

PICU/Pediatric RN Skills Checklist

Name: Date: Experience Since:

	Comfortable With	Done Occasionally	No Experience
A. NEUROLOGICAL/ORTHOPEDECS			
1. Assessment - level of consciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Equipment & Procedures			
a. Application of splints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assist with lumbar puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ICP monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pinned fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Traction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Care of the child with:			
a. Battered child syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Closed head trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clubfoot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Febrile seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Multiple trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Near drowning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Neuromuscular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Osteomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medications			
a. Clonopin (Clonazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Corticosteroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dilantin (Phenytoin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Phenobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Tegretol (Carbamazepine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Valium (Diazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. GASTROINTESTINAL			
1. Assessment			
a. Abdominal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nutritional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interpretation of lab results			
a. serum electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Equipment & Procedures			
a. Feedings			
(1) Bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Central hyperalimentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Gavage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Peripheral hyperalimentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gastrostomy/button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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c. I-tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Jejunal feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. NG and sump tubes to suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Penrose drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Placement of naso/orogastric tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Wound irrigation/Dressing change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Care of the child with:			
a. Anal fissure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cleft lip/palate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Colostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Diaphragmatic hernia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Failure to thrive (FTT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Gastroenteritis/dehydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. GE reflux	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. GI bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ileostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Intestinal parasites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Pyloric stenosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Surgical abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Ulcerative colitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Bowel obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. CARDIOVASCULAR			
1. Assessment			
a. Auscultation (rate, rhythm, volume)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Blood pressure/non-invasive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Heart sounds/murmurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Perfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interpretation of lab results			
a. Arterial blood gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hemoglobin & hematocrit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Equipment & procedures			
a. Basic EKG interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Non-invasive cardiac monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Care of the child with:			
a. Bacterial endocarditis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cardiac arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cardiomyopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Congenital heart defects/disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Myocarditis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pericarditis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Post cardiac cath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Post cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Tracheoesophageal fistula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Medication			
a. Digoxin (Lanoxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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D. PUMONARY			
1. Assessment			
a. Breath sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rate and work of breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Equipment & Procedures			
a. Airway management devices/suctioning			
(1) Bulb syringe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Nasal airway/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Oral airway/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Tracheostomy/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Apnea monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chest physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Chest tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. End tidal CO ₂	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Oximeter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Oxygen therapy delivery systems			
(1) Face mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Isolette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Nasal cannula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Tent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Trach collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Water seal drainage system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Care of the child with:			
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Bronchiolitis (RSV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bronchopulmonary dysplasia (BPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cystic fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Epiglottitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. LTB/croup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medications			
a. Alupent (Metaproteranol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Aminophylline (Theophylline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Isuprel (Isoproterenol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ventolin (Albuterol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. MISCELLANEOUS			
1. Assessment			
a. Normal growth and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Normal laboratory values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Recognize signs of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Medication - immunization schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Care of the child with:			
a. Anorexia/bulimia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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b. Craniofacial reconstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ENT surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eye surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ingestion of foreign body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ingestion of poison or toxins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Plastic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Suicidal threats/actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. MEDICATION ADMINISTRATION FOR CHILDREN			
1. Calculation of pediatric doses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Eye/ear installations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Knowledge of emergency drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Knowledge of routine pediatric drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Metered dose inhaler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. WOUND MANAGEMENT			
1. Assessment			
a. Skin for impending breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Stasis ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Surgical wound healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Equipment & Procedures			
a. 1st degree burns (throughout body)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 2nd degree burns (throughout body)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 3rd degree burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pressure sores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Staged decubitus ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sterile dressing changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Surgical wounds with drain(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Traumatic wound care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Use of air fluidized, low airloss beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Wound care/irrigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. PAIN MANAGEMENT			
1. Assessment of pain level/tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Care of the child with:			
a. Epidural anesthesia/analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. IV conscious sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Narcotic analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. INFECTIOUS DISEASES			
1. Interpretation of lab results - blood count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Equipment & Procedures			
a. Fever management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Care of the child with:			
a. AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Common childhood - communicable diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cytomegalo virus (CMV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lyme disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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J. HEMATOLOGY/ONCOLOGY			
1. Assessment of nutritional status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interpretation of lab results			
a. serum electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Blood chemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Blood counts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Equipment & Procedures			
a. reverse isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Care of the child:			
a. Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Depressed immune system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Disseminated intravascular coagulation (DIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hodgkin's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Infectious mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Malignant tumors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Sickle cell anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Spleen trauma/splenectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Medications			
a. Chemotherapy certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prednisone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. PHLEBOTOMY/IV THERAPY			
1. Equipment & Procedures			
a. Administration of blood/blood products			
(1) Cryoprecipitate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Packed red blood cells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Whole blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Drawing blood from central line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drawing venous blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Starting IVs			
(1) Angiocath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Butterfly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Heparin lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Care of the child with:			
a. Central line/catheter/dressing			
(1) Broviac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Groshong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Hickman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Portacath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Quinton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cutdown line/dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Peripheral line/dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. RENAL/GENITOURINARY			
1. Assessment - fluid balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interpretation of lab results			
a. BUN & creatinine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Comfortable With	Done Occasionally	No Experience
b. Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Equipment & Procedures			
a. Assist with suprapubic tap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Catheter insertion			
(1) Catheter care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Straight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Indwelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Collection of urine specimen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Care of the Child with:			
a. Circumcision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hypospadias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ileal conduit ureteral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Nephrotic syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Peritoneal dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Renal failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Wilm's tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. ENDOCRINE/METABOLIC			
1. Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interpretation of lab results			
a. Blood glucose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Thyroid studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Equipment & Procedures			
a. Blood glucose testing: type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Care of the child with:			
a. Adrenal disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cushing's syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Juvenile diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pituitary disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Thyroid malfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Medications			
a. Growth hormone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Agency Representative Signature

Date