in PEDS/Neonate populations) #DAHS-NSCBCNP15 (Continued)

Prepares supplies and work area.		
Identifies patient & explain the procedure to patient and/or caregiver.		
States the importance of choosing the right sites for culture: venipuncture or central line		
Obtains specimen per patient care standards (Policy 13015). Demonstrates aseptic technique and use of appropriate safety devices.		
States the correct volume of blood to be drawn for culture, the amounts to be placed in each culture bottle, and the rationales for these volumes.		
States the reasons for collecting two sets of blood culture specimens.		
Demonstrates the EMR multi-step process for specimen collection & proper labeling of specimen bottles.		
Demonstrates the steps to send specimen to the lab		

Developmental Pediatric Coping Skills Checklist #DAHS-NSCDPC14

References:

1. Age specific Skill through CPPN (Nursing Hospital Orientation)
2. Children's Developmental Coping Skill Study Guide
3. Hockenberry, M.J. (Ed.). (2005). Wong's Essentials of Pediatric Nursing (seventh edition). St. Louis: Elsevier
4. Maternal/Child Structure Standards: PICU Structure Standards; Pediatric Inpatient Structure Standards
5. CPMRC Clinical Practice Guidelines (2009)
 - Adjustment to Hospitalization/ Illness/ Injury/Tx
 - Coping, Compromised Individual
 - Coping, Compromised Family

Assesses the child's and family's coping and makes referrals as needed.		
Involves parents or caregiver in care.		
Implements developmentally appropriate nursing interventions which can assist in alleviating stress and minimizing the effect of hospitalization. <ol style="list-style-type: none"> a. Infant b. Toddler c. Preschool d. School-age e. Adolescent 		
Provides information and support to prepare the child and parents/caregiver for procedures and/or surgery.		

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End-Tidal Carbon Dioxide Monitoring Skills Checklist #DAHS-NSCETCDM15

References:

- Elsevier Skills
 - Capnometry and Capnography
 - End-Tidal Carbon Dioxide Measurement: Continuous Monitoring

If the patient was not intubated, applied the ETCO2-nasal cannula and connected it to the capnograph.		
If the patient is intubated, assembled the airway adapter, and connected it to the patient circuit as close as possible to the patient's ventilator connection.		
Observed waveform for quality.		

Management of the Patient Receiving Nitrous Oxide for Pain Management in the Emergency Department Skills Checklist #DAHS-NSCMOTPRNOFPMITD16

References:

- [UC Davis Health Policy 6014: Management of the Patient Receiving Flow Nitrous Oxide](#)

<i>Completion of the UC Learning Online Module Management of the Patient Receiving Nitrous Oxide for Pain Management in the Emergency Department #DAHS-NENMPRNOED15</i>		
Define Nitrous Oxide		
State indication for use of Nitrous Oxide		
State contraindications for Nitrous Oxide		
State nursing responsibility regarding use of Porter Nitrous Oxide Sedation System Machine in the emergency department.		
Identify which medical and nursing staff must be present during procedure.		
Identify necessary steps for procedure preparation.		
State appropriate nursing interventions during procedure.		
State reportable conditions.		
Demonstrate appropriate documentation of procedure.		
Demonstrate knowledge of appropriate machine maintenance.		

MDI with Spacer Skills Checklist #DAHS-NSCMDIS14

References:

- [UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration \(Excluding Pentamidine/Ribavirin/Surfactant\)](#)

Demonstrate knowledge of how the Pharmacy is notified for MDI.		
Verbalize how to administer MDI with Spacer correctly.		
Prior to and immediately after use of inhaled bronchodilators, antibiotics and steroids, the patient's pulse, respiratory rate and breath sounds are assessed. Also, any cough or mucous production may be noted.		

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MDI with Spacer Skills Checklist #DAHS-NSCMDIS14 (Continued)

Verbalize when to notify Respiratory Therapy or Pharmacy.		
Demonstrate documentation of teaching.		

