

Neonatal Intensive Care Skills Checklist

Name: _____

Social Security: _____ - _____ - _____

Please Check ; Your Experience Level – 1 = No Experience, 2 = Some Experience, 3 = Very Experienced

| Cardiovascular | | | | |
|---|---|---|---|--|
| Assessment | 1 | 2 | 3 | |
| Auscultation (Rate, Rhythm, Volume) | | | | |
| Blood Pressure / Invasive (Arterial Line) | | | | |
| Blood Pressure / Non-Invasive | | | | |
| Heart Souds / Murmurs | | | | |
| Perfusion | | | | |
| Pulses | | | | |
| Equipment and Procedure | 1 | 2 | 3 | |
| EKG Interpretation | | | | |
| Defibrillation / Cardioversion | | | | |
| Invasive Hemodynamic Monitoring | | | | |
| Central Venous Pressure | | | | |
| Care of the Neonate with | 1 | 2 | 3 | |
| Cardiac Arrest | | | | |
| Cardiac Transplant | | | | |
| Cardiomyopathy | | | | |
| Congenital Heart Disease / Defects | | | | |
| Post Cardiac Surgery | | | | |
| Medications | 1 | 2 | 3 | |
| Dobutamine | | | | |
| Dopamine | | | | |
| Epinepherine | | | | |
| Nipride | | | | |
| Sodium Bicarbonate | | | | |

| Pulmonary | | | | |
|--------------------------------------|---|---|---|--|
| Assessment | 1 | 2 | 3 | |
| Breath Sounds | | | | |
| Rate and Work of Breathing | | | | |
| Interpretation of Lab Results | 1 | 2 | 3 | |
| Blood Gases | | | | |
| Equipment and Procedures | | | | |
| Airway Management | 1 | 2 | 3 | |
| Assist with Intubation | | | | |
| Bulb Syringe | | | | |
| Endotracheal Tube Stabilization | | | | |
| Endotracheal Tube Suctioning | 1 | 2 | 3 | |
| ...In-Line Suction | | | | |
| ...Open ET Catheter Suction | | | | |
| Extubation | | | | |
| Intubation | | | | |
| Nasal Airway / Suction ing | | | | |
| Oral Airway / Suctioning | | | | |
| Tracheostomy / Suctioning | | | | |
| Apnea Monitor | | | | |
| Cardiac Resuscitation | | | | |
| Chest Tube (Assist with) | 1 | 2 | 3 | |
| Insertion | | | | |
| Removal | | | | |
| Setup | | | | |

| O2 Therapy Delivery Systems | 1 | 2 | 3 |
|--|---|---|---|
| Bag (Anesthesia) and Mask | | | |
| Bag (Self Inflating) and Mask | | | |
| Nebulizer | | | |
| Oxyhood | | | |
| Tent | | | |
| Obtaining Blood Gases | 1 | 2 | 3 |
| Arterial | | | |
| Heelstick | | | |
| Peripheral | | | |
| Umbilical Line | | | |
| Thoracentesis | | | |
| Ventilator Care | 1 | 2 | 3 |
| CPAP / PEEP | | | |
| IMV | | | |
| Oscillating | | | |
| Pressure Ventilator | | | |
| Volume Ventilator | | | |
| Weaning | | | |
| Care of the Neonate with | 1 | 2 | 3 |
| Bronchopulmonary Dysplasia (BPD) | | | |
| Cardiogenic / Hypovolemic Shock | | | |
| Diaphragmatic Hernia | | | |
| Meconium Aspiration | | | |
| Persistent Pulmonary Hypertension (PPHN) | | | |
| Pneumothorax | | | |
| Respiratory Failure | | | |

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|--|---|---|---|
| Pulmonary (continued) | | | |
| Medications | 1 | 2 | 3 |
| Aminophylline | | | |
| Prostaglandin | | | |
| Neurological | | | |
| Assessment | 1 | 2 | 3 |
| Intracranial Pressure Monitoring | | | |
| Neurological Status | | | |
| Care of the Neonate with | 1 | 2 | 3 |
| Brain Death / Organ Procurement | | | |
| Meningitis | | | |
| Seizures | | | |
| Medication - Anticonvulsant Medication | | | |
| Gastrointestinal | | | |
| Assessment | 1 | 2 | 3 |
| Abdominal Girth | | | |
| Bowel Sounds | | | |
| Palate | | | |
| Suck / Swallow | | | |
| Equipment and Procedures | 1 | 2 | 3 |
| Care of Gastrostomy Tube | | | |
| Feedings | 1 | 2 | 3 |
| Assist with Breast Feeding | | | |
| Bottle | | | |
| Breast Milk Handling / Storage | | | |
| Gavage | | | |
| Hospital Grade Electric Breast Pump | | | |

