

Emergency Department Pediatric Skills

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Unit:	Title:
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Skills Skills listed as "Performs per Policy" are located only within the first 2 pages for sign off. Not all skills are applicable to all Nursing areas – if not applicable mark as N/A	Skill Code (For CPPN Use Only)	Date Completed (or N/A)	Verifier Initials
Blood Culture Collection for Neonates and Peds: Performs per UC Davis Health Policy 13015: Blood Culture Collection	DAHS-NSCBCCNP15		
Children's Hospital Arterial Pressure Monitoring: Performs per UC Davis Health Policy 13010: Peripheral Arterial Line Management	DAHS-NSCCHAPM14		
Children's Hospital Basic Dysrhythmia Detection and Treatment	DAHS-NSCCHBDDT15		
Children's Hospital Bi-PAP	DAHS-NSCCHBP14		
Children's Hospital Cervical Collar	DAHS-NSCCHCC14		
Children's Hospital Chest Tube: Performs per UC Davis Health Policy 17002, Chest Tube Management	DAHS-NSCCHCT13		
Children's Hospital Gastrostomy Tube Skills: Performs per UC Davis Health Policy 8018 Enteral Tubes and Nutrition for Pediatric and Neonatal Patients	DAHS-NSCCHNGT		
Children's Hospital Neonatal and Infant Blood Draw	DAHS-NSCCHNIBD		
Children's Hospital Neonatal Lumbar Puncture	DAHS-NSCCHNLDP14		
Children's Hospital Tracheostomy Care Skills: Performs per UC Davis Health Policy 17038, Pediatric and Neonatal Airway	DAHS-NSCCHTC15		
Developmental Pediatric Coping	DAHS-NSCDPC14		
ED Lab Draw and Labeling Process	DAHS-NSC2EDLABDLP		
End-tidal Carbon Dioxide Monitoring	DAHS-NSCETCDM15		
Management of the Patient Receiving Nitrous Oxide for Pain Management in the ED: Performs per UC Davis Health Policy 6014: Management of the Patient Receiving Flow Nitrous Oxide	DAHS-NSCMOTPRNOFPMITED16		
MDI with Spacer	DAHS-NSCMDIS14		
Neonatal Pain Assessment	DAHS-NSCNPA14		
Neuromuscular Blocking Agents (NMBAs) in the PICU	DAHS-NSCNBAP14		
Pediatric ABG Verification Check Sheet	DAHS-NSCPABGV10		
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	DAHS-NSCPCCAM14		

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Pediatric Critical Care Fluid Resuscitation	DAHS-NSCPCCFR14		
Pediatric Critical Care Mechanical Ventilation	DAHS-NSCPCCMV14		
Pediatric Critical Care Respiratory Assessment	DAHS-NSCPCCRA14		
Pediatric Critical Care VAP Prevention	DAHS-NSCPCCVAPP14		
Pediatric Falls Assessment Using the Cummings Scale	DAHS-NSCPFCAS12		
Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention	DAHS-NSCPHMESSIP14		
Pediatric Holds for Injection and Procedures	DAHS-NSCPHIP14		
Pediatric IV and Fluid Management	DAHS-NSCPIVFM14		
Pediatric IV Verification Check Sheet	DAHS-NSCPIV		
Assessment of the Critically Ill Child Online Module Only	DAHS-NCHACIC19-PLS		
Pediatric Nutritional Assessment and Support	DAHS-NSCPNAS14		
Precipitous Delivery: Performs per UC Davis Health Policy 16001, Birth Outside of Labor and Delivery (L&D)	DAHS-NSCPD14		
Retinopathy of Prematurity	DAHS-NSCR14		

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Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:

Initial:	Print Name:	Signature:

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UC Davis Health Policies and Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

