



Thames Valley & Wessex

Paediatric Critical Care Nursing Competencies



Thames Valley & Wessex
PAEDIATRIC CRITICAL CARE
Operational Delivery Network



Name:

NMC number:

Workplace:

Key mentor/supervisor:

Mentor NMC number:

Introduction

The Children's Critical Care Passport is a list of clinical skills considered essential for nurses working in Level 1 and Level 2 critical care units where critically ill or injured children are cared for, who meet the criteria of the Paediatric Critical Care Healthcare Resource Groups (HRGs) (Information Standards Board 2007).

Skill acquisition should be supported by the appropriate education, training and self-directed learning, so that individuals have the essential physiological knowledge to underpin the necessary skills.

All Level 1 skills are required to work within a Level 2 area.

This skills passport has been written under the umbrella of the Paediatric Intensive Care Society (PICS), the Royal College of Nursing and The Royal College of Paediatrics and Child Health (RCPCH) and has been developed by an experienced working party. The document is the intellectual property of this group and any use of, or alteration must acknowledge the group. The document is generic and can be used freely by anyone caring for critically ill or injured infants and children as a stand-alone document. This document can be expanded and adapted at local level to meet local need.

This version has been adapted by the Thames Valley & Wessex Paediatric Critical Care Operational Delivery Network (ODN). This competency document provides the basis for the curriculum design for both the Level 1 and 2 paediatric critical care courses run within Thames Valley and Wessex regions. The document has been designed to be used in both tertiary and secondary level units and it is accepted that completion of the competencies is dependent on the clinical area in which an individual nurse is practicing. Where competency in a particular skill cannot be achieved due to lack of exposure to that practice, we expect a level of understanding and indications for use for these skills to be demonstrated by the nurse. This can be done through discussion with an appropriate expert and this must be recorded as such against the skill. For example it is acceptable to record that this skill has been discussed in areas where full competency cannot be achieved.

Limitations of this document:

Skills included within this document are considered to be the minimum required to safely care for a critically ill or injured child at the level stated. No competency framework, or specific level of competence is identified for any skill, however it is expected that the Paediatric Critical Care Operational Delivery Network will develop and implement this. Three-yearly competency reassessment is advised.

Throughout this document the words 'children', 'child' and 'paediatric' refer to a neonate, infant, child or young person in hospital.

Levels of Children's Critical Care and Critical Care Unit

Level 1 critical care is delivered in a Level 1 Paediatric Critical Care Unit.
 Level 2 critical care is delivered in a Level 2 Paediatric Critical Care Unit.
 Level 3 critical care is delivered in a Level 3 Paediatric Critical Care Unit (a PICU).

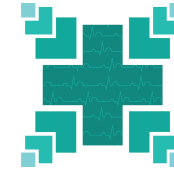
The Levels of care relate to the seven paediatric critical care HRGs as shown in the Table.

| Level Of Care | HRG Definition |
|---------------|--|
| Level 1 | XB07Z Basic Critical Care |
| Level 2 | XB06Z Intermediate Critical Care |
| Level 3 | XB05Z Advanced Critical Care (level 1) XB04Z Advanced Critical Care (level 2) XB03Z Advanced Critical Care (level 3) XB02Z Advanced Critical Care (level 4) XB01Z Advanced Critical Care (level 5) |

All nurses registered on part one (sub part children) of the Nursing and Midwifery Council will hold basic skills in caring for ill children as defined in the Standards for Pre-registration Nursing Education for Nurses (2010).

This document is a record of skills which are additional to the basic nursing skill set of children, which are necessary to care for a critically ill or injured child meeting basic and intermediate critical care. (Information Standards Board 2007)

Level 1 Paediatric Critical Care Unit interventions:



- Oxygen therapy + pulse oximetry + Electrocardiogram (ECG) monitoring (includes 'high flow' nasal oxygen therapy).
- Arrhythmia requiring IV anti-arrhythmic
- Diabetic Ketoacidosis requiring continuous infusion of insulin
- Severe Asthma requiring IV bronchodilator therapy
- Reduced conscious level (Glasgow Coma Score (GCS) 12 or below) AND hourly (or more frequent) GCS monitoring
- Upper airway obstruction requiring nebulised adrenaline
- Apnoea

Level 2 Paediatric Critical Care Unit interventions:

- Any Level 1 intervention where there is a failure to respond to treatment as expected or the requirement for intervention is expected to persist for > 24 hours
- Status epilepticus requiring treatment with continuous intravenous (IV) infusion (e.g. Midazolam)
- Nasopharyngeal airway
- Long term ventilation via a tracheostomy or mask
- Arterial line
- Central venous pressure monitoring
- Epidural?
- Acute non-invasive ventilation, including Continuous Positive Airway Pressure (CPAP)
- >20 mls/kg fluid bolus in 24 hours
- Exchange blood transfusion
- CPR in past 24 hours

Qualification in Specialty (QiS):

Successful completion of this document or equivalent, together with any additional education and competency completion as stated above and below will constitute the equivalent of a qualification in the specialty (QiS) of Children's Level 1 and Level 2 Critical Care (formerly known as high dependency care).