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|--|---|---|---|
| Gastrointestinal - Equipment and Procedures (continued) | | | |
| Placement of Intestinal Tubes | 1 | 2 | 3 |
| Jejun Gastro | | | |
| Nasogastric / Orogastric | | | |
| Test for Occult Blood | | | |
| Care of the Neonate with | 1 | 2 | 3 |
| Cleft Palate | | | |
| Colostomy / Ileostomy | | | |
| Gastroschisis / Ornphalocele | | | |
| G I Bleeding | | | |
| Inguinal Hernia | | | |
| Necrotizing Enterocolitis (NEC) | | | |
| Post Abdominal Surgery | | | |
| Endocrine/ Metabolic | | | |
| Assessment | 1 | 2 | 3 |
| Finnegan | | | |
| Fluid and Electrolyte Balance | | | |
| Equipment and Procedures | | | |
| Collection of Urine Specimens | 1 | 2 | 3 |
| Assist with Supra Pubic Tap | | | |
| Catheter | | | |
| Diaper / Bag | | | |
| Phototherapy for Jaundice | | | |
| Post Circumcision Care | | | |

| | | | |
|---|---|---|---|
| Endocrine/ Metabolic (continued) | | | |
| Care of the Neonate with | 1 | 2 | 3 |
| Acute Renal Failure | | | |
| Disorders of Internal / External Organs | | | |
| Drug Addiction / Withdrawel | | | |
| Hypo / Hyperkalemia | | | |
| Hypo / Hyperoatremia | | | |
| I D M (Infant of a Diabetic Mother) | 1 | 2 | 3 |
| Hyperglycemia | | | |
| Hypoglycemia | | | |
| Peritoneal Dialysis | | | |
| Infectious Diseases | | | |
| Interpretation of Lab Results | 1 | 2 | 3 |
| C B C / Differential | | | |
| Culture Reports | | | |
| Maternal Lab Results | | | |
| Equipment and Procedures | 1 | 2 | 3 |
| Assist with Lumbar Puncture | | | |
| Collect Culture Specimens | | | |
| Isolation Techniques | | | |
| Care of the Neonate with | 1 | 2 | 3 |
| Hepatitis Surface Antigen + Mother | | | |
| HIV Positive Mother | | | |
| Medications - Immunizations | 1 | 2 | 3 |
| H B I G | | | |
| H B V | | | |
| H I B | | | |
| Polio | | | |
| D P T | | | |

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|---|---|---|---|
| Phlebotomy / I V Therapy | | | |
| Equipment and Procedures | | | |
| Administration of Blood / Blood Products | 1 | 2 | 3 |
| Cryoprecipitate | | | |
| Packed Red Blood Cells | | | |
| Plasma / Albumin | | | |
| Whole Blood | | | |
| Delivery Systems | 1 | 2 | 3 |
| I V Pump | | | |
| Syringe Pump | | | |
| Drawing Blood from Central Line | | | |
| Drawing Venous Blood | | | |
| Hyperalimentation / T P N | | | |
| Intralipid | | | |
| Managing I V Therapy | 1 | 2 | 3 |
| Discontinuing | | | |
| Dressing and Tubing Change | | | |
| Rate Calculation | | | |
| Site and Patency Assessment | | | |
| Starting I V's | 1 | 2 | 3 |
| Angiocath | | | |
| Butterfly | | | |
| Heparin Lock | | | |

| | | | |
|---|---|---|---|
| Care of the Neonate with | | | |
| Central Line / Catheter / Dressing | 1 | 2 | 3 |
| Broviac | | | |
| Groshong | | | |
| Hickman | | | |
| Portscath | | | |
| Quinton | | | |
| Percutaneous Arterial Line | | | |
| Percutaneous Venous Line | | | |
| Umbilical Artery Line | | | |
| Umbilical Venous Line | | | |
| Miscellaneous | | | |
| Assessment | 1 | 2 | 3 |
| Apgar Scoring | | | |
| Eye Exam (R/O Retinopathy) | | | |
| Maternal History | | | |
| Screen for Hearing Loss | | | |

| | | | |
|---|---|---|---|
| Equipment and Procedures | 1 | 2 | 3 |
| Bereavement / Post Mortem Care | | | |
| Consents | 1 | 2 | 3 |
| Immunization | | | |
| Procedural | | | |
| Treatment | | | |
| Cord Care | | | |
| Neonatal Skin Care | | | |
| Positioning Devices | | | |
| Preparation for Transport / Transfer | | | |
| Thermoregulation | 1 | 2 | 3 |
| Radiant Warmer | | | |
| Temperature (Axillary, Rectal, Skin) | | | |
| Weaning to Open Crib / Bassinet | | | |
| Weights | 1 | 2 | 3 |
| Bed Scale | | | |
| Scale | | | |
| Medications | 1 | 2 | 3 |
| Calculation of Dosage | | | |
| Emergency Drug Action and Reaction | | | |
| Eye Prophylaxis - Vitamin K | | | |
| Neonatal Drug Action and Reactions | | | |

~~~ CERTIFICATIONS ~~~ (check ; all that apply and provide expiration date - month/day/year)

|                                      |                 |             |                 |                 |             |
|--------------------------------------|-----------------|-------------|-----------------|-----------------|-------------|
| ___ BCLS                             | Expiration Date | ___/___/___ | ___ NCC         | Expiration Date | ___/___/___ |
| ___ NRP                              | Expiration Date | ___/___/___ | ___ PALS        | Expiration Date | ___/___/___ |
| ___ Other (type)                     | _____           |             | Expiration Date | ___/___/___     |             |
| ___ Computerized charting system     | _____           |             | Date            | ___/___/___     |             |
| ___ Medication administration system | _____           |             | Date            | ___/___/___     |             |

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