Neonatal Pain Assessment Skills Checklist # DAHS-NSCNPA14

References:		
1. Lawrence J Alcock D et al. The development of a tool to assess neonatal pain. Neonatal Network. 1993; 12 (6 September): 59-66.		
Identifies timing of pain assessment.		
Identifies indications and timing for pain re-assessment.		
Codes facial expression.		
Codes cry.		
Codes breathing patterns.		
Codes arm characteristics.		
Codes leg characteristics.		
Codes state of arousal.		
Identifies level of pain as no pain, mild pain, moderate pain or severe pain.		
Documents pain score in EMR, including pharmacological and non-pharmacological interventions and response to interventions.		

Neuromuscular Blocking Agents (NMBAs) in the PICU Skills Checklist #DAHS-NSCNBAP14

References:		
1. American College of Critical Care Medicine of the Society of Critical Care Medicine. Clinical practice guidelines for sustained neuromuscular blockade in the adult critically ill patient. Critical Care Medicine, 2002; Vol. 30, No. 1		
2. Lange Clinical Anesthesiology, Neuromuscular Blocking Agents, Chapter 9. McGraw-Hill Companies, Inc. 2006		
3. Prosniewski, LeAnn; http://www.medscape.com/ Vecuronium: Its Role in the Pediatric Intensive Care Unit . Pediatric Pharmacotherapy. Sept. 1, 1999		
State indications for NMBAs.		
Describe mode of action. Also, for the commonly used NMBAs describe: dosage range, duration of action, interactions with other medications, adverse reactions.		
Perform systems assessment prior to initiation of paralytic.		
Post signs that patient is receiving neuromuscular blockade.		
Ensure that narcotics and/or sedatives are administered concurrently with neuromuscular blockade administration.		
Frequently repeat systems assessment, including use of peripheral nerve stimulator, per hospital protocol.		

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Neuromuscular Blocking Agents (NMBAs) in the PICU Skills Checklist #DAHS-NSCNBAP14 (Continued)

Provide supportive nursing care as per hospital policy.		
Provide emotional support to patient and family.		
After discontinuing the paralytic, perform a systems assessment and compare to baseline assessment.		
Document all pertinent information and revise care plan.		

Pediatric Assessment: Performing a Head-to-Toe Assessment Online Module Only #DAHS-NCHPAPHTA17-PLS

Pediatric Assessment: Performing a Head-to-Toe Assessment Online Module Only #DAHS-NCHPAPHTA17-PLS		
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Pediatric Critical Care Fluid Resuscitation Skills Checklist #DAHS-NSCPCCFR14

References:		
1. American Heart Association for Cardiopulmonary Resuscitation and Emergency Cardiovascular, Part 12: Pediatric Advanced Life Support Circulation 2005; 112: IV-67- IV-187.		
2. Dellinger, RP, Levy, MM, Carlet, JM, Bion, J, Parker, MM, Jaeschke, R, Angus, DC, Brun-Buisson, C, Calandra, T, Dhainaut, JF, Gerlach, H, Harvy, M, Marin, JJ, Marshal, J, Ranieri, M, Ramsey, G, Servansky, J, Thompson, BT, Townsend, S., Vender, JS, Zimmerman, JL, Vincent, JL., Surviving Sepsis International Guidelines for Management of Severe Sepsis and Shock: 2008. Intensive Care Medicine (Jan, 2008). 34(1). 17-60.		
3. Takayesa, JK, & Lozner, AW. Pediatric Dehydration. Retrieved from www.eMedicine.com. Last Updated March 29, 2010.		
State indications for fluid resuscitation in Pediatric patients experiencing hypovolemia.		
State the objectives for fluid resuscitation in the Pediatric patient.		
State the signs/symptoms of hypovolemia.		
Notify charge nurse and physician of evidence of hypovolemia.		
State the appropriate type of fluid and volume administered during fluid resuscitation and the rationale for each.		
Identify the sites that can be used for rapid fluid administration during hypovolemic shock.		
Document pertinent data during fluid resuscitation.		
State additional considerations to safely fluid resuscitate your patient.		