Name:	Signature:	Date:
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Children's Hospital Basic Dysrhythmia Detection and Treatment #DAHS-NSCCHBDDT15	Date	Verifier Initials
References: 1. Elsevier Skills for review: Cardiac Monitor Setup and Lead Placemen 2. Elsevier Nursing Consult - Clinical Updates CE: 3. Differentiating Dysrhythmias Part 1: Recognizing and Treating Atrial Dysrhythmias 4. PLS Arrhythmia Recognition: 5. PLS Structure and Function of the Heart 6. PLS Arrhythmia Recognition: Electrophysiology 7. PLS Arrhythmia Recognition: Lines, waves and segments 8. PLS Arrhythmia Recognition: Analyzing the ECG Rhythm 9. PLS Arrhythmia Recognition: Sinus 10. PLS Arrhythmia Recognition: Atrial 11. PLS Arrhythmia Recognition: Junctional 12. PLS Arrhythmia Recognition: Atrioventricular Blocks 13. PLS Arrhythmia Recognition: Ventricular 14. PLS Arrhythmia Recognition: Channelopathies		
Successful completion of CPPN ECG Interpretation Course OR ECG Challenge Exam may be used in place of this skill checklist.		
Describes the electrical conduction system of the heart.		
Explains the waves and intervals of the normal EKG and their significance.		
Identifies sinus dysrhythmia and discuss the causes/treatments		
Identifies atrial dysrhythmia and discuss the causes/treatments.		
Identifies junctional dysrhythmia and discuss the causes/treatments.		
Identifies Supraventricular dysrhythmias and discuss the causes/treatments.		
Identifies ventricular dysrhythmias and discuss the causes/treatment.		
Identifies Torsade de pointes and discuss the causes/treatments.		
Identifies life-threatening dysrhythmias and discuss the causes/treatments.		
Identifies heart blocks and discuss the causes/treatments.		
Children's Hospital Bi-PAP #DAHS-NSCCHBP14	Date	Verifier Initials
Describes BiPAP.		
Identifies the most common indications for BiPAP use.		
States contraindications for BiPAP use.		
States patient characteristics for successful use of BiPAP.		
Monitors the patient and assess for possible complications.		
Identifies criteria to discontinue BiPAP.		

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Children's Hospital Bi-PAP #DAHS-NSCCHBP14 continued	Date	Verifier Initials
Identify the most common reasons for alarms.		
Documents all necessary information.		
Children's Hospital Cervical Collar #DAHS-NSCCHCC14	Date	Verifier Initials
References:		
1. Elsevier: Cervical Collar Application (Pediatrics)		
Demonstrates proper placement of cervical collar, changing collar, and skin assessment.		
Describes procedure for skin care, including care of pressure or other high-risk areas and proper documentation.		
States when and how to obtain a hard-cervical collar.		
Demonstrates how to change a hard-cervical collar and replace pads.		
Documents all necessary information.		
Children's Hospital Neonatal and Infant Blood Draws # DAHS-NSCCHNIBD	Date	Verifier Initials
References:		
1. Elsevier Neonatal Blood Specimen Collection, Heelstick, Radial Artery Puncture		
State the importance of correct serum lab specimen collection		
Select appropriate blood specimen tubes and obtain correct labels		
Choose method of blood draw: heel stick, venipuncture, arterial puncture, central or arterial line draw		
Verify the identity of patient using two identifiers and obtain specimen per policies		
Handle and label specimens appropriately using the BCMA workflow guidelines		
Compare lab results to normal values and the patient's previous results		
Children's Hospital Neonatal Lumbar Puncture # DAHS-NSCCHNLPD14	Date	Verifier Initials
References:		
1. Elsevier Lumbar puncture Neonate		
Elsevier Module: Lumbar Puncture (DAHS-NAD108-ECS)		For Reference
Identify the clinical indications for a lumbar puncture		
Describe the process of obtaining consent for a lumbar puncture		
Consider pain management and appropriate developmental care		
Position the patient in the lateral knee-chest position with the neck flexed toward the chest or in a sitting position		
Correctly label and send CSF samples for lab studies as ordered by the provider		
State possible complications of a lumbar puncture		

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Developmental Pediatric Coping #DAHS-NSCDPC14	Date	Verifier Initials
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. - Infant - Toddler - Preschool - School-age - Adolescent		
Provides information and support to prepare the child and parents/caregiver for procedures and/or surgery.		
ED Lab Draw and Labeling Process #DAHS-NSC2EDLABDLP	Date	Verifier Initials
References 1. UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric) 2. UC Davis Health Policy 13029: Venipuncture Verification and Blood Withdrawal 3. UC Davis Health ED Departmental Policy: Lab Draw & Labeling Process 4. NCCLS (CLSI) clinical laboratory guideline 5. UCDH Laboratory Users Guide		
State the importance of correct serum lab specimen collection		
Select appropriate blood specimen tubes/medium, obtain correct labels		
Choose appropriate method of blood draw: venipuncture, arterial puncture, central or arterial line draw		
Verify identify of patient		
Explain the procedure to the patient		
Verbalizes appropriate specimen collection and lab labeling workflow per Emergency Department Policy Lab Draw and Labeling Process		
Observe standard precautions and use of appropriate safety devices		
Handle specimen appropriately		

