



PEDIATRIC INTENSIVE CARE SKILLS CHECKLIST

Name: _____ Date: _____

Please complete this checklist as completely and as accurately as possible. In the box provided beside each item, please enter the number corresponding to your skill level according to the key below. Fax completed checklist to (866) 868-0546.

1-No Experience 2-Some Experience 3- Can perform independently 4- Proficient/can supervise and teach

CARDIAC:	Level	
Cardioversion		
Defibrillation		
PA lines		
Cardiac Monitors		
EKG interpretation		
Cardiac Tamponade		
DRUGS:		
Epinephrine		
Nitroprusside		
Incor		
Lorazepam		
Phenobarb		
Morphine		
Fentanyl		
Midazolam		
Isuprel		
Dobutamine		
Dopamine		
Atracurium		
RESPIRATORY:		
Intubation		
Extubation		
Ventilators		
Abuing techniques		
Assessment of Breath Sounds		
Oxygen Administration		
Interpretation of ABG's		
Obtaining of ABG's		

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