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Pediatric Critical Care Mechanical Ventilation Skills Checklist #DAHS-NSCPCCMV14

References:		
1. Servo-i Ventilator Manual V3.2		
2. Elsevier's PDQ for Respiratory Care, 2010		
Identify indications for mechanical ventilation.		
Describe various modes/methods of mechanical ventilation.		
Perform ventilator checks a minimum of every two hours and document appropriately.		
Assess the patient's need for suctioning.		
Discuss the use of sedation and/or paralytics to maintain optimal mechanical ventilation.		
Discuss the use of respiratory pharmacology in the management of a patient requiring mechanical ventilation.		
Assess reasons for changes in peak pressure, tidal volumes, breath sounds, oxygen saturation, and ETCO ₂ in the patient receiving mechanical ventilation.		
Describe ventilator changes needed based on ABG results or noninvasive blood gas monitoring.		
Assess a patient's readiness for mechanical ventilator weaning and/or extubation.		

Pediatric Critical Care Respiratory Assessment Skills Checklist #DAHS-NSCPCCRA14

References:		
1. American Heart Association, 2010 – Pediatric Advanced Life Support		
2. Arterial Blood Gas Module		
3. Curley, Maloney-Harmon – Critical Care Nursing of Infants and Children, 2001, 2nd Ed.		
4. MF Hazinski, Manual of Pediatric Critical Care, 1999		
Recognizes normal respiratory rates and pulmonary developmental findings for infants, children, and adolescents.		
Performs all aspects of respiratory assessment.		
Recognizes respiratory distress in children and intervenes appropriately.		
Monitors and documents non-invasive respiratory monitoring values (oxygen saturation, transcutaneous or ETCO ₂).		
Recognizes when an arterial blood gas is indicated to further evaluate respiratory status.		
Demonstrates ability to correlate ABG results with respiratory and/or patient findings.		
Prepares for potential respiratory emergency by having emergency respiratory equipment available in the patient's room.		
Notifies physician of changes in patient's respiratory status.		
Documents all pertinent information in the appropriate locations.		

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Pediatric Critical Care VAP Prevention Skills Checklist #DAHS-NSCPCCVAPP14

References:		
1. AACN Practice Alert: Ventilator Associated Pneumonia, 2008		
2. How-to Guide: Prevent Ventilator-Associated Pneumonia (pediatric supplement), 2011		
Discuss the importance of preventing VAP.		
Discuss hand hygiene as a component of the pediatric VAP bundle.		
Discuss age-appropriate HOB elevation in the pediatric VAP bundle.		
Discuss age-appropriate oral care in the pediatric VAP bundle.		
Discuss stress ulcer prophylaxis in the pediatric VAP bundle.		
Discuss ways to prevent bacterial colonization of the oropharynx, stomach and sinuses.		
Discuss ways to prevent aspiration of contaminated secretions.		
Discuss ways to shorten the number of days the patient requires a ventilator.		
Demonstrate appropriate documentation of HOB elevation, oral care, and cuff pressures.		

Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention Skills Checklist #DAHS-NSCPHMESSIP14

References:		
1. Fact sheets from Safe Kids Coalition with annual reports of childhood injury. (http://www.safekids.org/)		
2. AAP policy statements		
3. Patient Care Standards: Pediatric Inpatient Structure Standards		
4. Community Car Seat Safety Class		
5. Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention Study Guide		
6. Maintain current UCDH CPR certification (biannual)		
7. Review of safety and car seat videos		
8. "HUGS System Training", self-study Health Stream Module (Course # 05964, CPPN)		
9. UC Davis Health Policy 3302: HUGS Infant/Child Security Program		
Provide age appropriate health screening and maintenance that promotes child/family health.		
Provide a developmentally safe and sensitive environment for the hospitalized child.		
Provide injury prevention and general safety information that is developmentally appropriate to the individual need of the child/family.		

