Nurses with Pride and Promise, Inc.

Nursing Staffing Agency

Neonatal Intensive Care Skills Checklist

*** Denotes required field**

This profile is for use by Neonatal Intensive nurses with more than one year experience in their discipline and specialty. It will not be a determining factor for employment but it may aid in promoting yourself at the Interview.

Please enter your full legal name as it appears on your **Social Security Card**.

First name * **Last name** *

_____ _____

Social Security number **Date**

_____ - _____ - _____ _____ / _____ / _____

Email: _____

Please indicate your level of experience by checking the applicable box below.

A. Theory, no practice C. One - two years experience

B. Intermittent experience D. Two plus years experience

A. CARDIOVASCULAR

1. Assessment				
a. Auscultation (rate, rhythm, volume)	| A |	| B |	| C |	| D |
b. Blood pressure/invasive (arterial line)	| A |	| B |	| C |	| D |
c. Blood pressure/non-invasive	| A |	| B |	| C |	| D |
d. Heart sounds/murmurs	| A |	| B |	| C |	| D |
e. Perfusion	| A |	| B |	| C |	| D |
f. Pulses	| A |	| B |	| C |	| D |
2. Equipment & procedures				
a. EKG interpretation	| A |	| B |	| C |	| D |
b. Defibrillation/cardioversion	| A |	| B |	| C |	| D |
c. Invasive hemodynamic monitoring	| A |	| B |	| C |	| D |
d. Central venous pressure	| A |	| B |	| C |	| D |
3. Care of the neonate with:				
a. Cardiac arrest	| A |	| B |	| C |	| D |
b. Cardiac transplant	| A |	| B |	| C |	| D |
c. Cardiomyopathy	| A |	| B |	| C |	| D |
d. Congenital heart disease/defects	| A |	| B |	| C |	| D |

e. Hemodynamic instability	| A |	| B |	| C |	| D |
f. Hypovolemic shock	| A |	| B |	| C |	| D |
g. Post cardiac surgery	| A |	| B |	| C |	| D |
h. Post interventional cardiac cath	| A |	| B |	| C |	| D |
4. Medications				
a. Dobutamine	| A |	| B |	| C |	| D |
b. Dopamine	| A |	| B |	| C |	| D |
c. Epinephrine	| A |	| B |	| C |	| D |
d. Nipride	| A |	| B |	| C |	| D |
e. Sodium bicarbonate	| A |	| B |	| C |	| D |

B. PULMONARY

1. Assessment				
a. Breath sounds	| A |	| B |	| C |	| D |
b. Rate and work of breathing	| A |	| B |	| C |	| D |
2. Interpretation of lab results				
a. Blood gases	| A |	| B |	| C |	| D |
b. Interpretation of x-ray reports	| A |	| B |	| C |	| D |
3. Equipment & procedures				
a. Airway management				
(1) Assist with intubation	| A |	| B |	| C |	| D |
(2) Bulb syringe	| A |	| B |	| C |	| D |
(3) CPAP (nasal prongs)	| A |	| B |	| C |	| D |
(4) Endotracheal tube stabilization	| A |	| B |	| C |	| D |
(5) Endotracheal tube suctioning				
a) In-line suction	| A |	| B |	| C |	| D |
b) Open ET catheter suction	| A |	| B |	| C |	| D |
(6) Extubation	| A |	| B |	| C |	| D |
(7) Intubation	| A |	| B |	| C |	| D |
(8) Nasal airway/suctioning	| A |	| B |	| C |	| D |
(9) Oral airway/suctioning	| A |	| B |	| C |	| D |
(10) Tracheostomy/suctioning	| A |	| B |	| C |	| D |
b. Apnea monitor	| A |	| B |	| C |	| D |
c. Cardiac resuscitation	| A |	| B |	| C |	| D |
d. Chest tube (assist with)				
(1) Insertion	| A |	| B |	| C |	| D |
(2) Removal	| A |	| B |	| C |	| D |
(3) Set-up	| A |	| B |	| C |	| D |
e. ECMO (extracorporeal membrane oxygenation)	| A |	| B |	| C |	| D |
f. O_2 therapy delivery systems				
(1) Bag (anesthesia) & mask	| A |	| B |	| C |	| D |
(2) Bag (self-inflating) & mask	| A |	| B |	| C |	| D |
(3) Nasal cannula	| A |	| B |	| C |	| D |
(4) Nebulizer	| A |	| B |	| C |	| D |
(5) Oxyhood	| A |	| B |	| C |	| D |
(6) Tent	| A |	| B |	| C |	| D |

