



NICU CHECKLIST

Please enter your full legal name as it appears on your Social Security Card.

First Name:

Last Name:

Date:

Job Description: Neonatal Intensive Care Registered Nurse

Provides professional nursing care for assigned patients in the neonatal intensive care unit. Performs assessments, evaluation and documents the nursing process as needed. Education requires a minimum of an associate's degree and is licensed as a registered nurse with at least 2 years of clinical experience. Must be familiar with standard concepts, practices, and procedures within the critical care nursing field as it applies to neonatal care. Performs a variety of tasks and demonstrates critical thinking skills and scientific judgment. Works under general supervision; typically reports to a supervisor and/or manager. A certain degree of creativity and latitude is required.

KEY: For each criteria

Score 1: Two plus years Expert Experience

Score 2: One-Two Years Current Experience

Score 3: Less than one year or Intermittent Experience

Score 4: Theory, no experience

CRITERIA	SCORE			
	1	2	3	4
A. Neurological				
<i>1. Assessment</i>				
a. Intracranial pressure monitoring				
b. Neurological status				
<i>2. Care of the neonate with</i>				
a. Brain death/organ procurement				
b. Externalized VP shunt/reservoirs				
c. Increased intracranial pressure				
d. Seizures				
<i>3. Medication</i>				
1. Anticonvulsant				
B. PULMONARY				
<i>1. Assessment</i>				
a. Breath sounds				
b. Rate and work of breathing				
<i>2. Interpretation of lab results</i>				
a. Blood gases				
b. Interpretation of x-ray reports				
<i>3. Equipment & procedures</i>				
a. Airway management				
- Assist with intubation				
- Bulb syringe				
- CPAP (nasal prongs)				
- Endotracheal tube stabilization				
b. Endotracheal tube suctioning				
- In-line suction				
- Open ET catheter suction				
- Extubation				
- Intubation				
- Nasal airway/suctioning				
- Oral airway/suctioning				

- Tracheostomy/suctioning	
c. Apnea monitor	
d. Cardiac resuscitation	
e. Chest tube (assist with)	
- Insertion	
- Removal	
- Set-up	
f. O2 therapy delivery systems	
- Bag (anesthesia) & mask	
- Bag (self-inflating) & mask	
- Nasal cannula	
- Nebulizer	
- Oxyhood	
- Tent	
- Trach collar	
g. Obtaining blood gases	
- Arterial	
- Heelstick	
- Peripheral	
- Umbilical line	
h. Thoracentesis	
i. Use of artificial surfactant	
j. Ventilator care	
- CPAP/PEEP	
- High frequency jet ventilator	
- Home ventilator	
- IMV	
- Oscillating	
- Pressure ventilator	
- Volume ventilator	
- Weaning	
<i>4. Care of Neonate with</i>	
a. Bronchopulmonary dysplasia (BPD)	
b. Cardiogenic/hypovolemic shock	
c. Diabetes mellitus	
d. Diaphragmatic hernia	
e. Drug addiction/withdrawal	
f. Fresh tracheostomy	
g. Meconium aspiration	
h. Persistent pulmonary hypertension (PPHN)	
i. Pneumothorax	
j. Respiratory distress syndrome (RDS)	
k. Systemic infection	
l. Respiratory failure	
m. Tetralogy of Fallot	
<i>5. Medications</i>	
a. Aminophylline	
b. Prostaglandin	
C. CARDIOVASCULAR	
<i>1. Assessment</i>	
a. Auscultation (rate, rhythm, volume)	
b. Blood pressure/invasive (arterial line)	