Qualified in Specialty is defined by the Royal College of Nursing as the validation of individual courses and programmes of study leading to the recognition of qualified in specialty (Royal College of Nursing 2012).

Recommended standard for staffing levels:

Level 1 Paediatric Critical Care Unit – delivering Level 1 critical care.

1. Nurses new to critical care should work a minimum of 75 hours of supervised practice in a Level 1/2 critical care area, to gain the essential skills required.
2. All skills should be gained within 18 months of working in this area.
3. There should be a minimum of one nurse on every shift, who is directly involved with caring for the critically ill child, who should have successfully completed all the required Paediatric Critical Care (PCC) skills to Level 1 or have completed an in house education and training programme covering similar learning outcomes
4. There should be a minimum of one nurse on every shift who is directly involved with caring for the critically ill child, who must have completed a recognised paediatric resuscitation course for example PILS / PLS / EPLS / APLS (Resuscitation Council UK, 2010 / ALSG, 2011) or have completed an in-house education and training programme covering similar learning outcomes.

Level 2 Paediatric Critical Care Unit – delivering Level 2 (and Level 1) critical care.

1. Nurses, new to critical care should work a minimum of 75 hours of supervised practice in a Level 1 or Level 2 critical care area, to gain the essential skills required.
2. All skills should be gained within 12 months of working in this area. Supporting experience may be gained in areas such as anaesthetics, recovery room, adult or neonatal critical care.
3. A minimum of one nurse on every shift, who is directly involved with caring for the critically ill child, should have successfully completed a validated / accredited education and training programme of study addressing all the required
4. Paediatric Critical Care (PCC) skills to Level 2. Recommendations for the learning outcomes, content and assessment are in Appendix 5. A course of study should be quality controlled and ideally Quality Assurance Accredited (QAA) for Higher Education.
5. There should be a minimum of one nurse on every shift who is directly involved with caring for the critically ill child, who must have completed a recognised advanced paediatric life support course for example Advanced Paediatric Life Support (APLS) (ALSG 2011), European Paediatric Life Support (EPLS) (Resuscitation Council UK 2010).

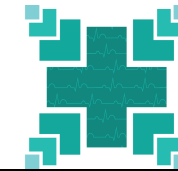
(Standards 3 and 4 are goals to which we are working towards)

70 % of nursing staff should hold a qualification in specialty (Defining Staffing Levels for Children and Young People’s Services RCN, 2012). This is defined by completion of the skills attained in this package and evidence of acquisition of the necessary underpinning knowledge.

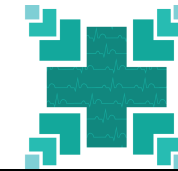
It is recommended that each regional Paediatric Critical Care Operational delivery Network (ODN) ensures that all PCCUs within the network have access to a Paediatric Critical Care Educator; this may be through the Regional Retrieval Service or Lead Centre.

Definitions:

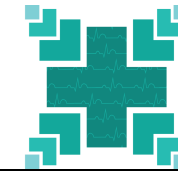
- Mentor / Supervisor – An individual who is QIS for the specific unit and who has two or more years of experience in this clinical area
- '✓' indicates the expected level of achievement
- N/A indicates not applicable for the Level of Unit
- The areas greyed out are not required to be completed in this competency document



