SINA INSTITUTE OF NURSING AND ALLIED HEALTH SCIENCES QUETTA
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Pediatric Nursing Skills Logbook – Pediatric Care

Patient Name: _____ D.O.A: _____ Medical Diagnosis: _____

S/NO	Skill Category	Specific Skill	Time	Date	Year	Performed		Remarks
						Yes	NO	
01	Vital Sign	Temperature Monitoring				Yes	NO	
02		Pulse Monitoring				Yes	NO	
03		Respiratory Rate Monitoring				Yes	NO	
04	Medication	Medication Administration IV / IM/ Oral				Yes	NO	Route & drug name
05	Feeding Support	NG Tube Feeding				Yes	NO	Type of feed
07	Immunization	Vaccine Administration				Yes	NO	Vaccine name & dose
08	Growth Monitoring	Head circumference				Yes	NO	
		Weight				Yes	NO	
		Height				Yes	NO	
09	Emergency response	Pediatric CPR				Yes	NO	

CLINICAL INSTRUCTOR SIGN: _____