

NEONATAL INTENSIVE CARE SKILLS CHECKLIST

Name: _____ Date: _____

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

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

CARE OF PATIENTS WITH	1	2	3	4
Brain Death/Organ Procurement				
Necrotizing Enterocolitis (NEC)				
Sepsis				
Post Abdominal Surgery				
Retinopathy of Prematurity (ROP)				
Pyloric Stenosis				
HBsAg Positive Mother				
Tracheoesophageal Fistula (TEF)				
HIV Positive Mother				
Birth Injuries				
Fetal Alcohol Syndrome				
Congenital Hip Dislocation				
Drug Addiction/Exposure				
MEDICATION ADMINISTRATION				
Dosage Calculations of Neonates				
Aminophylline/Caffeine				
Eye Instillations				
Anticoagulants				
IV Push				
IV Drips				
Anticonvulsant Medications				
IM Meds				
Dobutamine (Dobutrex)				
Pain Medications				
Dopamine (Intropin)				
Vitamin K				
Epinephrine				
Steroids				
Eye Prophylaxis				
Respigam/Synergis Prophylaxis				
Immunizations				
Prostaglandin				
Insuline Drip				
NaHCO3				
PROCEDURES/SKILLS				
Cardiac Resuscitation				
Chest Physiotherapy				
Continuous Bladder Irrigation				
Extracorporeal Membrane Oxygenation				
EKG Interpretation				
Exchange Transfusion				
Hemodynamic Monitoring - invasive				

NICU SKILLS CHECKLIST

Name: _____

PROCEDURES/SKILLS	1	2	3	4
Hemodynamic Monitoring - non invasive				
a. Auscultation				
b. Palpation				
c. Doppler				
d. Automatic BP cuff				
Airway Management				
a. Bulb Syringe				
b. CPAP (nasal prongs)				
c. Endotracheal Tube				
- assist with insertion				
- extubation				
- stabilization of ETT				
d. Suctioning				
- ETT				
- Tracheostomy				
- Nasal				
- Oral				
Chest Tube and Drainage System				
a. Set up				
b. Assist with insertion				
c. Care and maintenance				
d. Troubleshooting				
e. Removal				
Feedings				
a. Gavage				
b. Breastfeeding - assist				
c. Breastmilk handling/storage				
d. Continuous tube feeding				
e. Reflux precautions				
f. Placement of Tubes				
- orogastric tube				
- nasogastric tube				
- nasojejunal tube				
h. Assessing Feeding Tolerance				
Interpretation of Lab Results				
a. Blood gases				
b. Bilirubin				
c. CBC/Diff				
d. Cultures				
e. Maternal Lab Results				
f. Urine (test and interpret)				
- Glucose				
- Labstix				
- pH				
- Specific Gravity				
- Occult Blood				
Gastric Suctioning - intermittent				
Gastric Suctioning - continuous				
Stool Testing				

PROCEDURES/SKILLS	1	2	3	4
Intracranial Pressure Monitoring				
IV's				
a. Starting IV				
b. Site and Patency Assessment				
c. Administration Blood/Blood product				
d. Maintenance/Discontinuation of:				
- Umbilical Venous Catheter				
- Umbilical Arterial Catheter				
- Broviac				
- PICC				
- Hickman				
- Peripheral IV				
- Heparin/Saline Lock				
- Percutaneous Arterial Line				
e. Hyperalimentation				
Wound/Ostomy Care				
a. Surgical wounds with drains				
b. Colostomy care/bag change				
c. Ileostomy care/bag change				
d. Irrigations				
e. Sterile Dressing changes				
Lumbar Puncture (assist with)				
Nitric Oxide Therapy				
Orthopedic Devices - casts, splints, etc				
Oxygen Therapy Administration				
a. Bag and mask				
b. Trach Collar				
c. ET tube				
d. Nebulizer				
e. Oxyhood				
f. Nasal CPAP				
Skin				
a. Wound Healing				
b. Skin breakdown prevention				
c. Color change				
- mottling				
- petechiae				
- cyanosis				
- jaundice				
Temperature				
a. Rectal				
b. Axillary				
c. Skin				
Specimen Collection				
a. Blood				
-arterial stick				
- heel stick				
- peripheral				
- Umbilical				

**NICU SKILLS CHECKLIST
AGE SPECIFIC SKILLS**

Check the box under EACH age group that you have experience with and are comfortable with for each skill below	Neonates 0-30 days	Infants 1mo-1yr	Toddlers 1-3yrs	Preschol 4-6yrs	School Age 7-12yrs	Adolescent 13-18yrs	Young Adult 19-39yrs	Middle Adult 4-64 yrs	Older Adults 65 + years
Understands the different communication needs for the age group and changes communication methods and terminology accordingly									
Understands the different medications, dosages, and possible side effects for the age group and administers medications appropriately									
Understands the different safety risks for the age group and alters the environment accordingly									
Understands the normal growth and development for the age group and adapts care accordingly									

Do you speak any language other than English? Yes No

If yes, which language? _____

I certify that All the information I have provided on this skills checklist is true and accurate.

Nurse Signature _____