(7) Trach collar	| A |	| B |	| C |	| D |
g. Obtaining blood gases				
(1) Arterial	| A |	| B |	| C |	| D |
(2) Heelstick	| A |	| B |	| C |	| D |
(3) Peripheral	| A |	| B |	| C |	| D |
(4) Umbilical line	| A |	| B |	| C |	| D |
h. Thoracentesis	| A |	| B |	| C |	| D |
i. Use of artificial surfactant	| A |	| B |	| C |	| D |
j. Ventilator care				
(1) CPAP/PEEP	| A |	| B |	| C |	| D |
(2) High frequency jet ventilator	| A |	| B |	| C |	| D |
(3) Home ventilator	| A |	| B |	| C |	| D |
(4) IMV	| A |	| B |	| C |	| D |
(5) Oscillating	| A |	| B |	| C |	| D |
(6) Pressure ventilator	| A |	| B |	| C |	| D |
(7) Volume ventilator	| A |	| B |	| C |	| D |
k. Weaning	| A |	| B |	| C |	| D |
4. Care of the neonate with:				
a. Bronchopulmonary dysplasia (BPD)	| A |	| B |	| C |	| D |
b. Cardiogenic/hypovolemic shock	| A |	| B |	| C |	| D |
c. Diaphragmatic hernia	| A |	| B |	| C |	| D |
d. Fresh tracheostomy	| A |	| B |	| C |	| D |
e. Meconium aspiration	| A |	| B |	| C |	| D |
f. Persistent pulmonary hypertension (PPHN)	| A |	| B |	| C |	| D |
g. Pneumothorax	| A |	| B |	| C |	| D |
h. Respiratory distress syndrome (RDS)	| A |	| B |	| C |	| D |
i. Respiratory failure	| A |	| B |	| C |	| D |
5. Medications				
a. Aminophylline	| A |	| B |	| C |	| D |
b. Prostaglandin	| A |	| B |	| C |	| D |

C. NEUROLOGICAL

1. Assessment				
a. Intracranial pressure monitoring	| A |	| B |	| C |	| D |
b. Neurological status	| A |	| B |	| C |	| D |
2. Care of the neonate with:				
a. Brain death/organ procurement	| A |	| B |	| C |	| D |
b. Externalized VP shunt/reservoirs	| A |	| B |	| C |	| D |
c. Increased intracranial pressure	| A |	| B |	| C |	| D |
d. Meningitis	| A |	| B |	| C |	| D |
e. Seizures	| A |	| B |	| C |	| D |
3. Medication - Anticonvulsant medication	| A |	| B |	| C |	| D |

D. GASTROINTESTINAL

1. Assessment

a. Abdominal girth	| A |	| B |	| C |	| D |
b. Bowel sounds	| A |	| B |	| C |	| D |
c. Palate	| A |	| B |	| C |	| D |
d. Suck/swallow	| A |	| B |	| C |	| D |
2. Equipment & procedures				
a. Care of gastrostomy tube	| A |	| B |	| C |	| D |
b. Feedings				
(1) Assist with breast feeding	| A |	| B |	| C |	| D |
(2) Bottle	| A |	| B |	| C |	| D |
(3) Breast milk handling/storage	| A |	| B |	| C |	| D |
(4) Gavage	| A |	| B |	| C |	| D |
c. Hospital grade electric breast pump	| A |	| B |	| C |	| D |
d. Placement of intestinal tubes				
(1) Jejunal gastro	| A |	| B |	| C |	| D |
(2) Nasogastric/orogastric	| A |	| B |	| C |	| D |
e. Test for occult blood	| A |	| B |	| C |	| D |
3. Care of the neonate with:				
a. Cleft palate	| A |	| B |	| C |	| D |
b. Colostomy/ileostomy	| A |	| B |	| C |	| D |
c. Gastroschisis/omphalocele	| A |	| B |	| C |	| D |
d. GI bleeding	| A |	| B |	| C |	| D |
e. Inguinal hernia	| A |	| B |	| C |	| D |
f. Necrotizing enterocolitis (NEC)	| A |	| B |	| C |	| D |
g. Post abdominal surgery	| A |	| B |	| C |	| D |
h. Reflux precautions	| A |	| B |	| C |	| D |
i. Tracheoesophageal fistula (TEF)	| A |	| B |	| C |	| D |