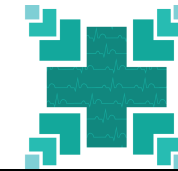
| Clinical Skill | | LEVEL 1 UNIT | | | LEVEL 2 UNIT | | |
|----------------|--|----------------|-----------------------|------|----------------|-----------------------|------|
| | | To be achieved | Sign – Learner/Mentor | Date | To be achieved | Sign – learner/mentor | Date |
| 1 | Essential patient care | | | | | | |
| 1.1 | Bedside safety checks and preparation of bed space | ✓ | | | | | |
| 1.2 | Appropriate and correct use of monitoring equipment | ✓ | | | | | |
| 1.3 | All equipment checks appropriate for level of critical care e.g. tracheostomy, chest drain | ✓ | | | | | |
| 1.4 | Completed PEWS and Escalation procedure training | ✓ | | | | | |
| 1.5 | Able to appropriately escalate concerns using communication tool SBAR | ✓ | | | | | |
| 1.6 | Accurately assess and recognise changes in child's condition | ✓ | | | | | |
| 1.7 | Correct completion of appropriate nursing documentation for child and ward area | ✓ | | | | | |
| 2 | Resuscitation Training | | | | | | |
| 2.1 | Successful completion of Basic Life Support training | ✓ | | | | | |
| 2.2 | Successful completion of resuscitation course e.g. PILS, PICLS - completed within one year | ✓ | | | | | |
| 2.3 | Successful completion of recognised advanced resuscitation course e.g. EPLS/APLS | ✓ | | | | | |
| 3 | Assessment and Management of Airway and Breathing | | | | | | |
| 3.1 | Assess airway patency and position – open airway considering airway manoeuvres | ✓ | | | | | |
| 3.2 | Acknowledge implications of: respiratory noise/grunting | ✓ | | | | | |
| 3.3 | Vocalising | ✓ | | | | | |
| 3.4 | Respiratory rate | ✓ | | | | | |



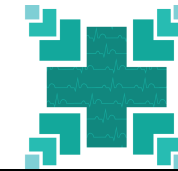
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| | | To be achieved | Sign – Learner/Mentor | Date | To be achieved | Sign – Learner/Mentor | Date |
| 3 | Assessment and Management of Airway and Breathing (continued) | | | | | | |
| 3.5 | Effort of Breathing | ✓ | | | | | |
| 3.6 | Efficacy of breathing | ✓ | | | | | |
| 3.7 | Chest Movement | ✓ | | | | | |
| 3.8 | Auscultation | ✓ | | | | | |
| 3.9 | SpO ₂ interpretation | ✓ | | | | | |
| 3.10 | Skin colour | ✓ | | | | | |
| 3.11 | Conscious Level – AVPU | ✓ | | | | | |
| 3.12 | Size and insert oropharyngeal airway | ✓ | | | | | |
| 3.13 | Suction clearance of oropharyngeal secretions | ✓ | | | | | |
| 3.14 | Perform effective auscultation of the chest | ✓ | | | | | |
| 3.15 | Identify air entry and added sounds | ✓ | | | | | |
| 3.16 | Appropriately size face mask for ventilation | ✓ | | | | | |
| 3.17 | Perform effective use of face mask bag ventilation (ambubag) | ✓ | | | | | |
| 3.18 | Perform effective use of Ayres T-piece for ventilation using face mask | | | | ✓ | | |
| 3.19 | Perform effective use of Ayres T-piece for tracheostomy ventilation | | | | ✓ | | |



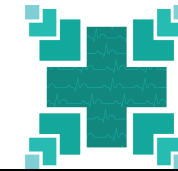
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| 4 | Upper Airway Obstruction | | | | | | |
| 4.1 | Recognise partially obstructed and obstructed airway and take appropriate action | ✓ | | | | | |
| 4.2 | Discuss problems associated with noise and stridor and undertake severity assessment | ✓ | | | | | |
| 4.3 | Discuss need for effective positioning with minimal handling and distress avoidance | ✓ | | | | | |
| 4.4 | Discuss use of nebulised adrenaline, budesonide and steroids and identify changes in condition associated with their use. | ✓ | | | | | |
| 5 | Care of Child with Nasopharyngeal Airway | | | | | | |
| 5.1 | Prepare equipment | | | | ✓ | | |
| 5.2 | Indicate the child likely to benefit from an NP airway | | | | ✓ | | |
| 5.3 | Effectively size and insert NP airway | | | | ✓ | | |
| 5.4 | Perform suction of NP airway | | | | ✓ | | |
| 5.5 | Effectively position the child | | | | ✓ | | |
| 5.6 | Provide skin and nostril care | | | | ✓ | | |
| 5.7 | Recognise blocked and/or dislodged NP airway and manage appropriately | | | | ✓ | | |
| 6 | Suctioning | | | | | | |
| 6.1 | Effectively perform oral suction | ✓ | | | | | |
| 6.2 | Use of appropriately sized suction catheter | ✓ | | | | | |
| 6.3 | Perform nasopharyngeal aspiration (NPA) for airway clearance and sampling | ✓ | | | | | |



