



Pediatric Intensive Care Unit Competency Self Assessment

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.

Experience
0 Not Applicable
1 No Experience
2 Some Experience (Require Assistance)
3 Intermittent Experience (May Require Assistance)
4 Experienced (Performs without Assistance)
5 Very Experienced (Able to Teach/Supervise)

Print Name

Last 4 Digits of SS#

Date

General Skills	Experience					
Settings						
Children’s hospital	0	1	2	3	4	5
University healthcare facility	0	1	2	3	4	5
Community hospital	0	1	2	3	4	5
Family teaching	0	1	2	3	4	5
Assessment of normal growth & development	0	1	2	3	4	5
Recognize/report signs of child abuse/neglect	0	1	2	3	4	5
Consents	0	1	2	3	4	5
Specialty beds	0	1	2	3	4	5
Restrictive devices (restraints)	0	1	2	3	4	5
End of life care/palliative care	0	1	2	3	4	5
Wound assessment & care	0	1	2	3	4	5
Automated Medication Dispensing System, Pyxis, Omnicell, or other	0	1	2	3	4	5
Bar coding for medication administration	0	1	2	3	4	5
Diabetic care & education	0	1	2	3	4	5
Blood Glucose Monitoring (BGM)	0	1	2	3	4	5
Insulin administration	0	1	2	3	4	5
National Patient Safety Goals	0	1	2	3	4	5
Accurate patient identification	0	1	2	3	4	5
Effective communication	0	1	2	3	4	5
Interpretation & communication of lab values	0	1	2	3	4	5
Medication administration	0	1	2	3	4	5
Pediatric dosage calculations	0	1	2	3	4	5
Delivery methods: eye/ear/IM/IV/SQ	0	1	2	3	4	5
Medication reconciliation	0	1	2	3	4	5
Labeling (medications & specimens)	0	1	2	3	4	5
Anticoagulation therapy	0	1	2	3	4	5
Pain assessment & management	0	1	2	3	4	5
Steroids (inhaled/IV/PO)	0	1	2	3	4	5
Monitoring conscious sedation	0	1	2	3	4	5
Infection control	0	1	2	3	4	5



Experience	
0	Not Applicable
1	No Experience
2	Some Experience (Require Assistance)
3	Intermittent Experience (May Require Assistance)
4	Experienced (Performs without Assistance)
5	Very Experienced (Able to Teach/Supervise)

Initials _____

General Skills - cont.	Experience					
Universal precautions	0	1	2	3	4	5
Isolation	0	1	2	3	4	5
Minimize risk falls	0	1	2	3	4	5
Prevention of pressure ulcers	0	1	2	3	4	5

IV Therapy	Experience					
Starting & maintaining peripheral IVs	0	1	2	3	4	5
Blood draw: venous	0	1	2	3	4	5
Central line care (includes PICC/Broviac/Groshong/Hickman)	0	1	2	3	4	5
Blood draw: central line	0	1	2	3	4	5
Care & management of ports	0	1	2	3	4	5
Care & management of nonvascular devices (epidural, intrathecal)	0	1	2	3	4	5
TPN & lipids	0	1	2	3	4	5
Administration of blood & blood products	0	1	2	3	4	5
Infusion pumps	0	1	2	3	4	5

Cardiovascular	Experience					
Pediatric CV assessment	0	1	2	3	4	5
Assist with Insertion & Management of:						
Arterial line	0	1	2	3	4	5
CVC (central venous catheter)	0	1	2	3	4	5
Swanz-Ganz	0	1	2	3	4	5
Hemodynamic monitoring	0	1	2	3	4	5
Extra Corporeal Membrane Oxygenation (ECMO)	0	1	2	3	4	5
Use of doppler	0	1	2	3	4	5
Cardiac Monitoring & Emergency Care						
Administration of PALS protocols & medications	0	1	2	3	4	5
Broslow system	0	1	2	3	4	5
Interpretation & treatment of dysrhythmias	0	1	2	3	4	5
Rapid response team member	0	1	2	3	4	5
Use of rapid response teams	0	1	2	3	4	5
Care of Child with:						
Bacterial endocarditis	0	1	2	3	4	5
DIC	0	1	2	3	4	5
Post cardiac cath	0	1	2	3	4	5
Cardiac transplant	0	1	2	3	4	5
Cardiogenic shock	0	1	2	3	4	5
Cardiomyopathy	0	1	2	3	4	5
Congenital heart disease/defects	0	1	2	3	4	5



Experience
0 Not Applicable
1 No Experience
2 Some Experience (Require Assistance)
3 Intermittent Experience (May Require Assistance)
4 Experienced (Performs without Assistance)
5 Very Experienced (Able to Teach/Supervise)

