

ALL HEALTH STAFFING

Neonatal Intensive Care Skills Checklist

Printed Name: _____

Please indicate your level of expertise according to legend outlined below:

- 1 – No Experience
- 2- Less than One Year Experience
- 3- One Year Consistent Experience
- 4- Two + Years of Consistent Experience
- 5- Able to Teach and Supervise

CARDIOVASCULAR

I. Assessment

- A. Auscultation (rate, rhythm, volume) _____
- B. Blood pressure / invasive (arterial line) _____
- C. Blood pressure / non-invasive _____
- D. Heart sounds / murmurs _____
- E. Perfusion _____
- F. Pulses _____

II. Equipment and Procedures

- A. EKG interpretation _____
- B. Defibrillation / cardioversion _____
- C. Invasive hemodynamic monitoring _____
- D. Central venous pressure _____

III. Care of the Neonate 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 cath _____

IV. Medications

- A. Dobutamine _____
- B. Dopamine _____
- C. Epinephrine _____
- D. Nipride _____
- E. Sodium bicarbonate _____

PULMONARY

I. Assessment

- A. Breath sounds _____
- B. Rate and work of breathing _____

PULMONARY (cont.)

II. Interpretation of Lab Results

- A. Blood gases _____
- B. Interpretation of x-ray reports _____

III. Equipment and 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 insertion _____
 - b. Open ET catheter suction _____
 - 6. Extubation _____
 - 7. Intubation _____
 - 8. Nasal airway / suctioning _____
 - 9. Oral airway / suctioning _____
 - 10. Tracheostomy / suctioning _____

B. Apnea monitor _____

C. Cardiac resuscitation _____

D. Chest tube (assist with) _____

- 1. Insertion _____
- 2. Removal _____
- 3. Set-up _____

E. ECMO (extracorporeal membrane oxygenation) _____

F. O₂ therapy 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. Thoracentesis _____

I. Use of artificial surfactant _____

J. Ventilator care _____

- 1. High frequency jet ventilator _____
- 2. Home ventilator _____
- 3. CPAP / PEEP _____
- 4. IMV _____
- 5. Oscillating _____
- 6. Pressure ventilator _____
- 7. Volume ventilator _____

K. Weaning _____

PULMONARY (cont.)

IV. Care of the Neonate 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 (RDS) _____
- I. Respiratory failure _____

V. Medications

- A. Aminophylline _____
- B. Prostaglandin _____

NEUROLOGICAL

I. Assessment

- A. Intracranial pressure monitoring _____
- B. Neurological status _____

II. Care of the Neonate with:

- A. Brain death / organ procurement _____
- B. Externalized VP shunt reservoirs _____
- C. Increased intracranial pressure _____
- D. Meningitis _____
- E. Seizures _____

III. Medication – anticonvulsant medications _____

GASTROINTESTINAL

I. Assessment

- A. Abdominal girth _____
- B. Bowel sounds _____
- C. Suck / swallow _____

II. Equipment and Procedures

- A. Care of gastrostomy tube _____
- B. Feedings _____
 - 1. Assist with breast feeding _____
 - 2. Bottle _____
 - 3. Breast milk handling / storage _____
 - 4. Gavage _____
- C. Hospital grade electric pump _____
- D. Placement of intestinal tubes _____
 - 1. Jejunal gastro _____
 - 2. Nasogastric / orogastric _____
- E. Test for occult blood _____

III. Care of the Neonate with:

- A. Cleft palate _____
- B. Colostomy / ileostomy _____
- C. Gastroschisis / omphalocele _____
- D. GI bleeding _____
- E. Inguinal hernia _____
- F. Necrotizing enterocolitis (NEC) _____

GASTROINTESTINAL (cont.)

- G. Post abdominal surgery _____
- H. Reflux precautions _____
- I. Tracheoesophageal fistula (TEF) _____

ENDOCRINE / METABOLIC

- I. Assessment
 - A. Finnegan _____
 - B. Fluid and electrolyte balance _____
- II. Interpretation of Lab Results
 - A. Bilirubin _____
 - B. Test urine and interpret
 - 1. Glucose _____
 - 2. Labstix _____
 - 3. Occult blood _____
 - 4. pH _____
 - 5. Specific gravity _____
- III. Equipment and Procedures
 - A. Collection of urine specimens
 - 1. Assist with supra pubic tap _____
 - 2. Catheter _____
 - 3. Diaper / bag _____
 - B. Phototherapy for jaundice _____
 - C. Post circumcision care _____
- IV. Care of the Neonate 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 / hypernatremia _____
 - G. IDM (infant of a diabetic mother) _____
 - H. Malformations of the GU tract, kidney _____
 - I. Peritoneal dialysis _____

INFECTIOUS DISEASES

- I. Interpretation of Lab Results
 - A. CBC / differential _____
 - B. Culture reports _____
 - C. Maternal lab results _____
- II. Equipment and Procedures
 - A. Assist with lumbar puncture _____
 - B. Collect culture specimens _____
 - C. Isolation techniques _____
 - D. Standard (universal precautions) _____
- III. Care of the Neonate with:
 - A. Hepatitis surface antigen + mother _____
 - B. HIV positive mother _____
 - C. Neonatal sepsis _____

INFECTIOUS DISEASES (cont.)

IV. Medications – Immunizations

- A. HBIG _____
- B. HBV _____
- C. HIB _____
- D. Polio _____
- E. DPT _____
- F. RespiGram / synergis prophylaxis _____

PHLEBOTOMY / IV THERAPY

I. Equipment and 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 a central line _____
- D. Drawing venous blood _____
- E. Hyperalimentation / TPN _____
- F. Intralipid _____
- G. Managing IV therapy
 - 1. Discontinuing _____
 - 2. Dressing and tubing change _____
 - 3. Rate calculation _____
 - 4. Site and patency assessment _____
- H. Starting IV's
 - 1. Angiocath _____
 - 2. Butterfly _____
 - 3. Heparin lock _____

II. Care of the Neonate 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 _____

PAIN MANAGEMENT

I. Assessment of Pain Level _____

II. Care of the Neonate with:

- A. Sedation (i.e., morphine) _____

MISCELLANEOUS

I. Assessment

- A. Apgar scoring _____
- B. Eye exam (r/o retinopathy) _____
- C. Gestational age _____
 - 1. Ballard _____
 - 2. Dubowitz _____
 - 3. Other (specify): _____
- D. Maternal history _____
- E. Screen for hearing loss _____

II 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 _____
- III. Medications**
- A. Calculation of dosage _____
 - B. Emergency drug action and reaction _____
 - C. Eye prophylaxis – Vitamin K _____
 - D. Neonatal drug action and reactions _____

Level II Nursery: _____ Years

Level III Nursery: _____ Years

The information contained within this skills checklist is true and correct to the best of my knowledge.

Signature: _____

Date: _____