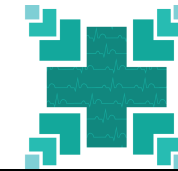
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| | | To be achieved | Sign – Learner/Mentor | Date | To be achieved | Sign – Learner/Mentor | Date |
| 6 | Suctioning (continued) | | | | | | |
| 6.4 | Assess secretions, type and frequency | ✓ | | | | | |
| 6.5 | Perform tracheostomy care including suction (acute care, first 7 days) | | | | ✓ | | |
| 6.6 | Perform tracheostomy care including suction (established > 8 days) | ✓ | | | | | |
| 6.7 | Correct sizing of catheter | ✓ | | | | | |
| 6.8 | Correct depth of suction | ✓ | | | | | |
| 6.9 | Assess secretions and humidification requirement | ✓ | | | | | |
| 6.10 | Recognise tracheostomy occlusion/ displacement | ✓ | | | | | |
| 6.11 | Recognise requirement for emergency tracheostomy tube change | ✓ | | | | | |
| 6.12 | Complete emergency and non-emergency tracheostomy tube change | ✓ | | | | | |
| 6.13 | Explain need for spare tubes and emergency equipment | ✓ | | | | | |
| 6.14 | Discuss importance of stay sutures and their use in emergency tracheostomy change <7days | | | | ✓ | | |
| 7 | Physiotherapy | | | | | | |
| 7.1 | Identify requirement for chest physiotherapy and support in secretion clearance | | | | ✓ | | |
| 7.2 | Demonstrate appropriate chest physiotherapy techniques/Equipment | | | | ✓ | | |



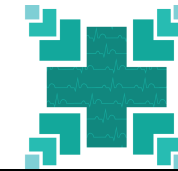
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| | | To be achieved | Sign – Learner/Mentor | Date | To be achieved | Sign – Learner/Mentor | Date |
| 8 | Intubation | | | | | | |
| 8.1 | Demonstrate awareness of drugs used and location of intubation drugs | ✓ | | | | | |
| 8.2 | Demonstrate knowledge of equipment to be used and where it is located | ✓ | | | | | |
| 8.3 | Determine successful tube placement (CO ₂ , auscultation, chest movement, inspection) | | | | ✓ | | |
| 8.4 | Determine unsuccessful tube placement (DOPES) | | | | ✓ | | |
| 8.5 | Demonstrate ETT fixation techniques | | | | ✓ | | |
| 9 | Pulse Oximetry | | | | | | |
| 9.1 | Demonstrate awareness of probe positioning in SpO ₂ monitoring | ✓ | | | | | |
| 9.2 | Demonstrate awareness of limitations of SpO ₂ monitoring | ✓ | | | | | |
| 9.3 | Discuss reasons for site rotation | ✓ | | | | | |
| 10 | Care of the child requiring oxygen therapy | | | | | | |
| 10.1 | Identify appropriate delivery device in context of clinical assessment | ✓ | | | | | |
| 10.2 | Demonstrate correct use of face mask with reservoir | ✓ | | | | | |
| 10.3 | Demonstrate correct choice and application of facemask/tracheostomy mask | ✓ | | | | | |
| 10.4 | Identify requirement for high flow humidified oxygen therapy e.g. optiflow/airvo | ✓ | | | | | |
| 10.5 | Demonstrate correct set up and management of high flow oxygen therapy (airvo/optiflow) | ✓ | | | | | |



| Clinical Skill | | LEVEL 1 UNIT | | | LEVEL 2 UNIT | | |
|----------------|---|----------------|-----------------------|------|----------------|-----------------------|------|
| | | To be achieved | Sign – Learner/Mentor | Date | To be achieved | Sign – Learner/Mentor | Date |
| 11 | Care of the Child with Apnoea | | | | | | |
| 11.1 | Discuss underlying causes of apnoea and investigations required | ✓ | | | | | |
| 11.2 | Discuss treatment for recurrent apnoea's | ✓ | | | | | |
| 12 | Care of child with non-invasive ventilation e.g. CPAP/BIPAP and child being ventilated via tracheostomy | | | | | | |
| 12.1 | Demonstrate knowledge of CPAP and BIPAP ventilation support. Discuss their application and use in acute and chronic situations. | ✓ | | | | | |
| 12.2 | Discuss differences in ventilation circuits and select appropriate circuit for child's requirement/device. | | | | ✓ | | |
| 12.3 | Demonstrate correct set up of circuit for facemask NIV and Tracheostomy ventilation | | | | ✓ | | |
| 12.4 | Demonstrate setting up and altering mode and settings of ventilator interface | | | | ✓ | | |
| 12.5 | Discuss humidification requirements and demonstrate correct humidification delivery | | | | ✓ | | |
| 12.6 | Assess and care for skin integrity | | | | ✓ | | |
| 12.7 | Assess child's response to ventilation with multi-disciplinary team. | | | | ✓ | | |
| 12.8 | Discuss appropriate weaning/escalation of ventilation | | | | ✓ | | |
| 12.9 | Demonstrate indications for and set up of nasal CPAP/SiPAP for infants | | | | ✓ | | |

