



## NICU/PICU CLINICAL SKILLS CHECKLIST

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

Full Name: \_\_\_\_\_

### INSTRUCTIONS

*Please provide accurate answers so we can correctly match your abilities to our client job requirements. Please check the level of experience and expertise you have in each skill category, using the following scale:*

**#1 = Familiar with procedure but will usually or almost always require some assistance.**

**#2 = Competent and familiar with procedure:** I can perform this procedure with excellence, usually without assistance.

**#3 = Very competent:** I have at least 12 months experience and can perform this procedure with excellence and without assistance.

**NOTE:** Leave blank any procedures which you have **no experience, training or low competence**

SKILLS:	1	2	3
<b>CARE OF PATIENTS:</b>			
Premature Infant			
Post-mature Infant			
Birth Injuries			
Soft Tissue Injury			
Head Trauma			
Intracranial hemorrhage			
Perinatal Hypoxic-Ischemic Brain injury			
Fractures			
Paralysis			
Dermatologic Problems			
Candidiasis			
Erythema Toxicum Neonatorum			
Bullous Impetigo			
Cancer			
Anemia			
Hyperbilirubinemia			
Hypocalcemia			
Hyperglycemia			
Hypoglycemia			
Hemolytic Disease			
Hemorrhagic Disease			
Phenylketonuria (PKU)			
Hepatic Phototherapy			
Galactosemia			
Congenital Hypothyroidism			
Down's Syndrome			
RDS			
Bronchopulmonary Dysplasia (BPD)			
Low Apgar Scores			
Low Birth Weight			
Small for Gestational Age			
Large for Gestational Age			

SKILLS:	1	2	3
Apnea of Prematurity			
Seizures			
Sepsis			
Meconium Aspiration			
Persistent Patent Ductus Arteriosus			
Persistent Pulmonary Hypertension			
Retinopathy of Prematurity			
Narcotic-Addicted Infant			
Fetal Alcohol Syndrome			
Spina Bifida			
Hydrocephalus			
Skeletal Defects			
Acquired Infections From Mother			
AIDS			
Chickenpox			
Chlamydia			
Gonococcal Disease			
Hepatitis B			
Herpes			
Listeriosis			
Lyme Disease			
Rubella			
Syphilis			
Toxoplasmosis			
<b>ASSESSMENT:</b>			
Cardiovascular			
Respiratory			
GI			
GU			
Musculoskeletal			
Neurological			
Neurological Reflexes			
Integumentary			

<b>SKILLS:</b>	<b>1</b>	<b>2</b>	<b>3</b>
Lab Values			
Vital Signs			
E/SE Medication			
Drug/Drug Interactions			
<b>CARDIOVASCULAR:</b>			
Heart Sounds			
BP Interpretation			
EKG			
Cardiac Catheterization			
Shunt			
<b>ENDOCRINE:</b>			
Preparation of Insulin			
Administration of Insulin			
Urine Testing			
Blood Testing			
<b>PULMONARY:</b>			
Apnea Monitor			
Oralpharyngeal Suctioning			
Nasotracheal Suctioning			
Tracheostomy Tube Cannula Change			
Trach Cleaning			
Trach Suctioning			
Stoma Care			
Oxygen/Oxygen Equipment			
Postural Drainage & Percussion			
Chest Tubes			
Pulmonary Toilet (CPT)			
Use of Pulmonaide			
Use of Inhalers			
Use of Aerosolized Medication			
Hemovac			
Ventilators			
IMV/SIMV			
PEEP			
CPAP			
CPR			
Establish Airway			
ET Intubation/Extubation			
<b>GI:</b>			
NG Insertion/Removal			
Nasogastric Suction			
T-Tube			
Gastrostomy			
Jejunostomy			
Irrigation			
Checking Tube Placement			
Feeding Preparation			
Feeding Administration			
Manual Disimpaction			
Digital Rectal Exam			
Ostomy Irrigation			
Periostomal Skin Care			

<b>SKILLS:</b>	<b>1</b>	<b>2</b>	<b>3</b>
Application of Appliance			
Care of Ostomy Eq./Supplies			
Jackson Pratt			
Hemovac			
<b>RENAL/GU:</b>			
Foley Catheter Insertion			
Foley Catheter Removal			
Foley Catheter Irrigation			
3-Way Foley Catheter Removal			
3-Way Foley Catheter Irrigation			
Suprapubic Tube Insertion			
Suprapubic Tube Removal			
Suprapubic Catheter Irrigation			
Nephrostomy Tube Irrigation			
Peritoneal Dialysis			
Condom Catheter			
Bladder Training			
<b>NEUROLOGICAL:</b>			
Assess Neurological Status			
Intracranial pressure monitoring			
Externalized VP shunt/reservoirs			
Spinal Cord Injury			
Status Epilepticus			
<b>INJECTIONS/WITHDRAWAL:</b>			
IM Injection			
SQ Injection			
ID Injection			
Venipuncture			
<b>INFECTION CONTROL:</b>			
Universal Precautions			
TB Precautions			
Blood Borne Pathogens			
Disposal of Hazardous Waste			
Particulate Respirations			
Venipuncture			
<b>MEDICATION:</b>			
Dobutrex (Dobutamine)			
Intropin (Dopamine)			
Adrenalin (Epinephrine)			
Nitroprusside (Nipride)			
Tridil (Nitroglycerine)			
Sodium bicarbonate			
Anticonvulsant			
Chemotherapy			
Administration of blood/blood products			
Immunizations			
<b>SAFETY MEASURES:</b>			
Aspiration Precautions			
Remove Environmental Barriers			
Oxygen Precautions			
Evacuation Plans			
Bleeding Precautions			

<b>SKILLS:</b>	<b>1</b>	<b>2</b>	<b>3</b>
Seizure Precautions			
<b>PHLEBOTOMY / IV THERAPY:</b>			
Care of child or neonate with Central Line			
Broviac			
Groshong			
Hickman			
Portacath			
Quinton			
PICC			
Umbilical artery line			
Umbilical venous line			
Percutaneous arterial line			
Percutaneous venous line			
<b>MISCELLANEOUS:</b>			
Apgar Scoring			
Gestational age			
Ballard			
Dubowitz			
Bereavement / postmortem care			
Preparation for transport / transfer			
Screen for hearing loss			
Blunt trauma			
Craniofacial reconstruction			
Gun shot / open chest			
Kawasaki disease			
Near drowning			
Penetrating trauma			
Ingestion / overdose			

<b>MY PRIMARY EXPERIENCE IS IN:</b>	
Pediatric Intensive Care	
Pediatric Stepdown	
General Pediatrics	
Level I Nursery/NICU	
Level II Nursery/NICU	
Level III Nur/NICU	

**Certification:**

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this skills checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

Full Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_  
Retyped name acts as signature, if submitting form by email

Reviewed by \_\_\_\_\_; Date: \_\_\_\_\_