



Name: \_\_\_\_\_

Date: \_\_\_\_\_

## NEONATAL ICU SKILLS EVALUATION CHECKLIST

This self evaluation is for assessing your experience in specific clinical areas. This self evaluation will not be a determining factor in accepting your application to become an employee of Access Nursing Services.

**1 = No Experience 2 = Limited Experience 3 = Experienced 4 = Highly Skilled**

ADMISSION/ASSESSMENT	1	2	3	4	MEDS/ IV THERAPY	1	2	3	4
Maternal History					Eye Prophylaxis				
Gestational Age					Vitamin K				
Apgar Scoring					Immunizations				
Attend High Risk Delivery					Calculation of Neonatal Doses				
Collect Cord Blood Samples					Knowledge of Routine Neonatal Drugs				
Dextrostix					Knowledge of Emerg. Neonatal Drugs				
Urine Output					Administer IM Meds				
Weight Scale/ Bed Scales					Peripheral IV Insertion				
Identifying Infant					Scalp IV Insertion				
Preparation for Transport					PICC Line Insertion				
Interfacility Emergency Transport					Heparin/Saline Locks				
<b>Initial Physical Assessment:</b>					Needleless Systems				
Anomalies					Administer IV Medications				
Resp Status/ Breath Sounds					Mix IV Infusion w/ Additives				
Suction					Discontinue Peripheral IV's				
Assist with Intubation					Administer Blood/Blood Products				
Apical Pulse					Exchange Transfusion				
Blood Pressure					Central Hyperalimentation				
Skin Care/Cord Care					Peripheral Hyperalimentation				
<b>Thermoregulation</b>					<b>Administer/Monitor IV Infusions:</b>				
Use of Isolette (Incubator)					IV Pump				
Use of Radiant Warmer					Syringe Pump				
Temperature					<b>NUTRITION</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>MEDS/ IV THERAPY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	Calculate Basic Requirement				
Draw Venous Blood					Assessment of Suck/Swallow				
<b>Access/Care:</b>					Assist/Instruct Breastfeeding				
PICC Line					Collection/Storage of Breast Milk				
Midline					Assist/Instruct Bottle-feeding				
Central Line					Gavage Feedings				
Portacath					<b>METABOLIC/INFECTIOUS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Percutaneous Arterial Line					Interpretation of Lab Results				
Umbilical Artery/ Venous Line					Isolation Techniques				
<b>GENITOURINARY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Care of Neonate with:</b>				
Insertion of Foley Cath					Hepatitis Surface Antigen				
Collect Urine Specimen Bag/Cath					HIV Positive Mother				
Urine Bedside Testing (pH, Sp Gr)					DIC				
<b>Care of Neonate With:</b>					Diabetic Mother (IDM)				
Peritoneal Dialysis					Hypo/Hyperglycemia				
Circumcision					Phototherapy for Jaundice				
Urostomy					<b>GASTROINTESTINAL</b>				
Disorders of External Organs					Assess Bowel Sounds				
Malformation of GU Tract/Kidneys					Assess Abdominal Girth				
Acute Renal Failure					Stool Test				
Congenital Hip Dysplasia					Nasogastric Tube Insertion and Care				
<b>SURGICAL PATIENTS</b>					Gastrostomy Tube				
Preoperative Care					Reflux Precautions				
Postoperative Care									
Dressings									

<b>GASTROINTESTINAL CONT.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NEUROLOGICAL</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Care of the Neonate With:</b>					Assess Neurological Status				
Cleft Lip/Cleft Palate					Assess Hearing of Neonate				
Colostomy/Ileostomy					Assess Eyes of Neonate				
Gastroschisis/ Omphalocele					Asses Pain				
GI Bleeding					Assist with Lumbar Puncture				
Bowel Obstruction					<b>Care of the Neonate With:</b>				
Necrotizing Enterocolitis					Sedation				
Inguinal Hernia					Seizures				
Post-Abdominal Surgery					Chemical Addiction/Withdrawal				
Tracheoesophageal Fistula (TEF)					Hydrocephalus				
Feeding Dysfunction					Spina Bifida				
Small for Gestational Age					Meningitis				
Large for Gestational Age					Increased Intracranial Pressure				
					Intracranial Pressure Monitor				
<b>PULMONARY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	Externalized VP Shunt/Reservoir				
Respiratory Status/Breath Sounds					Brain Death/ Organ Procurement				
Pulse Oximetry					Intracranial Hemorrhage				
Respiratory/Apnea Monitor									
Assist with Intubation/Extubation					<b>CARDIOVASCULAR</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Obtain ABGs (heelstick/arterial line)					Cardiac/ Respiratory Monitor				
Interpretation of ABGs					Assessment of Pulses				
Evaluation of X-Ray Reports					Assessment of Perfusion				
Suctioning (nasal, Oral, Trach)					Assessment of Heart Sounds/Murmurs				
Chest Physiotherapy					Blood Pressure-Doppler				
Assist Chest Tube Insertion/Removal					Blood Pressure- Arterial Line				
<b>Use of Oxygen With:</b>					EKG Interpretation				
Mask and Bag					Defibrillation/Cardioversion				
Hood					Invasive Hemodynamic Monitoring				
Isolette					<b>Care of the Neonate With:</b>				
CPAP to Cannula					Congenital Heart Disease/Defects				
Oxygen to Analyzer					Cardiomyopathy				
Transcutaneous Monitoring					Post Cardiac Surgery				
<b>Care of Neonate With:</b>					Cardiac Transplant				
Apnea					Cardiac Arrest				
Ventilator (CPAP/PEEP/IMV/.Jet Vent)					Shock- Cardiogenic				
Meconium Aspiration					Shock- Hypovolemic				
Bronchopulmonary Dysplasia (BPD)					Shock- Septic				
Respiratory Distress Syndrome (RDS)									
Chest Tubes					<b>MISCELLANEOUS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
ECMO- Extracorporeal Memb. Oxygenation					Foster Parenting/Infant Bonding				
Persistent Pulmonary Hypertension					Consents- Procedural/Treatment				
Diaphragmatic Hernia					Consents- Immunization				
					Bereavement/ Postmortem Care				

I certify the above to be true and accurate. Signature: \_\_\_\_\_ Date: \_\_\_\_\_