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ED Lab Draw and Labeling Process #DAHS-NSC2EDLABDLP continued	Date	Verifier Initials
Compare lab results to normal values and the patient's previous results		
Appropriate documentation in the electronic health record (examples: collection, critical lab value reporting)		
Performs FIVE (5) successful lab draws per policy under direct observation of preceptor, Clinical Nurse Leader (CNL), Clinical Nurse III (CN3), or Clinical Nurse Educator (CNE).		
Lab Draw #1		
Lab Draw #2		
Lab Draw #3		
Lab Draw #4		
Lab Draw #5		

End-Tidal Carbon Dioxide Monitoring #DAHS-NSCETCDM15	Date	Verifier Initials
References: 1. 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.		

MDI with Spacer #DAHS-NSCMDIS14	Date	Verifier Initials
References: 1. 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		
Verbalize when to notify Respiratory Therapy or Pharmacy		
Demonstrate documentation of teaching		

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Neonatal Pain Assessment # DAHS-NSCNP14	Date	Verifier Initials
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 #DAHS-NSCNBAP14	Date	Verifier Initials
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		
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		

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Pediatric ABG Verification Check Sheet #DAHS-NSCPABGV10 (only if required for nursing area)	Date	Verifier Initials
References: 1. UC Davis Health Policy 17012: Arterial Puncture - Adults and Children		
Completed Arterial Puncture Online Module #DAHS-NGN91-ECS - Passing score of 85% on test		
Complete three (3) sticks observed by verified clinician		
Artery Location:		
Artery Location:		
Artery Location:		

Pediatric Critical Care Fluid Resuscitation #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		

Pediatric Critical Care Mechanical Ventilation #DAHS-NSCPCCMV14	Date	Verifier Initials
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		

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Pediatric Critical Care Mechanical Ventilation #DAHS-NSCPCCMV14 continued	Date	Verifier Initials
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		
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 #DAHS-NSCPCCRA14	Date	Verifier Initials
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		

Pediatric Critical Care VAP Prevention #DAHS-NSCPCCVAPP14	Date	Verifier Initials
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		

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Pediatric Critical Care VAP Prevention #DAHS-NSCPCCVAPP14 continued	Date	Verifier Initials
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 Falls Assessment using the Cummings Scale #DAHS-NSCPFACS12	Date	Verifier Initials
Completes Pediatric Falls Assessment using the Cummings Scale Online Module #DAHS-NCHPFACS12		
Assesses fall score and implement appropriate clinical practice guideline and patient safety measures		

Pediatric Health Maintenance, Environmental Safety and Security, and Injury Prevention #DAHS-NSCPHMESSIP14	Date	Verifier Initials
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. Review of safety and car seat videos 7. "HUGS System Training", self-study Health Stream Module (Course # 05964, CPPN) 8. 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.		

Pediatric Holds for Injection and Procedures #DAHS-NSCPHIP14	Date	Verifier Initials
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.		

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Pediatric Holds for Injection and Procedures #DAHS-NSCPHIP14 continued	Date	Verifier Initials
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	Date	Verifier Initials
References: - Pediatric IV and Fluid Management study guide. - Pediatric Inpatient Structure Standards: - Module: Neonatal and Pediatric IV Therapy. - Pediatric Advanced Life Support course - CPMRC Clinical Practice Guidelines (2009) - Fluid Volume Deficit - Fluid Volume Excess		
Implement developmentally appropriate procedural preparation, IV site cannulation, and fluid administration to children. - General pediatrics - Infant - Toddler - School-age - Adolescent		
Evaluate fluid needs, recognize fluid disturbances, and be able to initiate fluid resuscitation.		

Pediatric IV Verification Check Sheet #DAHS-NSCPIV	Date	Verifier Initials
References: UC Davis Health Policy 13001: Vascular Access Policy (Adult/Pediatric)		
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 clinician		
Location:		
Location:		
Location:		
Location:		
Location:		
Location:		

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Pediatric Nutritional Assessment and Support #DAHS-NSCPNAS14	Date	Verifier Initials
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		
Retinopathy of Prematurity #DAHS-NSCRP14	Date	Verifier Initials
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		