



NEONATAL INTENSIVE CARE SKILLS CHECKLIST

Name _____ Date _____

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your **experience/expertise** in each area listed below.

1=Never Performed 2=Limited Experience 3=Comfortable Performing 4=Proficient

CARE OF PATIENTS WITH	1	2	3	4
Aortic/Pulmonary Valve Stenosis				
Atrial/Ventricular Septal Defects				
Bradycardia				
Coarctation of the Aorta				
Congenital Heart Disease				
DIC				
Hemodynamic Instability				
Hypoplastic Left Heart System				
Hypovolemic Shock				
Patent Ductus Arteriosus				
Post Cardiac Surgery				
Tetralogy of Fallot				
Transient Tachypnea				
Transposition of the Great Arteries				
Apnea				
Bronchopulmonary Dysplasia (BPD)				
Diaphragmatic Hernia				
Meconium Aspiration Syndrome (MAS)				
Pneumothorax				
PPHN/PFC				
Respiratory Distress Syndrome (RDS)				
Respiratory Syncytial Virus (RSV)				
Tracheostomy - fresh				
Anencephaly				
Cerebral Palsy				
Hydrocephalus				
Intraventricular Hemorrhage (IVH)				
Meningitis				
Periventricular Leukomalacia (PVL)				
Seizures				
Spina Bifida				
Anal Atresia				
Cleft Lip/Palate				
Cystic Kidney Disease				
Esophageal Atresia				
Fetal Hydronephrosis				
Gastroschisis/Omphalocele				
IDM Hyperglycemia				
IDM Hypoglycemia				

CARE OF PATIENTS WITH	1	2	3	4
Necrotizing Enterocolitis (NEC)				
Post Abdominal Surgery				
Pyloric Stenosis				
Tracheoesophageal Fistula (TEF)				
Birth Injuries				
Congenital Hip Dislocation				
Drug Addition/Exposure				
Fetal Alcohol Syndrome				
HIV Positive Mother				
HBsAg Positive Mother				
Retinopathy of Prematurity (ROP)				
Sepsis				
Brain Death/Organ Procurement				
MEDICATION ADMINISTRATION				
Aminophylline/Caffeine				
Anticoagulants				
Anticonvulsant Medications				
Dobutamine (Dobutrex)				
Dopamine (Intropin)				
Epinephrine				
Eye Prophylaxis				
Immunizations				
Insulin Drip				
NaHCO3				
Prostaglandin				
Respigam/Synergis Prophylaxis				
Steroids				
Vitamin K				
Pain Medications				
IM Meds				
IV drips				
IV push				
Eye Instillations				
Dosage calculations for neonates				
PROCEDURES/SKILLS				
Airway Management				
a. Bulb Syringe				
b. CPAP (nasal prongs)				
c. Endotracheal Tube				

Inguinal Hernia				
Intestinal Obstruction				
Jaundice/Hyperbilirubinemia				
Name _____				

- assist with insertion				
- stabilization of ETT				
- extubation				

PROCEDURES/SKILLS	1	2	3	4
d. Suctioning				
- ETT				
- Nasal				
- Oral				
- Tracheostomy				
Cardiac Resuscitation				
Chest Physiotherapy				
Chest tube & drainage system				
a. set up				
b. assist with insertion				
c. care & maintenance				
d. troubleshooting				
e. removal				
Continuous Bladder Irrigation				
EKG Intrepretation				
Exchange Transfusion				
Extracorporeal Membrane Oxygenation				
Hemodynamic Monitoring, non-invasive				
a. Auscultation				
b. Doppler				
c. Automatic BP cuff				
d. Palpation				
Hemodynamic Monitoring - Invasive				
Feedings				
a. Breastfeeding - assist				
b. Breastmilk handling/storage				
c. Bottle				
d. Continuous tube feeding				
e. Gavage				
f. Reflux precautions				
g. Placement of Tubes				
- orogastric tube				
- nasogastric tube				
- nasojejunal tube				
h. Assessing Feeding Tolerance				
Gastric Suctioning - Intermittent				
Gastric Suctioning - Continuous				
Interpretation of Lab Results				
a. Blood gases				
b. Bilirubin				
c. CBC/Diff				
d. Cultures				
e. Maternal lab results				
f. Urine (test & interpret)				
- Glucose				
- Labstix				
- pH				

PROCEDURES/SKILLS	1	2	3	4
c. Administration Blood/Blood Products				
f. Maintenance/Discontinuation of:				
- Broviac				
- Hickman				
- Heparin/Saline Lock				
- Percutaneous Arterial Line				
- Peripheral IV				
- PICC				
- Umbilical Arterial Catheter				
- Umbilical Venous Catheter				
g. Hyperalimention				
Lumbar Puncture (assist with)				
Nitric Oxide Therapy				
Orthopedic Devices - casts, splints, etc				
Oxygen Therapy Administration				
a. Bag & mask				
b. ET tube				
c. Oxyhood				
e. Nasal CPAP				
f. Nebulizer				
g. Trach Collar				
Skin				
a. skin integrity prevention				
b. wound healing				
c. color change				
- mottling				
- petechiae				
- cyanosis				
- jaundice				
Specimen Collection				
a. Blood				
- arterial stick				
- heel stick				
- peripheral				
- Umbilical				
b. Cultures				
- blood				
- wound				
- sputum				
Stool Testing				
Temperature				
a. rectal				
b. skin				
c. axillary				
Transillumination				
Wound/Ostomy Care				
a. Colostomy care/bag change				

I hereby certify that ALL information I have provided to Emerald, on this skills checklist and all other documentation, is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature _____ Date _____

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