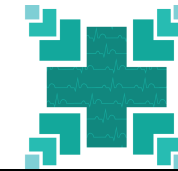


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| | | To be achieved | Sign – Learner/Mentor | Date | To be achieved | Sign – Learner/Mentor | Date |
| 13 | Acute Asthma | | | | | | |
| 13.1 | Demonstrate knowledge of and application of severity assessment | ✓ | | | | | |
| 13.2 | Demonstrate knowledge of guidelines and pathways | ✓ | | | | | |
| 13.3 | Monitor observations and discuss use and side effects of intravenous Salbutamol, Aminophylline and Magnesium | ✓ | | | ✓ | | |
| 14 | Blood gases | | | | | | |
| 14.1 | Discuss and identify requirement for blood gas sampling | ✓ | | | | | |
| 14.2 | Demonstrate capillary/venous blood gas sampling | ✓ | | | | | |
| 14.3 | Identify normal values | ✓ | | | | | |
| 14.4 | Interpret values and refer for escalation | ✓ | | | | | |
| 15 | Chest drain Care | | | | | | |
| 15.1 | Identify and discuss requirements for chest drain insertion | ✓ | | | ✓ | | |
| 16 | Cardiovascular | | | | | | |
| 16.1 | Accurately assess heart rate and pulses | ✓ | | | | | |
| 16.2 | Accurately assess capillary refill time, perfusion, colour, blood pressure and temperature | ✓ | | | | | |
| 16.3 | Demonstrate correct blood pressure measurement (manual/electronic) | ✓ | | | | | |
| 16.4 | Demonstrate correct placement of ECG leads | ✓ | | | | | |
| 16.5 | Recognise sinus rhythm | ✓ | | | | | |

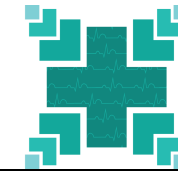


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| | | To be achieved | Sign – Learner/Mentor | Date | To be achieved | Sign – Learner/Mentor | Date |
| 16 | Cardiovascular (continued) | | | | | | |
| 16.6 | Recognise an abnormal ECG rhythm and actions to take | ✓ | | | | | |
| 16.7 | Demonstrate how to record a 12 lead ECG. | | | | ✓ | | |
| 16.8 | Recognise life threatening rhythms (VF, VT, SVT, PEA, asystole) and take appropriate urgent action | ✓ | | | | | |
| 16.9 | Prepare, administer and calculate dosage, IV anti-arrhythmic, IV inotropic and vasopressor support and prostaglandin | ✓ | | | | | |
| 16.10 | Demonstrate knowledge and understanding of common cardiac anomalies | ✓ | | | | | |
| 17 | Defibrillator | | | | | | |
| 17.1 | Locate nearest device and demonstrate operational and safety checks | ✓ | | | | | |
| 17.2 | Demonstrate correct positioning of Pads and connect leads | ✓ | | | | | |
| 17.3 | Demonstrate how to use defibrillator in monitor only mode | ✓ | | | | | |
| 17.4 | Demonstrate awareness of shockable rhythm algorithm | ✓ | | | | | |
| 17.5 | Demonstrate awareness of cardioversion algorithm | ✓ | | | | | |
| 17.6 | Demonstrate safe delivery of DC shock | ✓ | | | | | |
| 18 | Temperature Monitoring | | | | | | |
| 18.1 | Identify appropriate clinical application of continuous core temperature monitoring | | | | ✓ | | |
| 18.2 | Identify appropriate technique for temperature control (to include safe patient warming and cooling) | ✓ | | | | | |

