

NEONATAL, NICU SKILLS CHECKLIST

Name _____ SurgiStaff Manager _____

When completing this checklist, please indicate your level of proficiency in each area according to the scale below. To the right of each skill, write the number, 1, 2, or 3, which best describes your expertise with each skill.

The scale is as follows: 1. Have not performed
2. Intermittent experience
3. Competent

SPECIFIC PATHOLOGIC CONDITIONS

1. Care of infant with:
 - A. Infant of a diabetic mother
 - B. Hepatitis surface antigen+ mother.....
 - C. HIV positive mother.....
 - D. Bacterial sepsis
 - E. Viral sepsis
 - F. Exchange transfusion
 - G. Congenital anomalies
 - H. Premature infants.....
 - I. Micro-preemies
2. Care of infant with:
 - A. Acute renal failure
 - B. DIC (disseminated intra vascular coagulation).....
 - C. Disorders of internal/external organs.....
 - D. Drug addiction/withdrawal
 - E. Hypo/hyperkalemia
 - F. Hypo/hyponatremia
 - G. Malformations of the GU tract, kidney.....

PROCEDURES

1. Interpretation of lab results
 - A. CBC/differential
 - B. Blood culture
 - C. Maternal lab results
 - D. Bilirubin
 - E. Urine test
 - F. Collect culture specimens.....
2. Collection of urine specimens
3. Phototherapy for jaundice.....
4. Isolation techniques
5. Standard precautions (universal).
6. Administration of blood/blood products.....
7. Delivery systems

 - A. IV pump
 - B. Syringe pump
 - C. TPN line
 - D. Reflux precautions.....
 - E. Tracheoesophageal fistula (TEF).....

8. Blood draw from central line.....
9. Venous blood draw.....
10. Heel stick.....
11. Intralipid
12. Starting and managing IV's.....
 - A. Central line
 - B. Percutaneous arterial line
 - C. Percutaneous venous line
 - D. Peripheral line/dressing

- E. Umbilical arterial line.....
- F. Umbilical venous line.....
13. Apgar scoring.....
14. Eye exam (r/o retinopathy).
15. Screen for hearing loss.....
16. Bereavement/postmortem care.....
17. Immunization.....
18. Cord care.....
19. Neonatal skin care.....
20. Positioning devices
21. Weaning to open crib/bassinet
22. Weights/bed scale
23. Calculation of dosage.....
24. Emergency drug action & reaction
25. Eye prophylaxis - Vitamin K
26. Neonatal drug action & reactions.....
27. Thermo Regulators:
 - A. Warming lights
 - B. Isolette
 - C. Radiant warmer
 - D. Bililight.....
 - E. Recognition of heat loss
28. Peritoneal dialysis

RESPIRATORY

1. Breath sounds
2. Assessment of breathing.....
3. Airway Procedures:
 - A. Assist with intubation.....
 - B. Bulb syringe
 - C. CPAP.....
 - D. Endotracheal tube
4. Open ET catheter suction.....
5. Apnea monitor
6. Chest tube (assist with).
7. ECMO (extracorporeal membrane oxygenation)...
8. Nitric oxide.....
9. Thoracentesis
10. Use of artificial surfactant
11. High frequency oscillatory ventilator
12. Care of infant with:
 - A. Bronchopulmonary dysplasia (BPD).....
 - B. Cardiogenic/hypovolemic shock.....
 - C. Diaphragmatic hernia
 - D. Tracheostomy
 - E. Meconium aspiration.....
 - F. Hyaline membrane disease
 - G. Persistent pulmonary hypertension (PPHN).....
 - H. Pneumothorax.....

NEONATAL, NICU SKILLS CHECKLIST

Name _____ SurgiStaff Manager _____

- I. RDS
- 13. Medications:
 - A. Aminophylline.....
 - B. Prostaglandin
- CARDIOVASCULAR**
- 1. Assessment
- A. Blood pressure non-invasive
- B. Blood pressure invasive.....
- C. Pulses.....
- D. Perfusion
- E. Heart sounds/murmurs
- 2. Procedures:
 - A. EKG interpretation
 - B. Defibrillation/cardioversion
 - C. Invasive hemodynamic monitoring
 - D. Cardiac monitoring.....
- 3. Care of infant:
 - A. Cardiac arrest.....
 - B. Cardiac transplant.....
 - C. Cardiomyopathy
 - D. Congenital heart disease/defects.....
 - E. Hemodynamic instability.....
 - F. Hypovolemic shock.....
 - G. Pre & post cardiac surgery
 - H. Pre & post cardiac cath.
- 4. Medications:
- A. Digoxin.....
- B. Dobutamine
- C. Dopamine
- D. Epinephrine
- E. Lidocaine
- F. Nipride.....
- G. Sodium bicarbonate
- H. Verapamil

NEUROLOGY

- 1. Assessment of neuro signs.....

PROFESSIONAL EXPERIENCE & CERTIFICATIONS

Are you BCLS certified? Yes/No
 Are you NRP certified? Yes/No
 Are you PALS certified? Yes/No
 Other (type):
 Number of years of experience?.....
 Nursing exp. level: LevelLevel II.....Level III...

- 2. Assessment of Fontanels
- 3. Anticonvulsant medication.....
- 4. Care of infant with:
 - A. Brain death/organ procurement
 - B. Cephalic shunt
 - C. External VP shunt.....
 - D. Increased intracranial pressure monitoring...
 - E. Meningitis.....
 - F. Seizures
 - G. Hemorrhage
- 5. Glasgow Coma scale.....
- 6. Assist with lumbar puncture

GASTROINTESTINAL

- 1. Abdominal assessment
- 2. Bowel sounds
- 3. Suck/swallow.....
- 4. Assist with breast feeding.....
- 5. Bottle feeding.
- 6. Breast milk handling/storage
- 7. Gavage.....
- 8. Use and care of:
 - A. Gastrostomy tube.....
 - B. Jejunal gastro tube.....
 - C. Nasogastric/orogastric tube
- 9. Test for occult blood.....
- 10. Care of patient with:
 - A. Bowel obstruction.....
 - B. Cleft lip/palate
 - C. Colostomy/ileostomy.....
 - D. Esophageal atresia
 - E. Omphalocele.....
 - F. GI bleeding.....
 - G. Inguinal hernia.....
 - H. Necrotizing enterocolitis (NEC)
 - I. Pyloric stenosis.....
 - J. Post abdominal surgery

Do you have transport experience? Yes/No
 Air or ground? Yes/No
 Number of years?.....
 Do you have charge experience? Yes/No
 Number of years.....

The information I have given is true and accurate to the best of my knowledge.

Signature

Date

Name (Please Print)

SurgiStaff Manager

Date