

Love N Care Healthcare NICU RN Skills Checklist

Name: _____

Date: _____

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (✓) in the appropriate box.

- 1 = No experience; Theory/observed only
- 2 = Intermittent experience; < 5 times per year; Needs review
- 3 = Moderate experience; > 5 times per year; May need minimal resource
- 4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
<i>Cardiovascular</i>				
Assessment of :				
Apical Pulses				
Brachial Pulses				
Capillary Refill				
Cardiac Signs				
Electrolytes				
Femoral Pulses				
Heart Sounds				
Pedal Pulses				
Radial Pulses				
Equipment usage & procedure:				
Dinamap				
Doppler				
<i>Respiratory</i>				
Assessment of :				
ABG's				
Apnea				
Inspection of Chest				
Lung Sounds				
Patency of Nares				
Respiratory Rate				
Rhythm				
Equipment usage & procedure:				
Blow-by				
Bulb Suctioning				
De Lee Suctioning				
Nasal Tracheal Suctioning				
Oropharyngeal Suctioning				
Pedi-mask				
<i>Gastrointestinal</i>				
Assessment of :				
Bowel Sounds				

Skill Level	1	2	3	4
<i>Gastrointestinal cont...</i>				
Assessment of :				
Color				
Differentiation of Stool				
Distention				
Loose				
Meconium				
Oral Cavity				
Patency of Rectum				
Plug				
Shape				
Transitional				
Umbilical Cord Stump				
Equipment usage & procedure:				
Guaic Stool				
Assist with Breast Feeding				
Assist with Circumcision				
Assist with Paracentesis				
Bili-lights				
Bili-mask				
Bottle Feeding				
Gastrostomy Care				
Gastrostomy Feeding				
Insertion of Gastric Tube				
Nasogastric Feeding				
Penrose Drain				
<i>Neurological</i>				
Assessment of :				
Blinking Reflexes				
Grasping Reflexes				
Heat Lamp				
Isolette				
Moro Response				

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<i>Neurological cont...</i>				
Equipment usage & procedure:				
Radiant Warmers				
Rectal Temperature				
Regulating Isolette Temperature				
Rooting Reflexes				
Skin Temperature Probe				
Tonic Neck Reflexes				
<i>Renal / Genitourinary</i>				
Assessment of:				
Diaper Weight				
Location of Urethra				
Signs of Fluid Imbalance				
Test Results (Bunm Creat., NA+)				
Urinary Output				
Equipment usage & procedure:				
Butterfly				
Cutdown				
Infusion Pump				
Intravenous Insertion				
MAP				
Obtaining Body Weight				
Over the Needle Catheters				
Partial & Exchange Transfusion				
<i>Wound Management</i>				
Assessment of:				
Burns / Pressure Sores				
Skin for Impending Breakdown				

<i>Wound Management cont...</i>				
Assessment of:				
Staged Decubitus Ulcers				
Stasis Ulcers				
Surgical Wound Healing				
Surgical Wounds with Drains				
Traumatic Wounds				
Equipment usage & procedure:				
Air Fluidized, Low Air Loss Beds				
Sterile Dressing Changes				
Wound Care / Irrigations				
<i>Pain Management</i>				
Assessment of:				
Epidural Anesthesia / Analgesia				
IV conscious sedation				
Pain Level				
Pain Tolerance				
Patient Controlled Analgesia				
<i>Miscellaneous</i>				
Care of the patient with:				
Anaphylactic Shock				
DIC				
Hypovolemic Shock				
Multi-system Organ Failure				
Organ / Tissue Donation				
Septic Shock				
<i>Age Specific Practice Criteria</i>				
Newborn / Neonate (birth - 30 days)				

The preceding information I have checked is **true and correct**.

Signature: _____

Date: _____