# Professional Neonatal Intensive Care (NICU) Nursing Service

## Checklist

**Name:**

**Date:**

**Years of Experience:**

Directions for completing skills checklist:

The following is a list of equipment and/or procedures performed in rendering care to patients. Please indicate your level of experience/proficiency with each area and, where applicable, the types of equipment and/or systems you are familiar with. Use the following key as a guideline:

- **A)** Theory Only/No Experience--Didactic instruction only, no hands on experience
- **B)** Limited Experience--Knows procedure/has used equipment, but has done so infrequently or not within the last six months
- **C)** Moderate Experience--Able to demonstrate equipment/procedure, performs the task/skill independently with only resource assistance needed.
- **D)** Proficient/Competent--Able to demonstrate/perform the task/skill proficiently without any assistance and can instruct/teach.

## A. CARDIOVASCULAR

1. **Assessment**
   - a. Abnormal heart sounds/murmurs/arrhythmias
   - b. Auscultation (rate, rhythm)
   - c. Non-invasive blood pressure monitoring (Dinamap)
   - d. Pulses/circulation checks
   - e. Perfusion

2. **Interpretation of lab results**
   - a. EKG interpretation

3. **Equipment & procedures**
   - a. Defibrilation
   - b. Cardioversion
   - c. Invasive hemodynamic monitoring
   - d. Central venous pressure
   - e. Emergency drug preparation and administration

4. **Care of the newborn with:**
   - a. Cardiac arrest
   - b. Cardiac Transplant
   - c. Cardiomyopathy
   - d. Congenital heart disease/defects
   - e. Hemodynamic instability
   - f. Hypovolemic shock
   - g. Post cardiac surgery
   - h. Post interventional cardiac catheter

5. **Medications**
a. Dobutamine ○ ○ ○ ○ ○
b. Dopamine ○ ○ ○ ○ ○
c. Epinephrine ○ ○ ○ ○ ○
d. Nipride ○ ○ ○ ○ ○
e. Sodium bicarbonate ○ ○ ○ ○ ○

B. PULMONARY

1. Assessment
   a. Adventitious breath sounds ○ ○ ○ ○ ○
   b. Rate and work of breathing ○ ○ ○ ○ ○
   c. Chest exam ○ ○ ○ ○ ○

2. Interpretation of lab results
   a. Arterial blood gases ○ ○ ○ ○ ○
   b. Interpretation of X-rays ○ ○ ○ ○ ○

3. Equipment & procedures
   a. Airway management
      (1) Assist with intubation ○ ○ ○ ○ ○
      (2) Bulb syringe ○ ○ ○ ○ ○
      (3) CPAP (nasal prongs) ○ ○ ○ ○ ○
      (4) Endotracheal tube stabilization ○ ○ ○ ○ ○
      (5) Endotracheal tube suctioning
         a) In-line suction ○ ○ ○ ○ ○
         b) Open ET catheter suction ○ ○ ○ ○ ○
      (6) Extubation ○ ○ ○ ○ ○
      (7) Intubation ○ ○ ○ ○ ○
      (8) Nasal airway/suctioning ○ ○ ○ ○ ○
      (9) Oral airway/suctioning ○ ○ ○ ○ ○
      (10) Trachecotomy ○ ○ ○ ○ ○
   b. Apnea monitor ○ ○ ○ ○ ○
   c. Cardiac resuscitation ○ ○ ○ ○ ○
   d. Chest tube assist
      (1) Insertion ○ ○ ○ ○ ○
      (2) Removal ○ ○ ○ ○ ○
      (3) Set-up ○ ○ ○ ○ ○
   e. ECMO (extracorporeal membrane oxygenation) ○ ○ ○ ○ ○
   f. Oxygen2 therapy & medication delivery systems
      (1) Bag (anesthesia) and mask ○ ○ ○ ○ ○
      (2) Bag (self-inflating) and mask ○ ○ ○ ○ ○
      (3) Nasal cannula ○ ○ ○ ○ ○
      (4) Nebulizer ○ ○ ○ ○ ○
      (5) Oxyhood ○ ○ ○ ○ ○
      (6) Tent ○ ○ ○ ○ ○
      (7) Trach collar ○ ○ ○ ○ ○
   g. Obtaining blood gases
      (1) Arterial ○ ○ ○ ○ ○
      (2) Heelstick ○ ○ ○ ○ ○
      (3) Peripheral ○ ○ ○ ○ ○
      (4) Umbilical line ○ ○ ○ ○ ○
   h. Horacentesis ○ ○ ○ ○ ○
   I. Use of artificial surfactant ○ ○ ○ ○ ○
   j. Ventilator care
(1) CPAP/PEEP
(2) High frequency jet ventilator
(3) Home ventilator
(4) IMV
(5) Oscillating
(6) Pressure ventilator
(7) Volume ventilator

