

Love N Care Newborn Nursery Skills Checklist

Name _____
Last
Middle
First

The following checklist is used to assess your experience and skills and help your Nurse Advisor place you in the proper assignment.

Please provide a self-assessment of your skills using the following guidelines:

- 1 - No experience
- 2 - Minimal experience
- 3 - Proficient, performs independently
- 4 - Able to educate & supervise

I understand that the information provided in this application is true to the best of my knowledge. I authorize the release of the information in this document to Nurses 24/7 and facilities where I may be employed.

Cardiovascular

| | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Abnormal heart sounds (Murmurs) | | | | |
| Auscultation (rate, rhythm) | | | | |
| Blood Pressure/non-invasive | | | | |
| CPR/pulmonary Arrest | | | | |
| Pulse/circulation Checks | | | | |
| Experience in Caring for Patients with: | | | | |
| Congenital heart defects | | | | |
| Congestive heart failure | | | | |
| Drug Withdrawl | | | | |
| Meconium aspiration | | | | |
| Rhematic fever | | | | |
| Tracheoesophageal fistuala | | | | |
| Transposition of Great Vessels | | | | |

Pulmonary

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Apnea Monitor | | | | |
| Assist with Endotracheal Tube Insertion | | | | |
| Bulb Syringe | | | | |
| Chest PT | | | | |
| Chest Tube, Maintanance | | | | |
| Isolette | | | | |
| Nasal/Pharyngeal Airway/Suctioning | | | | |
| Nebulizer Treatments | | | | |
| O2 Tent | | | | |
| O2 Via Mask or Nasal Canula | | | | |
| Pulse Oximetry | | | | |

| | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Experience in Caring for Patients with: | | | | |
| Asthma | | | | |
| Broncho-pumonary Dysplasia | | | | |
| Cystic Fibrosis | | | | |
| Epiglottitis | | | | |
| Meconium Aspiration | | | | |
| RDS | | | | |

Neurological

| | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Assist with lumbar pucture | | | | |
| GCS (Glasgow Coma Scale) | | | | |
| Experience in Caring for Patients with: | | | | |
| Closed head trauma | | | | |
| Crainiotomy | | | | |
| Drug Ingestion/Overdose | | | | |
| Menigitis | | | | |
| Neuromuscular Disease | | | | |
| Pre/Post Neuro Surgery | | | | |
| Seizure Activity | | | | |
| Spina Bifida | | | | |

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Orthopedics

| | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Assessment of circulation (cap refill) | | | | |
| Cervical Collar | | | | |
| Limb Immobilizers/casts | | | | |
| Pain Assessment | | | | |
| Post Harrington Rod Insertion | | | | |
| Skin Assessment for breakdown | | | | |
| Traction | | | | |
| Experience in Caring for Patients with: | | | | |
| Fractures | | | | |
| Long bone fractures | | | | |

Hematology/Oncology/Vascular

| | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Administration of Blood & Blood Products | | | | |
| Maintenance of Heparin Locks | | | | |
| PICC line | | | | |
| Scalp Veins | | | | |
| Starting of Peripheral IV/Venipuncture | | | | |
| Experience in Caring for Patients with: | | | | |
| Bone Marrow Transplant | | | | |
| Chemotherapy | | | | |
| Leukemia | | | | |
| Sickle Cell Disease | | | | |

Gastrointestinal

| | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Abdominal assessment/bowel sounds | | | | |
| Administration of Tube feeds | | | | |
| Feeding Pumps | | | | |
| G-tube/J-tube | | | | |
| Hyperal/TPN Administration | | | | |
| Insertion of NG tubes | | | | |
| NG Tube maintenance/Feedings | | | | |
| Experience in Caring for Patients with: | | | | |
| Bowel Obstruction | | | | |
| Colostomy/ileostomy | | | | |
| Failure to Thrive | | | | |
| Paralytic Ileus | | | | |

Other

| | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Accucheck/Blood Glucose Monitoring | | | | |
| Calculation of Pediatric/Neonatal Medication Dosages | | | | |
| Infusion Pumps | | | | |
| Isolation Techniques | | | | |
| Newborn Nursery | | | | |
| Phototherapy | | | | |
| Pediatrics | | | | |

Interpretation of Lab Results:

| | 1 | 2 | 3 | 4 |
|-------------------------|---|---|---|---|
| ABG's | | | | |
| Normal Serum Lab Values | | | | |

Renal/GU:

| | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Abdominal assessment | | | | |
| Insertion of a urinary catheter | | | | |
| Intake & Output | | | | |
| Experience in Caring for Patients with: | | | | |
| Circumcision | | | | |
| UTI | | | | |

Age Specific Care

| | 1 | 2 | 3 | 4 |
|---------------------------------|---|---|---|---|
| Neonate/Infant (Birth - 1 Year) | | | | |
| Pediatrics (1 year - 17 years) | | | | |

Employee Signature

Date