Initials _____

Cardiovascular - cont.	Experience					
Hypovolemic shock	0	1	2	3	4	5
Myocarditis/pericarditis	0	1	2	3	4	5
Permanent pacemaker	0	1	2	3	4	5
Temporary pacemaker	0	1	2	3	4	5
Medications						
Antidysrhythmics	0	1	2	3	4	5
Antihypertensives	0	1	2	3	4	5
Cardiac glycoside (digoxin)	0	1	2	3	4	5
Platelet inhibitors (Aggrastat/Integrilin/ReoPro)	0	1	2	3	4	5
Anti-rejection immunosuppressants	0	1	2	3	4	5
Vasoactive agents	0	1	2	3	4	5

Pulmonary	Experience					
Respiratory assessment (rate & work of breathing)	0	1	2	3	4	5
Equipment/Procedures						
Metered dose inhaler	0	1	2	3	4	5
Nebulized medications	0	1	2	3	4	5
Assist with & manage intubation	0	1	2	3	4	5
Tracheostomy care	0	1	2	3	4	5
Assist with & maintain chest tube	0	1	2	3	4	5
Obtain & interpret Arterial blood gas	0	1	2	3	4	5
O2 therapy (NC/oxyhood/tent)	0	1	2	3	4	5
Thoracentesis	0	1	2	3	4	5
Ventilator management	0	1	2	3	4	5
Use of paralytics	0	1	2	3	4	5
Care of Child with:						
Acute Respiratory Distress Syndrome (ARDS)	0	1	2	3	4	5
Respiratory Syncytial Virus (RSV)	0	1	2	3	4	5
Chronic respiratory disease	0	1	2	3	4	5
Croup	0	1	2	3	4	5
Epiglottitis	0	1	2	3	4	5
Reactive Airway Disease (RAD)	0	1	2	3	4	5
Status asthmaticus	0	1	2	3	4	5
Pulmonary hypertension	0	1	2	3	4	5
Pneumonia	0	1	2	3	4	5
Near drowning	0	1	2	3	4	5
Medications						
Bronchodilators	0	1	2	3	4	5
Racemic epinephrine	0	1	2	3	4	5



Experience	
0	Not Applicable
1	No Experience
2	Some Experience (Require Assistance)
3	Intermittent Experience (May Require Assistance)
4	Experienced (Performs without Assistance)
5	Very Experienced (Able to Teach/Supervise)

Initials _____

Neurological	Experience					
Neuro assessment	0	1	2	3	4	5
Glasgow coma scale	0	1	2	3	4	5
Procedures						
Assisting with LP	0	1	2	3	4	5
Intracranial pressure (ICP) insertion & monitoring	0	1	2	3	4	5
Care of Child with:						
Muscular degenerative diseases	0	1	2	3	4	5
Meningitis	0	1	2	3	4	5
Coma	0	1	2	3	4	5
Brain death/organ procurement	0	1	2	3	4	5
Encephalitis/encephalopathy	0	1	2	3	4	5
External ventricular drains	0	1	2	3	4	5
VP shunts/reservoirs	0	1	2	3	4	5
TBI (Traumatic Brain Injury)	0	1	2	3	4	5
Status epilepticus	0	1	2	3	4	5
Spinal cord injury	0	1	2	3	4	5
Post neuro surgery	0	1	2	3	4	5
Medications						
Anticonvulsants	0	1	2	3	4	5
Mannitol	0	1	2	3	4	5
Psychostimulants (Ritalin/Adderall)	0	1	2	3	4	5

Orthopedics	Experience					
Orthopedic assessment	0	1	2	3	4	5
Care of Child with:						
Traction	0	1	2	3	4	5
Cervical traction	0	1	2	3	4	5
Pinned fractures	0	1	2	3	4	5
Post vertebral surgery	0	1	2	3	4	5

Gastrointestinal	Experience					
GI assessment	0	1	2	3	4	5
Nutritional assessment	0	1	2	3	4	5
Equipment/Procedures						
Abdominal decompression (NG, sump tubes, intermittent & continuous suction)	0	1	2	3	4	5
Colostomy/ileostomy	0	1	2	3	4	5
Placement of feeding tubes (NG)	0	1	2	3	4	5
G-tube/J-tube	0	1	2	3	4	5



Experience
0 Not Applicable
1 No Experience
2 Some Experience (Require Assistance)
3 Intermittent Experience (May Require Assistance)
4 Experienced (Performs without Assistance)
5 Very Experienced (Able to Teach/Supervise)