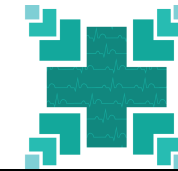
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| | | To be achieved | Sign – Learner/Mentor | Date | To be achieved | Sign – Learner/Mentor | Date |
| 19 | Blood Sampling/Transfusion | | | | | | |
| 19.1 | Demonstrate safe care of a peripheral line including accurate PEP scoring | ✓ | | | | | |
| 19.2 | Demonstrate correct blood sampling procedures for peripheral lines and central lines | ✓ | | | | | |
| 19.3 | Demonstrate correct blood sampling procedures for arterial lines | | | | ✓ | | |
| 19.4 | Demonstrate safe administration of blood products as per trust policy and guidelines | ✓ | | | | | |
| 20 | Care of child with invasive pressure monitoring e.g. CVP/Arterial | | | | | | |
| 20.1 | Identify clinical indication for invasive monitoring within PHDU | | | | ✓ | | |
| 20.2 | Demonstrate how to transduce and monitor a central venous line | | | | ✓ | | |
| 20.3 | Demonstrate safe management of an Arterial line and identify risk factors | | | | ✓ | | |
| 20.4 | Demonstrate safe removal of arterial lines | | | | ✓ | | |
| 20.5 | Demonstrate safe management of central venous lines | | | | ✓ | | |
| 20.6 | Demonstrate safe removal of central venous lines | | | | | | |
| 20.7 | Demonstrate safe Arterial, CVP blood gas sampling with correct adherence to ANTT | | | | ✓ | | |



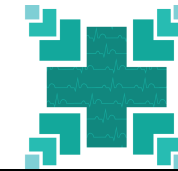
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| | | To be achieved | Sign – Learner/Mentor | Date | To be achieved | Sign – Learner/Mentor | Date |
| 21 | Care of the child requiring fluids and renal monitoring | | | | | | |
| 21.1 | Demonstrate knowledge of fluid and electrolyte balance e.g importance of drain/ng losses and replacement fluids | ✓ | | | | | |
| 21.2 | Demonstrate safe administration of IV fluids containing potassium | ✓ | | | | | |
| 21.3 | Demonstrate accurate calculation of child's fluid requirements | ✓ | | | | | |
| 21.4 | Demonstrate accurate and timely fluid balance calculations and documentation | ✓ | | | | | |
| 21.5 | Recognise the need for urinary catheter, collect and prepare equipment required | ✓ | | | | | |
| 21.6 | Demonstrate safe insertion procedure for urethral catheterisation in females | ✓ | | | | | |
| 21.7 | Demonstrate safe insertion procedure for urethral catheterisation in males | | | | ✓ | | |
| 21.8 | Demonstrate urine sampling using correct ANTT | ✓ | | | | | |
| 21.9 | Demonstrate indications & correct procedure to flush a urinary catheter | ✓ | | | | | |
| 21.10 | Demonstrate correct procedure to remove a urethral catheter | ✓ | | | | | |
| 21.11 | Demonstrate correct procedure when performing urethral catheter care | ✓ | | | | | |
| 21.12 | Discuss indications and contraindications of urinary catheter placement in a child. | ✓ | | | | | |



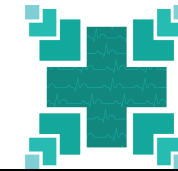
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| | | To be achieved | Sign – Learner / Mentor | Date | To be achieved | Sign – Learner / Mentor | Date |
| 22 | Gastrointestinal | | | | | | |
| 22.1 | Demonstrate correct procedure for placement of a nasogastric tube | ✓ | | | | | |
| 22.2 | Confirm correct placement of NG/NJ tube as per trust guidelines | ✓ | | | | | |
| 22.3 | Discuss risks associated with NG/NJ tube placement | ✓ | | | | | |
| 22.4 | Demonstrate correct procedure of NG/NJ tube feeding | ✓ | | | | | |
| 22.5 | Demonstrate correct use and care of gastrostomy/ jejunostomy | ✓ | | | | | |
| 22.6 | Demonstrate safe administration of TPN via central line as per trust guideline | ✓ | | | | | |
| 22.7 | Recognise the need for and demonstrate correct technique for rectal washouts | ✓ | | | | | |
| 23 | Pain and Sedation | | | | | | |
| 23.1 | Demonstrating appropriate monitoring and care required for a child receiving a continuous IV opioid infusion | ✓ | | | | | |
| 23.2 | Identify and discuss side effects and risks associated with continuous opioid infusion | ✓ | | | | | |
| 23.3 | Demonstrate appropriate documentation & management of a child receiving pain relief via Patient Controlled Analgesia (PCA) | ✓ | | | | | |
| 23.4 | Demonstrate appropriate use of pain tools and observation scores. | ✓ | | | | | |
| 23.5 | Recognition of child with symptoms of withdrawal from analgesia/sedation and appropriate management | ✓ | | | | | |



