



## Neonatal Intensive Care Nursing Skills Checklist

Please check the column that best describes your experience level with each skill.

**Key:**

- 1 - Performs well (no assistance required)
- 2 - Some experience (some assistance required)
- 3 - No experience
- 4 - Not applicable

	1	2	3	4
<b>Skills</b>				
Admission Assessment	_____	_____	_____	_____
Physical Assessment	_____	_____	_____	_____
Gestational Assessment	_____	_____	_____	_____
<b>Vital Signs</b>				
TPR	_____	_____	_____	_____
BP/Dynamap	_____	_____	_____	_____
Monitor Heart Sounds	_____	_____	_____	_____
Monitor Breath Sounds	_____	_____	_____	_____
Utilization of Monitors	_____	_____	_____	_____
Intra-Arterial / HP Monitor	_____	_____	_____	_____
<b>Medication Administration</b>				
Oral Administration	_____	_____	_____	_____
IM Administration	_____	_____	_____	_____
IV Administration	_____	_____	_____	_____
Documenting Drug Reactions/Responses	_____	_____	_____	_____
<b>Intravenous Therapy</b>				
Mixing Solutions	_____	_____	_____	_____
Start/Regulate/Discontinue IV's	_____	_____	_____	_____
Monitoring IV Fluids	_____	_____	_____	_____
Scalp Vein Administration	_____	_____	_____	_____
Administration of TPN/Hyperalimentation	_____	_____	_____	_____
IV Infusion Pumps	_____	_____	_____	_____
Syringe Pump	_____	_____	_____	_____
Treatment by Exchange Transfusion	_____	_____	_____	_____
Set-up and Use of Equipment	_____	_____	_____	_____
Assessment of Infant	_____	_____	_____	_____
Documentation of Data	_____	_____	_____	_____
<b>Suction Techniques</b>				
Oral/Nasal Suctioning	_____	_____	_____	_____
Tracheostomy Suctioning	_____	_____	_____	_____
Endo-Tracheal Tube	_____	_____	_____	_____

	1	2	3	4
<b>Feeding Techniques</b>				
Oral/Nipple	_____	_____	_____	_____
OGT Insertion and Feeding	_____	_____	_____	_____
OGT Continuous Feed	_____	_____	_____	_____
OGT Intermittent Feed	_____	_____	_____	_____
Baby at Breast	_____	_____	_____	_____
Breast Milk Collection and Storage	_____	_____	_____	_____

<b>Phototherapy</b>				
Utilization of Bilimeter	_____	_____	_____	_____
Recording of Data	_____	_____	_____	_____
Utilization of Transcutaneous Monitor	_____	_____	_____	_____
Neonatal CPR/Use of Bag and Mask	_____	_____	_____	_____
Provide Ostomy Care	_____	_____	_____	_____
Latrogenic Complications of ICN Care	_____	_____	_____	_____

<b>Certifications</b>	<b>Expiration Date</b>
NRP	_____
ECMO	_____
Other:	_____
Other:	_____

**Equipment Experience**

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**Additional Skills**

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**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_