

Neonatal Intensive Care Skills Checklist

Name: _____

Date: _____

Indicate your level of experience rating with one of the following:

A – No Experience.

B – Minimal Experience - need review and supervision, have performed at least once.

C – Competent - able to perform independently.

D – Expert - able to act as resource to others.

A. CARDIOVASCULAR

1. Assessment

- | | |
|--|---|
| a. Auscultation (rate, rhythm, volume) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| b. Blood pressure/invasive (arterial line) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| c. Blood pressure/non-invasive | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| d. Heart sounds/murmurs | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| e. Perfusion | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| f. Pulses | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

2. Equipment & procedures

- | | |
|------------------------------------|---|
| a. EKG interpretation | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| b. Defibrillation/cardioversion | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| c. Invasive hemodynamic monitoring | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| d. Central venous pressure | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

3. Care of the neonate with:

- | | |
|-------------------------------------|---|
| a. Cardiac arrest | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| b. Cardiac transplant | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| c. Cardiomyopathy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| d. Congenital heart disease/defects | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| e. Hemodynamic instability | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| f. Hypovolemic shock | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| g. Post cardiac surgery | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| h. Post interventional cardiac cath | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

4. Medications

- | | |
|-----------------------|---|
| a. Dobutamine | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| b. Dopamine | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| c. Epinephrine | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| d. Nipride | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| e. Sodium bicarbonate | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

B. PULMONARY

1. Assessment

- | | |
|-------------------------------|---|
| a. Breath sounds | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| b. Rate and work of breathing | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

Initials _____

2. Interpretation of lab results
- a. Blood Gases A B C D
 - b. Interpretation of x-ray reports A B C D
3. Equipment and 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 suctioning 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. Oxygen 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 and 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/hyponatremia 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 and 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. Calculations of dosage
- b. Emergency drug action & reaction
- c. Eye prophylaxis – Vitamin K
- d. Neonatal drug action & reactions

A B C D
 A B C D
 A B C D
 A B C D

Age Specific Practice Criteria

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

- A. Newborn/Neonate (birth-30 days)
- B. Infant (30 days – 1 year)
- C. Toddler (1 - 3 years)
- D. Preschooler (3 - 5 years)
- E. School age children (5 - 12 years)
- F. Adolescents (12 - 18 years)
- G. Young adults (18 - 39 years)
- H. Middle adults (39 - 64 years)
- I. Older adults (64+)

Experience with Age Groups

Able to adapt care to incorporate normal growth and development.

A B C D E F G H I

Able to adapt method and terminology of patient 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 indicate number of years.)

- Level II Nursery _____ year(s)
- Level III Nursery _____ year(s)
- Level II Nursery _____ year(s)

Please read and agree to the statements below by marking the checkbox.

I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Neonatal Intensive Care Skills Checklist to the Client facilities in relation to consideration of employment as a Registered Nurse with those facilities.

Signature

Date

Initials _____

**Registered Professional Nurse Job Description
Neonatal ICU Care**

Job Summary:

The NICU RN is responsible for managing the care of the NICU and adult patient requiring a surgical procedure that requires moderate to complex assessment, interventions and levels of nursing vigilance. The NICU RN is responsible to the Clinical Manager assigned to the NICU.

Qualifications

- Current licensure in good standing in the state of practice
- Evidence of 1 year of NICU nursing experience within the past two years; scrub and/or circulating experience mandatory
- Evidence of current BLS credential mandatory; additionally, the RN may have resuscitation credentials including but not limited to ACLS & PALS

Responsibilities

- Conducts an individualized patient assessment and reassessment, prioritizing the data collected based on the neonatal or infant patient's immediate condition or needs within timeframe specified by client facility's policies, procedures or protocols.
- Develops individualized plan of care reflecting collaboration with other members of the healthcare team.
- Collaborates with physician and other team members to implement orders and plan of care in an accurate and timely manner.
- Provides individualize patient/family education customized to the adolescent, adult or elderly patient and his/her family.
- Documents patient assessment findings, physical/psychosocial responses to nursing intervention and progress toward problem resolution and communicates these responses to team members as appropriate.
- Responds to emergencies according to facility policy and procedure.
- Maintains confidentiality in matters related to patient, family and client facility staff.
- Provides care in a non-judgmental, non-discriminatory manner that is sensitive to the adolescent, adult or elderly patient's and family's diversity, preserving their autonomy, dignity and rights.
- Reports relative indicators of patient condition to appropriate personnel during and at the end of each shift.
- Maintains current competency in NICU nursing.

RN Name: _____

RN Signature: _____

Date: _____

Initials _____

Joint Commission
**2006 Critical Access Hospital and Hospital
National Patient Safety Goals**

Note: New Goals and Requirements are indicated in **bold**.

- Goal 1 Improve the accuracy of patient identification.
- 1A Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.
- 1B Not applicable.
- Goal 2 Improve the effectiveness of communication among caregivers.
- 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
- 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- 2D Not applicable.
- 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.**
- Goal 3 Improve the safety of using medications.
- 3A Retired in 2006.
- 3B Standardize and limit the number of drug concentrations available in the organization.
- 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.
- 3D Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.**
- Goal 4 Not applicable.
- Goal 5 Retired in 2006
- Goal 6 Not applicable.
- Goal 7 Reduce the risk of health care-associated infections.

- 7A Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.
- 8A Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.
- 8B A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.
- Goal 9 Reduce the risk of patient harm resulting from falls.
- 9B Implement a fall reduction program and evaluate the effectiveness of the program.
Note: Replacement for 9A.
- Goal 10 Not applicable.
- Goal 11 Not applicable.
- Goal 12 Not applicable.
- Goal 13 Not applicable.
- Goal 14 Not applicable.