| Clinical Skill | | LEVEL 1 UNIT | | | LEVEL 2 UNIT | | |
|----------------|---|----------------|-------------------------|------|----------------|-------------------------|------|
| | | To be achieved | Sign – Learner / Mentor | Date | To be achieved | Sign – Learner / Mentor | Date |
| 24 | Neurological Care (Including DKA) | | | | | | |
| 24.1 | Assess, interpret and act on AVPU score | ✓ | | | | | |
| 24.2 | Assess, document, interpret and act on GCS score | ✓ | | | | | |
| 24.3 | Demonstrate ability to identify and take appropriate action when conscious level alters | ✓ | | | | | |
| 24.4 | Demonstrate ability to identify and take appropriate action during seizure activity according to individual seizure plan. | ✓ | | | | | |
| 24.5 | Discuss actions and side effects of common anti-convulsant medications | ✓ | | | | | |
| 24.6 | Administer buccal, PR and IV anti-convulsants as per individual seizure plan. | ✓ | | | | | |
| 24.7 | Administer continuous IV anti-convulsant or benzodiazepine in status epilepticus as per trust policy | ✓ | | | | | |
| 24.8 | Discuss side effects of continuous IV anti-convulsant or benzodiazepine infusion | ✓ | | | | | |
| 24.9 | Demonstrate knowledge of DKA protocol and its clinical indication for use. | ✓ | | | | | |
| 24.10 | Demonstrate safe management of the child with Diabetic Ketoacidosis (DKA) requiring continuous IV insulin infusion | ✓ | | | | | |
| 24.11 | Perform, record and interpret blood glucose measurements using appropriate monitoring device | ✓ | | | | | |
| 24.12 | Demonstrate appropriate interpretation and appropriate management of the child with altered GCS/ raised ICP | ✓ | | | | | |

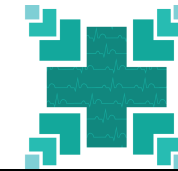


| Clinical Skill | | LEVEL 1 UNIT | | | LEVEL 2 UNIT | | |
|----------------|---|----------------|-----------------------|------|----------------|-----------------------|------|
| | | To be achieved | Sign – Learner/Mentor | Date | To be achieved | Sign – Learner/Mentor | Date |
| 25 | Care of child post Surgical Procedure | | | | | | |
| 25.1 | Demonstrate appropriate management for a child following orthopaedic/spinal surgery | ✓ | | | | | |
| 25.2 | Demonstrate appropriate management for a child following general surgery | ✓ | | | | | |
| 25.3 | Demonstrate appropriate management for a child following ENT surgery | ✓ | | | | | |
| 25.4 | Acknowledge indications for DVT and gastric ulcer prophylaxis and wound assessment | ✓ | | | | | |
| 25.5 | Demonstrate appropriate wound care, including use of drains | ✓ | | | | | |
| 25.6 | Demonstrate an awareness of post op recovery considerations e.g. early mobilisation, pain management, prevention of post atelectasis. | ✓ | | | | | |
| 26 | Care of child following Trauma | | | | | | |
| 26.1 | Demonstrate knowledge of primary & secondary survey and appropriate treatment pathways | ✓ | | | | | |
| 26.2 | Demonstrate indications for C spine immobilisation & process for ongoing management | ✓ | | | | | |
| 26.3 | Demonstrate relevance of mechanism of injury | ✓ | | | | | |
| 26.4 | Discuss safeguarding considerations in the context of trauma | ✓ | | | | | |
| 26.5 | Discuss escalation pathway related to safeguarding concerns in the context of trauma | ✓ | | | | | |
| 26.6 | Demonstrate knowledge of observations and considerations in Traumatic Brain Injury (TBI) e.g. neuro obs, positioning, agitation, SALT, rehabilitation | ✓ | | | | | |

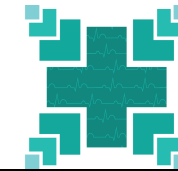


| Clinical Skill | | LEVEL 1 UNIT | | | LEVEL 2 UNIT | | |
|----------------|--|----------------|-----------------------|------|----------------|-----------------------|------|
| | | To be achieved | Sign – Learner/Mentor | Date | To be achieved | Sign – Learner/Mentor | Date |
| 27 | Care of child at End of Life | | | | | | |
| 27.1 | Demonstrate knowledge of any individual advanced care plans (ACP) | ✓ | | | | | |
| 27.2 | Demonstrate knowledge of processes and legal implications of sudden unexpected death | ✓ | | | | | |
| 27.3 | Demonstrate knowledge of considerations for organ donation | ✓ | | | | | |
| 27.4 | Appropriate care of child and family during the bereavement process | ✓ | | | | | |
| 27.5 | Discuss support services available | ✓ | | | | | |
| 27.6 | Discuss importance of care of self and colleagues | ✓ | | | | | |