c. Blood pressure/non- invasive	
d. Heart sounds/murmurs	
e. Perfusion	
f. Pulses	
<i>2. Equipment & procedures</i>	
a. EKG interpretation	
b. Defibrillation/cardioversion	
c. Invasive hemodynamic monitoring	
d. Central venous pressure	
<i>3. Care of neonate with:</i>	
a. Cardiac arrest	
b. Congenital heart disease/defects	
c. Hemodynamic instability	
d. Hypovolemic shock	
e. Post cardiac surgery	
f. Post interventional cardiac cath	
<i>4. Medications</i>	
a. Dobutamine	
b. Dopamine	
c. Epinephrine	
d. Nipride	
e. Sodium bicarbonate	
D. PHLEBOTOMY/IV THERAPY	
<i>1. Equipment & procedures</i>	
a. Administration of blood products	
- Cryoprecipitate	
- Packed red blood cells	
- Plasma/albumin	
- Whole blood	
b. Delivery systems	
- IV pump	
- Syringe pump	
c. Drawing blood from central line	
d. Drawing venous blood	
e. Hyperalimentation/TPN	
f. Intralipid	
g. Managing IV therapy	
- Discontinuing	
- Dressing & tubing change	
- Rate calculation	
- Site & patency assessment	
h. Starting IVs	
- Angiocath	
- Butterfly	
- Heparin lock	
<i>2. Care of the neonate with</i>	
a. Central line/catheter/dressing	
- Broviac	
- Groshong	
- Hickman	
- Portacath	
- 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	
E. INFECTIOUS DISEASES	
<i>1. Interpretation of lab results</i>	
a. CBC/differential	
b. Culture reports	
c. Maternal lab results	
<i>2. Equipment & procedures</i>	
a. Assist with lumbar puncture	
b. Collect culture specimens	
c. Isolation techniques	
d. Standard (universal) precautions	
<i>3. Care of neonate with</i>	
a. Hepatitis surface antigen+ mother	
b. HIV positive mother	
c. neonatal sepsis	
<i>4. Medications - Immunizations</i>	
a. HBIG	
b. HBV	
c. HIB	
d. Polio	
e. DPT	
f. RespiGam/synergis prophylaxis	
F. ENDOCRINE/METABOLIC	
<i>1. Assessment</i>	
a. Finnegan	
b. Fluid & electrolyte balance	
<i>2. Interpretation of lab results</i>	
a. Bilirubin	
b. Test urine and interpret	
- Glucose	
- Labstix	
- Occult blood	
- pH	
- Specific gravity	
<i>3. Equipment & procedures</i>	
a. Collection of urine specimens	
- Assist with supra pubic tap	
- Catheter	
- Diaper/bag	
b. Phototherapy for jaundice	
c. Post circumcision care	
<i>4. Care of Neonate with</i>	
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/hyponatremia	
g. IDM (infant of a diabetic mother)	
- Hyperglycemia	
- Hypoglycemia	
h. Malformations of the GU tract, kidney	
i. Peritoneal dialysis	
G. GASTROINTESTINAL	
<i>1. Assessment</i>	
a. Abdominal girth	
b. Bowel sounds	
c. Palate	
d. Suck/swallow	
<i>2. Equipment & procedures</i>	
a. Care of gastrostomy tube	
b. Feedings	
- Assist with breast feeding	
- Bottle	
- Breast milk handling/storage	
- Gavage	
c. Hospital grade breast pump	
d. Placement of intestinal tubes	
- jejunal gastro	
- Nasogastric/orogastric	
e. Test for occult blood	
<i>3. Care of neonate with:</i>	
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)	
H. MISCELLANEOUS	
<i>1. Assessment</i>	
a. Apgar scoring	
b. Eye exam (r/o retinopathy)	
c. Gestational age	
- Ballard	
- Dubowitz	
- Other (specify)	
d. Maternal history	
e. Screen for hearing loss	
<i>2. Equipment & procedures</i>	
a. Bereavement/postmortem care	
b. Consents	
- Procedural	
- Treatment	
c. Cord care	
d. Neonatal skin care	
e. Positioning devices	

f. Preparation for transport/transfer	
g. Thermoregulation	
- Isolette with humidity	
- Radiant warmer	
- Temperature	
- Weaning to open crib/bassinnet	
h. Weights	
- Bed scale	
- Scale	
<i>3. Medications</i>	
a. Calculation of dosage	
b. Emergency drug action & reaction	
c. Eye prophylaxis - Vitamin K	
d. Neonatal drug action & reactions	
I. PAIN MANAGEMENT	
1. Assessment of pain level	
2. Care of the neonate with sedation, i.e., morphine	
My Experience Level is :	
Level II Nursery Year(s)	
Level III Nursery Year(s)	

AGE SPECIFIC CARE				
Please indicate the frequency with which you provide care for each age group inthis specialty area.	1	2	3	4
Infant (Birth to 1 year)				
Toddler (1-3 years)				
Pre-school (3-6 years)				
School Age (6-12 years)				
Adolescent (12-18 years)				
Young Adult (18-30 years)				
Mature Adult (30-60 years)				
Elderly (>60 years)				

JCAHO: I acknowledge and understand JCAHO's list of "Do Not Use Abbreviations" :

The information I have given is true and accurate to the best of my knowledge. I have read and fully understand the job description. By signing below or submitting electronically, I attest that the information provided within this skills checklist represents a full and complete disclosure of information, and is true and correct to the best of my knowledge and belief. I hereby authorize Sagent Healthstaff to release this skills checklist to client facilities for employment purposes.

I agree with the above statements. :

Signature: (please type your full name) :

Date: