

Topic	Skills/Knowledge Self Assessment	Needs Further Education/Training FOR OFFICE USE ONLY
<p>3. Procedures (Continued)</p> <p>c. Implanted Port</p> <p>1. Monitoring _____ 1 _____ 2 _____ 3 _____ 4</p> <p>2. Site Care _____ 1 _____ 2 _____ 3 _____ 4</p> <p>3. Flushing _____ 1 _____ 2 _____ 3 _____ 4</p> <p>d. Central Venous Catheters</p> <p>1. Monitoring _____ 1 _____ 2 _____ 3 _____ 4</p> <p>2. Site Care _____ 1 _____ 2 _____ 3 _____ 4</p> <p>3. Flushing _____ 1 _____ 2 _____ 3 _____ 4</p> <p>e. Peripheral IV Catheter</p> <p>1. Monitoring _____ 1 _____ 2 _____ 3 _____ 4</p> <p>2. Site Care _____ 1 _____ 2 _____ 3 _____ 4</p> <p>3. Flushing _____ 1 _____ 2 _____ 3 _____ 4</p> <p>3. Insertion/Reinsertion of:</p> <p>a. Trach Tube</p> <p>1. Uncuffed _____ 1 _____ 2 _____ 3 _____ 4</p> <p>2. Cuffed _____ 1 _____ 2 _____ 3 _____ 4</p> <p>b. Gastrostomy Tube/Button _____ 1 _____ 2 _____ 3 _____ 4</p> <p>c. Foley Catheter _____ 1 _____ 2 _____ 3 _____ 4</p> <p>d. NG Tube _____ 1 _____ 2 _____ 3 _____ 4</p> <p>4. Suctioning:</p> <p>a. Tracheal _____ 1 _____ 2 _____ 3 _____ 4</p> <p>b. Nasal _____ 1 _____ 2 _____ 3 _____ 4</p> <p>c. Oral _____ 1 _____ 2 _____ 3 _____ 4</p> <p>d. Oro/Nasopharyngeal _____ 1 _____ 2 _____ 3 _____ 4</p> <p>5. Feedings by:</p> <p>a. Gravity Bolus _____ 1 _____ 2 _____ 3 _____ 4</p> <p>b. Feeding Pump _____ 1 _____ 2 _____ 3 _____ 4</p> <p>c. PO _____ 1 _____ 2 _____ 3 _____ 4</p> <p>6. CPR _____ 1 _____ 2 _____ 3 _____ 4</p>		
<p>4. Medication Administration</p> <p>A. Rate your comfort level with pediatric drug calculations. _____ 1 _____ 2 _____ 3 _____ 4</p> <p>B. Rate your comfort level with the following routes for medication administration</p> <p>1. Feeding Tube _____ 1 _____ 2 _____ 3 _____ 4</p> <p>2. Inhalation</p> <p>a. MDI (puffer) _____ 1 _____ 2 _____ 3 _____ 4</p> <p>b. Nebulizer _____ 1 _____ 2 _____ 3 _____ 4</p> <p>3. Oral _____ 1 _____ 2 _____ 3 _____ 4</p> <p>4. Per Rectum _____ 1 _____ 2 _____ 3 _____ 4</p> <p>5. Eye Installation _____ 1 _____ 2 _____ 3 _____ 4</p> <p>6. Ear Installation _____ 1 _____ 2 _____ 3 _____ 4</p> <p>7. Dermal Patch _____ 1 _____ 2 _____ 3 _____ 4</p> <p>8. IM _____ 1 _____ 2 _____ 3 _____ 4</p> <p>9. SQ _____ 1 _____ 2 _____ 3 _____ 4</p> <p>10. Intravenous Drip _____ 1 _____ 2 _____ 3 _____ 4</p> <p>11. Intravenous Push _____ 1 _____ 2 _____ 3 _____ 4</p>		