| Specialist Area Skills | | LEVEL 1 UNIT | | | LEVEL 2 UNIT | | |
|------------------------|--|----------------|-----------------------|------|----------------|-----------------------|------|
| | | To be achieved | Sign – Learner/Mentor | Date | To be achieved | Sign – Learner/Mentor | Date |
| 28 | Specific Cardiac Care | | | | | | |
| 28.1 | Demonstrate knowledge of all safety considerations when caring for a child receiving cardiac pacing via an external control device | | | | ✓ | | |
| 28.2 | Demonstrate how to change the battery in a pacing box | | | | ✓ | | |
| 28.3 | Demonstrate ability to recognise and record the pacing mode and settings | | | | ✓ | | |
| 28.4 | Demonstrate knowledge and understanding of common corrective cardiac surgical procedures | ✓ | | | | | |
| 28.5 | Demonstrate appropriate knowledge and skill when managing the care of the child post cardiac surgical procedure, post PICU admission | | | | ✓ | | |
| 28.6 | Discuss the indications, actions and side effects of the drugs commonly used in cardiac patients | ✓ | | | | | |
| 28.7 | Describe the action and side effects of vasoactive drugs (Infusions) | | | | ✓ | | |
| 28.8 | Demonstrate safe administration and changing of IV vasoactive drug infusions | | | | ✓ | | |
| 28.9 | Discuss the care and monitoring of a child receiving IV vasoactive drug infusion | | | | ✓ | | |
| 28.10 | Discuss the indications for and safe administer of IV heparin and other thrombolysis medication | | | | ✓ | | |



| Specialist Area Skills | | LEVEL 1 UNIT | | | LEVEL 2 UNIT | | |
|------------------------|---|----------------|-----------------------|------|----------------|-----------------------|------|
| | | To be achieved | Sign – Learner/Mentor | Date | To be achieved | Sign – Learner/Mentor | Date |
| 29 | Care of child requiring Acute Renal Replacement Therapy | | | | | | |
| 29.1 | Demonstrate indications and monitoring required for the child receiving peritoneal dialysis (PD) e.g. homechoice | | | | ✓ | | |
| 29.2 | Demonstrate care and monitoring of the child requiring acute haemodialysis | | | | ✓ | | |
| 29.3 | Demonstrate care and monitoring of the child requiring continuous renal replacement therapy (RRT) e.g. hemofiltration | | | | ✓ | | |
| 29.4 | Demonstrate care and monitoring of the child requiring plasma exchange | | | | ✓ | | |
| 30 | Specialist Neurological Care | | | | | | |
| 30.1 | Discuss the indications for External Ventricular Drainage (EVD) | | | | ✓ | | |
| 30.2 | Demonstrate correct positioning and monitoring required when using EVD. | | | | ✓ | | |
| 30.3 | Demonstrate appropriate documentation of clinical observations and interventions when caring for the child with an EVD | | | | ✓ | | |
| 30.4 | Set up and care for a child requiring intra Cranial Pressure (ICP) monitoring showing appropriate documentation of observations | | | | ✓ | | |
| 31 | Care of the Child with an Epidural | | | | | | |
| 31.1 | Demonstrate appropriate documentation & management of a child receiving pain relief via an epidural infusion | | | | ✓ | | |
| 31.2 | Identify and discuss side effects and risks associated with epidural infusions | ✓ | | | | | |



| Clinical Skill | | LEVEL 1 UNIT | | | LEVEL 2 UNIT | | |
|----------------|--|----------------|-----------------------|------|----------------|-----------------------|------|
| | | To be achieved | Sign – Learner/Mentor | Date | To be achieved | Sign – Learner/Mentor | Date |
| 32 | Chest drain Care | | | | | | |
| 32.1 | Set up and care for an underwater seal drainage system | ✓ | | | | | |
| 32.2 | Set up and care of suction on chest drain | ✓ | | | | | |
| 32.3 | Demonstrate documentation of observations and monitoring of a child with a chest drain. | ✓ | | | | | |
| 32.4 | Observe and manage chest drain insertion site | ✓ | | | | | |
| 32.5 | How to identify and troubleshoot chest drain related patient deterioration and emergencies | ✓ | | | | | |
| 32.6 | How to identify and troubleshoot chest drain unit malfunctions | ✓ | | | | | |
| 32.7 | Identify when to use chest drain clamps | ✓ | | | | | |
| 32.8 | Demonstrate changing the underwater seal bottle | ✓ | | | | | |
| 32.9 | Provide safe transfer of a child with a chest drain e.g. x-ray | ✓ | | | | | |
| 32.10 | Demonstrate correct technique for removal of chest drain and discuss post removal observations | ✓ | | | | | |