



## NICU Nurse 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
<b>Cardiovascular</b>				
Assessment of :				
Apical Pulses				
Brachial Pulses				
Capillary Refill				
Cardiac Signs				
Electrolytes				
Femoral Pulses				
Heart Sounds				
Pedal Pulses				
Radial Pulses				
Equipment usage & procedure:				
Dinamap				
Doppler				
<b>Respiratory</b>				
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				
<b>Gastrointestinal</b>				
Assessment of :				
Bowel Sounds				

Skill Level	1	2	3	4
<b>Gastrointestinal cont...</b>				
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				
<b>Neurological</b>				
Assessment of :				
Blinking Reflexes				
Grasping Reflexes				
Heat Lamp				
Isolette				
Moro Response				

<b>Neurological cont...</b>				
Equipment usage & procedure:				
Radiant Warmers				
Rectal Temperature				
Regulating Isolette Temperature				
Rooting Reflexes				
Skin Temperature Probe				
Tonic Neck Reflexes				
<b>Renal / Genitourinary</b>				
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				
<b>Wound Management</b>				
Assessment of:				
Burns / Pressure Sores				
Skin for Impending Breakdown				

<b>Wound Management cont...</b>				
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				
<b>Pain Management</b>				
Assessment of:				
Epidural Anesthesia / Analgesia				
IV conscious sedation				
Pain Level				
Pain Tolerance				
Patient Controlled Analgesia				
<b>Miscellaneous</b>				
Care of the patient with:				
Anaphylactic Shock				
DIC				
Hypovolemic Shock				
Multi-system Organ Failure				
Organ / Tissue Donation				
Septic Shock				
<b>Age Specific Practice Criteria</b>				
Newborn / Neonate (birth - 30 days)				

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

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

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