

NEONATAL SKILLS CHECKLIST
MSI HEALTH INTERNATIONAL.

Please write the number that reflects your proficiency in each skill or patient care situation.

Levels of Proficiency:

0 = Unfamiliar with

1 = Theory; no practice

2 = Familiar with; need review

3 = Some experience; need minimal review

4 = Frequent experience; performs well

ADMISSION/ASSESSMENT

- ___ Maternal history
- ___ Apgar Scoring
- ___ Gestational Age
- ___ *Thermoregulation:*
 - ___ Temperature
 - ___ Use of Isolette
 - ___ Use of Radiant Warmer
- ___ *Initial Physical Assessment:*
 - ___ Breath sounds
 - ___ Temperature
 - ___ Apical Pulse
 - ___ Blood Pressure
 - ___ Dextrostix
 - ___ Preparation for Transport

MEDICATION ADMINISTRATION

- ___ Vitamin K
- ___ Eye Prophylaxis
- ___ Cord care
- ___ Calculation of Neonatal doses
- ___ Administration of routine Neonatal drugs
- ___ Administration of emergency Neonatal drugs
- ___ Intramuscular injections
- ___ IV Push
- ___ IV Piggyback

IV THERAPY

- ___ Starting IVs
- ___ Mixing IVs
- ___ Regulating IVs
- ___ Assess IV Patency
- ___ Discontinue Peripheral IV's
- ___ Infusion Pumps
- ___ Heparin Locks
- ___ CVP Line
- ___ Umbilical Artery/Venous line
- ___ Percutaneous Arterial line
- ___ Administer Blood/Blood products
- ___ Exchange Transfusion
- ___ Hyperalimentation

PULMONARY

- ___ Assessment of Respiratory Distress
- ___ Respiratory/Apnea Monitor
- ___ Assist with Intubation
- ___ Intubation
- ___ *Obtaining Blood Gases:*
 - ___ Heelstick (capillary)
 - ___ Umbilical Artery line
 - ___ Peripheral (percutaneous) Artery line
- ___ Interpretation of blood gases
- ___ *Use of Oxygen with:*
 - ___ Mask and bag
 - ___ Hood
 - ___ Isolette
 - ___ CPAP to Canula
 - ___ Oxygen Analyzer
 - ___ Transcutaneous Monitoring
- ___ *Care of Neonate on Ventilator:*
 - ___ CPAP/PEEP
 - ___ IMV
 - ___ High frequency jet ventilation
- ___ Chest Physiotherapy
- ___ *Chest tube:*
 - ___ Emergency Insertion
 - ___ Care of Chest Tube
 - ___ ECMO
- ___ Evaluation of X-ray reports

CARDIOVASCULAR

- ___ Cardiac/Respiratory Monitor
- ___ Taking EKG rhythm strip
- ___ Infant CPR
- ___ Defibrillation
- ___ Care of post-surgical patient
- ___ Assessment of Pulses
- ___ Assessment of Perfusion
- ___ Assessment of Heart Sounds
- ___ *Blood Pressure:*
 - ___ Doppler
 - ___ Central

Please check box to attest that all above information is true and correct.

Signature: _____

Date: _____

MSI HEALTH INTERNATIONAL.
NEUROLOGICAL

- Identification of Neurologically Suspect Infant
- Care of Addicted Infant
- Care of Infant with:*
 - Seizures
 - Head Disorders
 - Spine Disorders
 - Nervous System Disorders

GASTROINTESTINAL

- Assessment of GI Status:*
 - Measurement of Abdominal Girth
 - Assessment of Bowel Sounds
 - Stool Tests
- Nasogastric Tube
- Sump Tube
- Intermittent and Continuous Suctioning
- Gastrostomy tube
- Gavage Feeding:*
 - Nasogastric
 - Nasojejunal
 - Colostomy/Ileostomy care
- Phototherapy treatment
- Care of infant with:*
 - Tracheoesophageal Fistula (TEF)
 - Omphalocele
 - Gastroschisis
 - Inguinal Hernia
 - Necrotizing Enterocolitis

GENITOURINARY

- Peritoneal Dialysis
- Insertion of Catheter
- Collection of Urine Specimen
- Care of infant with:*
 - Bladder Atresia
 - Abnormal Anatomy/G-U-Tract
 - Abnormal Anatomy/Kidney
- Test and interpret urine:*
 - Specific Gravity
 - pH
 - Glucose
 - Occult Blood

NUTRITION

- Calculate Basic Requirements
- Assessment of Suck/Swallow
- Assist with Breast Feeding
- Collection of Breast Milk
- Assist with Bottle/Supplemental Feeding

MISCELLANEOUS

- Isolation Technique
- Collect Culture Specimens
- Assist with Lumbar Puncture
- Inter-facility Emergency Transportation
- Care of infant in shock:*
 - Cardiogenic
 - Septic
 - Hypovolemic

I certify that all of the above information is correct and that any misrepresentation or falsification of fact may be considered sufficient cause for immediate dismissal from _____. I have filled out this skills checklist to the best of my knowledge and agree that all of the information provided is correct (please check box).

NAME (Please Print Clearly)

DATE

SIGNATURE

LICENSE NUMBER