h. Weaning

4. Care of the newborn with:
   a. Bronchopulmonary dysplasia (BPD)
   b. Cardiogenic/hypovolemic shock
   c. Diaphragmatic hernia
   d. Fresh tracheostomy
   e. Meconium aspiration
   f. Persistent pulmonary hypertension (PPHN)
   g. Pneumothorax
   h. Respiratory distress syndrome
   i. Respiratory failure

5. Medications
   a. Aminophylline
   b. Prostaglandin

C. NEUROLOGICAL

1. Assessment
   a. Intracranial pressure monitoring
   b. LOC/Neurological status
   c. Drug withdrawal and abstinence scoring

2. Care of the newborn with:
   a. Brain death/organ procurement
   b. External VP shunt/reservoirs
   c. Increased intracranial pressure
   d. Meningitis
   e. Seizures
   f. Spinal disorders

3. Medications
   a. Anti-convulsant medication

D. GASTROINTESTINAL

1. Assessment
   a. Abdominal girth
   b. Bowel sounds
   c. Palate
   d. Suck/swallow
   e. Feeding intolerance

2. Equipment & procedures
   a. Care of gastronomy tube
   b. Feedings
      (1) Assist with breast feeding
      (2) Bottle
      (3) Breast milk handling/storage
      (4) Gavage
Reflex precautions

c. Hospital grade electric breast pump
d. Placement of intestinal tubes
   (1) Jejunal gastro
   (2) Nasogastric/orogastric
e. Test for occult blood

3. Care of the newborn with:
   a. Cleft palate
   b. Colostomy/ileostomy
c. Gastroschisis/omphalocele
d. GI bleeding
e. Inguinal hernia
f. Necrotizing enterocolitis (NEC)
g. Post abdominal surgery
h. Reflux precautions
i. Tracheoesophageal fistula (TEF)

E. RENAL/GENITOURINARY

1. Assessment
   a. Finnegan
   b. Fluid and electrolyte balance
2. Interpretation of lab results
   a. Bilirubin
   b. Urine testing and interpretation
      (1) Glucose
      (2) Labstix
      (3) Occult blood
      (4) pH
      (5) Specific gravity
3. Equipment & procedures
   a. Collection of urine specimens
      (1) Assist with supra pubic tap
      (2) Catheter
      (3) Diaper/bag
   b. Assist with circumcision
4. Care of the newborn with:
   a. Acute renal failure
   b. Disseminated intravascular coagulation (DIC)
   c. Disorders of internal/external organs
d. Drug addiction withdrawal
e. Hypo/hyperkalemia
f. Hypo/hypernatremia
g. Infant of a diabetic mother (IDM)
   (1) Hyperglycemia
   (2) Hypoglycemia
h. Malformations of the genitourinary tract
i. Peritoneal dialysis
j. Post-circumcision care

F. INFECTIOUS DISEASES

1. Interpretation of lab results
a. CBC/differential  
  ○ ○ ○ ○  
b. Culture reports  
  ○ ○ ○ ○  
c. Maternal lab results  
  ○ ○ ○ ○  

2. Equipment & procedures  
  a. Assist with lumbar puncture  
     ○ ○ ○ ○  
b. Collection of culture specimens  
     ○ ○ ○ ○  
c. Isolation techniques  
     ○ ○ ○ ○  
d. Standard (universal) precautions  
     ○ ○ ○ ○  

3. Care of the newborn with:  
  a. Hepatitis surface antigen+ mother  
     ○ ○ ○ ○  
b. HIV positive mother  
     ○ ○ ○ ○  
c. Neonatal sepsis  
     ○ ○ ○ ○  