E. ENDOCRINE/METABOLIC

1. Assessment				
a. Finnegan	| A |	| B |	| C |	| D |
b. Fluid & electrolyte balance	| A |	| B |	| C |	| D |
2. Interpretation of lab results				
a. Bilirubin	| A |	| B |	| C |	| D |
b. Test urine and interpret				
(1) Glucose	| A |	| B |	| C |	| D |
(2) Labstix	| A |	| B |	| C |	| D |
(3) Occult blood	| A |	| B |	| C |	| D |
(4) pH	| A |	| B |	| C |	| D |
(5) Specific gravity	| A |	| B |	| C |	| D |
3. Equipment & procedures				
a. Collection of urine specimens				
(1) Assist with supra pubic tap	| A |	| B |	| C |	| D |
(2) Catheter	| A |	| B |	| C |	| D |
(3) Diaper/bag	| A |	| B |	| C |	| D |
b. Phototherapy for jaundice	| A |	| B |	| C |	| D |
c. Post circumcision care	| A |	| B |	| C |	| D |
4. Care of the neonate with:				

a. Acute renal failure	| A |	| B |	| C |	| D |
b. DIC (disseminated intravascular coagulation)	| A |	| B |	| C |	| D |
c. Disorders of internal/external organs	| A |	| B |	| C |	| D |
d. Drug addiction/withdrawal	| A |	| B |	| C |	| D |
e. Hypo/hyperkalemia	| A |	| B |	| C |	| D |
f. Hypo/hypernatremia	| A |	| B |	| C |	| D |
g. IDM (infant of a diabetic mother)				
(1) Hyperglycemia	| A |	| B |	| C |	| D |
(2) Hypoglycemia	| A |	| B |	| C |	| D |
h. Malformations of the GU tract, kidney	| A |	| B |	| C |	| D |
i. Peritoneal dialysis	| A |	| B |	| C |	| D |

F. INFECTIOUS DISEASES

1. Interpretation of lab results				
a. CBC/differential	| A |	| B |	| C |	| D |
b. Culture reports	| A |	| B |	| C |	| D |
c. Maternal lab results	| A |	| B |	| C |	| D |
2. Equipment & procedures				
a. Assist with lumbar puncture	| A |	| B |	| C |	| D |
b. Collect culture specimens	| A |	| B |	| C |	| D |
c. Isolation techniques	| A |	| B |	| C |	| D |
d. Standard (universal) precautions	| A |	| B |	| C |	| D |
3. Care of the neonate with:				
a. Hepatitis surface antigen+ mother	| A |	| B |	| C |	| D |
b. HIV positive mother	| A |	| B |	| C |	| D |
c. Neonatal sepsis	| A |	| B |	| C |	| D |
4. Medications - Immunizations				
a. HBIG	| A |	| B |	| C |	| D |
b. HBV	| A |	| B |	| C |	| D |
c. HIB	| A |	| B |	| C |	| D |
d. Polio	| A |	| B |	| C |	| D |
e. DPT	| A |	| B |	| C |	| D |
f. RespiGam/synergis prophylaxis	| A |	| B |	| C |	| D |

G. PHLEBOTOMY/IV THERAPY

1. Equipment & procedures				
a. Administration of blood/blood products				
(1) Cryoprecipitate	| A |	| B |	| C |	| D |
(2) Packed red blood cells	| A |	| B |	| C |	| D |
(3) Plasma/albumin	| A |	| B |	| C |	| D |
(4) Whole blood	| A |	| B |	| C |	| D |
b. Delivery systems				
(1) IV pump	| A |	| B |	| C |	| D |
(2) Syringe pump	| A |	| B |	| C |	| D |
c. Drawing blood from central line	| A |	| B |	| C |	| D |