Initials _____

Gastrointestinal - cont.	Experience					
Feedings						
Assist with breastfeeding	0	1	2	3	4	5
Breastmilk handling & storage	0	1	2	3	4	5
Bottle	0	1	2	3	4	5
Gavage	0	1	2	3	4	5
Use of feeding pumps	0	1	2	3	4	5
Care of Child with:						
Abdominal trauma; bleeding	0	1	2	3	4	5
Ascites	0	1	2	3	4	5
Surgical abdomen	0	1	2	3	4	5
Severe dehydration/gastroenteritis	0	1	2	3	4	5
Hepatic failure	0	1	2	3	4	5
Hepatitis	0	1	2	3	4	5
Hyperbilirubinemia	0	1	2	3	4	5
Necrotizing Enterocolitis (NEC)	0	1	2	3	4	5
Ruptured spleen	0	1	2	3	4	5
GI bleeding	0	1	2	3	4	5
GI organ transplants	0	1	2	3	4	5

Renal/Genitourinary	Experience					
Assessment of fluid balance	0	1	2	3	4	5
Equipment/Procedures						
Assist with suprapubic taps	0	1	2	3	4	5
Insertion & care of foley catheter	0	1	2	3	4	5
Care of Child with:						
Acute renal failure	0	1	2	3	4	5
Hemodialysis	0	1	2	3	4	5
Peritoneal dialysis	0	1	2	3	4	5
Hemolytic Uremic Syndrome (HUS)	0	1	2	3	4	5
Post renal transplant	0	1	2	3	4	5
Nephritis	0	1	2	3	4	5
Ileal conduit	0	1	2	3	4	5

Skin Care	Experience					
Skin assessment	0	1	2	3	4	5
Surgical wound healing	0	1	2	3	4	5
Care of Child with:						
Burns	0	1	2	3	4	5
Traumatic wounds	0	1	2	3	4	5
Vacuum Assisted Device (VAC)	0	1	2	3	4	5



Experience
0 Not Applicable
1 No Experience
2 Some Experience (Require Assistance)
3 Intermittent Experience (May Require Assistance)
4 Experienced (Performs without Assistance)
5 Very Experienced (Able to Teach/Supervise)

Initials _____

Oncology	Experience					
Administration of chemotherapy	0	1	2	3	4	5
Monitoring of chemotherapy (does not initiate)	0	1	2	3	4	5
Assist with bone marrow aspiration	0	1	2	3	4	5
Care of Child with:						
Acute anemia	0	1	2	3	4	5
Acute tumor lysis syndrome	0	1	2	3	4	5
Bone marrow transplant	0	1	2	3	4	5
Leukemia	0	1	2	3	4	5
Malignant tumors	0	1	2	3	4	5
Neutropenia	0	1	2	3	4	5
Radiation implant	0	1	2	3	4	5
Sickle cell anemia	0	1	2	3	4	5
Hemophilia	0	1	2	3	4	5
Graft verses host disease	0	1	2	3	4	5
Inpatient hospice	0	1	2	3	4	5

Autoimmune Diseases	Experience					
Addison's disease	0	1	2	3	4	5
Cushing's disease	0	1	2	3	4	5
Celiac disease/gluten intolerance	0	1	2	3	4	5
Grave's disease	0	1	2	3	4	5
Hypothyroidism	0	1	2	3	4	5
Lupus	0	1	2	3	4	5

Infectious Diseases	Experience					
Usual child diseases (mumps/measles/chicken pox)	0	1	2	3	4	5
CMV/HIV/AIDS	0	1	2	3	4	5
Tuberculosis	0	1	2	3	4	5
Septic shock	0	1	2	3	4	5
Fever management	0	1	2	3	4	5
Medication/Administration						
Antiinfectives	0	1	2	3	4	5

Miscellaneous	Experience					
Care of Child with:						
Trauma	0	1	2	3	4	5
Craniofacial reconstruction	0	1	2	3	4	5
ENT surgery	0	1	2	3	4	5
Ingestions/overdose	0	1	2	3	4	5
Suicidal ideation/attempts	0	1	2	3	4	5



Experience	
0	Not Applicable
1	No Experience
2	Some Experience (Require Assistance)
3	Intermittent Experience (May Require Assistance)
4	Experienced (Performs without Assistance)
5	Very Experienced (Able to Teach/Supervise)

Initials _____

Age Specific Competencies	Experience					
Newborn/neonate (birth-30 days)	0	1	2	3	4	5
Infant (31 days-1 year)	0	1	2	3	4	5
Toddler (2-3 years)	0	1	2	3	4	5
Preschool (ages 4-5 years)	0	1	2	3	4	5
School age (ages 6-12 years)	0	1	2	3	4	5
Adolescents (ages 13-21 years)	0	1	2	3	4	5
Young adult (ages 22-39 years)	0	1	2	3	4	5
Adults (ages 40-64 years)	0	1	2	3	4	5
Older adult (ages 65-79 years)	0	1	2	3	4	5
Elderly (ages 80+ years)	0	1	2	3	4	5

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

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

Signature

Date