4. Medications/Immunizations  
  a. Required  
     ○ ○ ○ ○  
f. RespiGam/synergis prophylaxis  
     ○ ○ ○ ○  

G. PHLEBOTOMY/IV THERAPY  

1. Equipment & procedures  
  a. Administration of blood/blood products  
     (1) Cryoprecipitate  
        ○ ○ ○ ○  
     (2) Packed red blood cells  
        ○ ○ ○ ○  
     (3) Plasma/albumin  
        ○ ○ ○ ○  
     (4) Whole blood  
        ○ ○ ○ ○  
  b. Delivery systems  
     (1) IV pump  
        ○ ○ ○ ○  
     (2) Syringe pump  
        ○ ○ ○ ○  
  c. Drawing blood from central line  
  d. Drawing venous blood  
     ○ ○ ○ ○  
  e. Hyperalimentation/TPN  
     ○ ○ ○ ○  
f. Intralipid  
     ○ ○ ○ ○  
g. Managing IV therapy  
     (1) Discontinuing  
        ○ ○ ○ ○  
     (2) Dressing & tubing change  
        ○ ○ ○ ○  
     (3) Rate calculation  
        ○ ○ ○ ○  
     (4) Site & patency assessment  
        ○ ○ ○ ○  
  d. Starting IVs  
     (1) Angiocath  
        ○ ○ ○ ○  
     (2) Butterfly  
        ○ ○ ○ ○  
     (3) Heparin lock  
        ○ ○ ○ ○  

2. Care of the newborn with:  
  a. Central line/catheter/dressing  
     (1) Broviac  
        ○ ○ ○ ○  
     (2) Groshong  
        ○ ○ ○ ○  
     (3) Hickman  
        ○ ○ ○ ○  
     (4) Portacath  
        ○ ○ ○ ○  
     (5) Quinton  
        ○ ○ ○ ○  
  b. Percutaneous arterial line  
  c. Percutaneous venous line  
  d. Peripheral line/dressing  
  e. PICC (peripherally inserted central catheter)  
     ○ ○ ○ ○
f. Umbilical artery line
  ○ ○ ○ ○
g. Umbilical venous line
  ○ ○ ○ ○

H. PAIN MANAGEMENT
  1. Assessment of pain level (pre/post procedure)
  ○ ○ ○ ○
  2. Care of the neonate with sedation (i.e., morphine)
  ○ ○ ○ ○

I. MISCELLANEOUS
  1. Assessment
     a. Apgar scoring
     ○ ○ ○ ○
     b. Eye exam (r/o retinopathy)
     ○ ○ ○ ○
     c. Gestational age
        (1) Ballard
        ○ ○ ○ ○
        (2) Dubowitz
        ○ ○ ○ ○
        (3) Other
        ○ ○ ○ ○
     d. Maternal history
     ○ ○ ○ ○
     e. Screen for hearing loss
     ○ ○ ○ ○
  2. Equipment and procedures
     a. Bereavement/postmortem care
     ○ ○ ○ ○
     b. Consents
        (1) Immunization
        ○ ○ ○ ○
        (2) Procedural
        ○ ○ ○ ○
        (3) Treatment
        ○ ○ ○ ○
     c. Cord care
     ○ ○ ○ ○
     d. Neonatal skin care
     ○ ○ ○ ○
     e. Positioning devices
     ○ ○ ○ ○
     f. Preparation for transport/transfer
     ○ ○ ○ ○
     g. Thermoregulation
        (1) Isolette with humidity
        ○ ○ ○ ○
        (2) Radiant warmer
        ○ ○ ○ ○
        (3) Temperature (axillary, rectal, skin)
        ○ ○ ○ ○
        (4) Weaning to open crib/bassinet
        ○ ○ ○ ○
     h. Weights
        (1) Bed scale
        ○ ○ ○ ○
        (2) Scale
        ○ ○ ○ ○
  3. Medications
     (1) Calculation of dosage
     ○ ○ ○ ○
     (2) Emergency drug action & reaction
     ○ ○ ○ ○
     (3) Eye prophylaxis-vitamin K
     ○ ○ ○ ○
     (4) Neonatal drug action & reactions
     ○ ○ ○ ○

AGE SPECIFIC PRACTICE

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

EXPERIENCE WITH AGE GROUP--SPECIFICALLY NEWBORNS AND INFANTS
(Please fill in the circles below for those areas in which you have experience providing age-appropriate care)
○ Able to adapt care to incorporate normal growth and development.
○ 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)

Please list all current certifications and their expiration date (ie.,BLS, ACLS, PALS, etc.):

________________________________________

________________________________________

________________________________________

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Professional Nursing Service to release Critical Care/Intensive Care Skills Checklist to client facilities of PNS in relations to consideration of employment as a Traveler with those facilities.

________________________________________  __________________________
Signature  Date

________________________________________  __________________________
Signature  Date