d. Drawing venous blood	| A |	| B |	| C |	| D |
e. Hyperalimentation/TPN	| A |	| B |	| C |	| D |
f. Intralipid	| A |	| B |	| C |	| D |
g. Managing IV therapy				
(1) Discontinuing	| A |	| B |	| C |	| D |
(2) Dressing & tubing change	| A |	| B |	| C |	| D |
(3) Rate calculation	| A |	| B |	| C |	| D |
(4) Site & patency assessment	| A |	| B |	| C |	| D |
h. Starting IVs				
(1) Angiocath	| A |	| B |	| C |	| D |
(2) Butterfly	| A |	| B |	| C |	| D |
(3) Heparin lock	| A |	| B |	| C |	| D |
2. Care of the neonate with:				
a. Central line/catheter/dressing				
(1) Broviac	| A |	| B |	| C |	| D |
(2) Groshong	| A |	| B |	| C |	| D |
(3) Hickman	| A |	| B |	| C |	| D |
(4) Portacath	| A |	| B |	| C |	| D |
(5) Quinton	| A |	| B |	| C |	| D |
b. Percutaneous arterial line	| A |	| B |	| C |	| D |
c. Percutaneous venous line	| A |	| B |	| C |	| D |
d. Peripheral line/dressing	| A |	| B |	| C |	| D |
e. PICC (peripherally inserted central catheter)	| A |	| B |	| C |	| D |
f. Umbilical artery line	| A |	| B |	| C |	| D |
g. Umbilical venous line	| A |	| B |	| C |	| D |

H. PAIN MANAGEMENT

1. Assessment of pain level	| A |	| B |	| C |	| D |
2. Care of the neonate with sedation, i.e., morphine	| A |	| B |	| C |	| D |

I. MISCELLANEOUS

1. Assessment				
a. Apgar scoring	| A |	| B |	| C |	| D |
b. Eye exam (r/o retinopathy)	| A |	| B |	| C |	| D |
c. Gestational age				
(1) Ballard	| A |	| B |	| C |	| D |
(2) Dubowitz	| A |	| B |	| C |	| D |
(3) Other (specify)	_____			
d. Maternal history	| A |	| B |	| C |	| D |
e. Screen for hearing loss	| A |	| B |	| C |	| D |
2. Equipment & procedures				
a. Bereavement/postmortem care	| A |	| B |	| C |	| D |
b. Consents				
(1) Immunization	| A |	| B |	| C |	| D |
(2) Procedural	| A |	| B |	| C |	| D |
(3) Treatment	| A |	| B |	| C |	| D |

c. Cord care	| A |	| B |	| C |	| D |
d. Neonatal skin care	| A |	| B |	| C |	| D |
e. Positioning devices	| A |	| B |	| C |	| D |
f. Preparation for transport/transfer	| A |	| B |	| C |	| D |
g. Thermoregulation				
(1) Isolette with humidity	| A |	| B |	| C |	| D |
(2) Radiant warmer	| A |	| B |	| C |	| D |
(3) Temperature (axillary, rectal, skin)	| A |	| B |	| C |	| D |
(4) Weaning to open crib/bassinet	| A |	| B |	| C |	| D |
h. Weights				
(1) Bed scale	| A |	| B |	| C |	| D |
(2) Scale	| A |	| B |	| C |	| D |
3. Medications				
a. Calculation of dosage	| A |	| B |	| C |	| D |
b. Emergency drug action & reaction	| A |	| B |	| C |	| D |
c. Eye prophylaxis - Vitamin K	| A |	| B |	| C |	| D |
d. Neonatal drug action & reactions	| A |	| B |	| C |	| D |

NEONATAL AGE SPECIFIC PRACTICE CRITERIA:

Please check the boxes below for which you have expertise in providing age-appropriate nursing care.

☐ Able to adapt care to incorporate normal growth and development.

☐ Able to adapt method and terminology of parental instructions to their age, comprehension and maturity level.

☐ Can ensure a safe environment reflecting specific needs of various age groups.

My experience is primarily in: (Please check the applicable box and indicate number of years.)

☐ Level II Nursery ___ year(s)

☐ Level III Nursery ___ year(s)

Certification:

Please check the boxes below and indicate the expiration date for each certificate that you have. If you do not know the exact date, please use the last date of the specific month (e.g., 08/31/2003).

☐ BCLS Exp. date:_____ (mm/dd/yyyy)

☐ NCC Exp. date:_____ (mm/dd/yyyy)

☐ NRP Exp. date:_____ (mm/dd/yyyy)

☐ PALS Exp. date:_____ (mm/dd/yyyy)

☐ Other (type):	_____	Exp. date: _____ (mm/dd/yyyy)
☐ Computerized charting system:	_____	Date: _____ (mm/dd/yyyy)
☐ Medication administration system:	_____	Date: _____ (mm/dd/yyyy)

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

Signature:_____ **Date**:_____