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Pediatric Holds for Injection and Procedures Skills Checklist #DAHS-NSCPHIP14

INFANT		
Correctly identifies appropriate location for injection.		
Provides proper instructions for parent / co-worker to hold infant.		
TODDLER / PRE-SCHOOLER		
Correctly identifies appropriate location for injection.		
Provides proper instructions for parent / co-worker to hold child.		
Assures the knee is flexed on affected leg.		
Identifies appropriate distraction technique.		
SCHOOL AGE		
Correctly identifies appropriate location for injection.		
Provides proper instructions for parent / co-worker to hold child.		
Assures elbow is flexed on affected arm.		
Identifies appropriate participatory techniques.		
Identifies appropriate incentive techniques.		

Pediatric IV and Fluid Management #DAHS-NSCPIVFM14

References:		
<ol style="list-style-type: none"> 1. Pediatric IV and Fluid Management study guide. 2. Pediatric Inpatient Structure Standards: 3. Module: Neonatal and Pediatric IV Therapy. 4. Pediatric Advanced Life Support course 5. CPMRC Clinical Practice Guidelines (2009) <ul style="list-style-type: none"> • Fluid Volume Deficit • Fluid Volume Excess 		
Implement developmentally appropriate procedural preparation, IV site cannulation, and fluid administration to children. <ul style="list-style-type: none"> • General pediatrics • Infant • Toddler • School-age • Adolescent 		
Evaluate fluid needs, recognize fluid disturbances, and be able to initiate fluid resuscitation.		

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Pediatric Nutritional Assessment and Support Skills Checklist #DAHS-NSCPNA14

References:

1. "Breastfeeding and Human Milk" (2005). AAP Policy Statement. (Pediatrics 115: 496-506).
2. [UC Davis Health Policy 4061: Aspiration \(Oral and Enteral\) Precautions](#)
3. [UC Davis Health Policy 8018: Enteral Tubes and Nutrition for Pediatric and Neonatal Patients](#)
4. [UC Davis Health Policy 16024: Breast Milk Collection, Storage, Thawing, and Delivery](#)
5. Booklets (UC Davis Nutritional Education series. 1997. Pitcher, J. & Crandall, M.):
 - Feeding Assessment Skills, Normal Infant Assessment, Supporting Oral Intake, Oral Hypersensitivity
 - Nasogastric Feedings

Provide developmentally appropriate nutritional screening assessments and promote normal nutrition with children of varied age groups.		
Provide developmentally appropriate and safe parental nutritional to children of varied age groups.		
Implement developmentally appropriate and safe enteral nutritional to children of varied age groups.		

Precipitous Delivery Skills Checklist #DAHS-NSCPD14

References:

1. [UC Davis Health Policy 16001: Birth Outside of Labor and Delivery](#)
2. Sheehy's Emergency Nursing. Principles and Practice, 6th edition, 2009

Able to list people to be notified regarding a delivery.		
Assemble equipment needed for infant delivery.		
List equipment stocked on radiant warmer.		
List steps to follow if delivery occurs before physician arrival.		
State how to assess the APGAR.		
Place identification bands on infant and mother and designated other person.		

Retinopathy of Prematurity Skills Checklist #DAHS-NSCR14

References:

1. Lawrence J Alcock D et al. The development of a tool to assess neonatal pain. Neonatal Network. 1993; 12 (6 September): 59-66.

Identifies pulse oximetry alarm settings according to gestational age		
Identifies problem solving steps for pulse oximetry low arterial saturations before increasing FiO2		
Identifies protocol for increasing FiO2 to maintain pulse oximetry arterial saturations within appropriate parameters		
Identify interventions for arterial desaturations associated w/handling, suctioning, procedures etc.		
Identify appropriate interventions for apnea		
Describe FiO2 weaning protocol for infants greater than 33 weeks gestation		