



NICU Skills Assessment Checklist

Name: _____

Date: _____

Please indicate your level of experience

A. Theory, no practice	C. One - two years experience
B. Intermittent experience	D. Two plus years experience

1. Cardiovascular

a. Assessment				
i. Auscultation (rate, rhythm, volume)	A	B	C	D
ii. Blood pressure/invasive (arterial line)	A	B	C	D
iii. Blood pressure/non-invasive	A	B	C	D
iv. Heart sounds/murmurs	A	B	C	D
v. Perfusion	A	B	C	D
vi. Pulses	A	B	C	D
b. Equipment & procedures				
i. EKG interpretation	A	B	C	D
ii. Defibrillation/cardioversion	A	B	C	D
iii. Invasive hemodynamic monitoring	A	B	C	D
iv. Central venous pressure	A	B	C	D
c. Care of the neonate with:				
i. Cardiac arrest	A	B	C	D
ii. Cardiac transplant	A	B	C	D
iii. Cardiomyopathy	A	B	C	D
iv. Congenital heart disease/defects	A	B	C	D
v. Hemodynamic instability	A	B	C	D
vi. Hypovolemic shock	A	B	C	D
vii. Post cardiac surgery	A	B	C	D
viii. Post interventional cardiac cath	A	B	C	D
d. Medications				
i. Dobutamine	A	B	C	D
ii. Dopamine	A	B	C	D
iii. Epinephrine	A	B	C	D
iv. Nipride	A	B	C	D
v. Sodium bicarbonate	A	B	C	D



2. Pulmonary

a. Assessment				
i. Breath sounds	A	B	C	D
ii. Rate and work of breathing	A	B	C	D
b. Interpretation of lab results				
i. Blood gases	A	B	C	D
ii. Interpretation of x-ray reports	A	B	C	D
c. Equipment & procedures				
i. Airway management				
1. Assist with intubation	A	B	C	D
2. Bulb syringe	A	B	C	D
3. CPAP (nasal prongs)	A	B	C	D
4. Endotracheal tube stabilization A	A	B	C	D
5. Endotracheal tube suctioning				
a. In-line suction	A	B	C	D
b. Open ET catheter suction	A	B	C	D
6. Extubation	A	B	C	D
7. Intubation	A	B	C	D
8. Nasal airway/suctioning	A	B	C	D
9. Oral airway/suctioning	A	B	C	D
ii. Tracheostomy/suctioning	A	B	C	D
iii. Apnea monitor	A	B	C	D
iv. Cardiac resuscitation	A	B	C	D
v. Chest tube (assist with)				
1. Insertion	A	B	C	D
2. Removal	A	B	C	D
3. Set-up	A	B	C	D
vi. ECMO	A	B	C	D
vii. O2 therapy delivery systems				
1. Bag (anesthesia) & mask	A	B	C	D
2. Bag (self-inflating) & mask	A	B	C	D
3. Nasal cannula	A	B	C	D
4. Nebulizer	A	B	C	D
5. Oxyhood	A	B	C	D
6. Tent	A	B	C	D
7. Trach collar	A	B	C	D
viii. Obtaining blood gases				
1. Arterial	A	B	C	D
2. Heel stick	A	B	C	D
3. Peripheral	A	B	C	D



4.	Umbilical line	A	B	C	D
ix.	Thoracentesis	A	B	C	D
x.	Use of artificial surfactant	A	B	C	D
xi.	Ventilator care				
1.	CPAP/PEEP	A	B	C	D
2.	High frequency jet ventilator	A	B	C	D
3.	Home ventilator	A	B	C	D
4.	IMV	A	B	C	D
5.	Oscillating	A	B	C	D
6.	Pressure ventilator	A	B	C	D
7.	Volume ventilator	A	B	C	D
8.	Weaning	A	B	C	D
d.	Care of the neonate with				
i.	Bronchopulmonary dysplasia (BPD)	A	B	C	D
ii.	Cardiogenic/hypovolemic shock	A	B	C	D
iii.	Diaphragmatic hernia	A	B	C	D
iv.	Fresh tracheostomy	A	B	C	D
v.	Meconium aspiration	A	B	C	D
vi.	Persistent pulmonary hypertension (PPHN)	A	B	C	D
vii.	Pneumothorax	A	B	C	D
viii.	Respiratory distress syndrome (RDS)	A	B	C	D
ix.	Respiratory failure	A	B	C	D
e.	Medications				
i.	Aminophylline	A	B	C	D
ii.	Prostaglandin	A	B	C	D
3. Neurological					
a.	Assessment				
i.	Intracranial pressure monitoring	A	B	C	D
ii.	Neurological status	A	B	C	D
b.	Care of the neonate with:				
i.	Brain death/organ procurement	A	B	C	D
ii.	Externalized VP shunt/reservoirs	A	B	C	D
iii.	Increased intracranial pressure	A	B	C	D
iv.	Meningitis	A	B	C	D
v.	Seizures	A	B	C	D
c.	Medication - Anticonvulsant medication	A	B	C	D



4. GASTROINTESTINAL

a. Assessment				
i. Abdominal girth	A	B	C	D
ii. Bowel sounds	A	B	C	D
iii. Palate	A	B	C	D
iv. Suck/swallow	A	B	C	D
b. Equipment & procedures				
i. Care of gastrostomy tube	A	B	C	D
ii. Feedings				
1. Assist with breast feeding	A	B	C	D
2. Bottle	A	B	C	D
3. Breast milk handling/storage	A	B	C	D
4. Gavage	A	B	C	D
5. Hospital grade electric breast pump	A	B	C	D
iii. Placement of intestinal tubes				
1. Jejunal gastro	A	B	C	D
2. Nasogastric/orogastric	A	B	C	D
iv. Test for occult blood	A	B	C	D
c. Care of the neonate with:				
i. Cleft palate	A	B	C	D
ii. Colostomy/ileostomy	A	B	C	D
iii. Gastroschisis/omphalocele	A	B	C	D
iv. GI bleeding	A	B	C	D
v. Inguinal hernia	A	B	C	D
vi. Necrotizing enterocolitis (NEC)	A	B	C	D
vii. Post abdominal surgery	A	B	C	D
viii. Reflux precautions	A	B	C	D
ix. Tracheoesophageal fistula (TEF)	A	B	C	D

5. Endocrine/Metabolic

a. Assessment				
i. Finnegan	A	B	C	D
ii. Fluid & electrolyte balance	A	B	C	D
b. Interpretation of lab results				
i. Bilirubin	A	B	C	D
ii. Test urine and interpret				
1. Glucose	A	B	C	D
2. Labstix	A	B	C	D
3. Occult blood	A	B	C	D
4. pH	A	B	C	D



5.	Specific gravity	A	B	C	D
c.	Equipment & procedures				
	i. Collection of urine specimens				
	1. Assist with supra pubic tap	A	B	C	D
	2. Catheter	A	B	C	D
	3. Diaper/bag	A	B	C	D
	ii. Phototherapy for jaundice	A	B	C	D
	iii. Post circumcision care	A	B	C	D
d.	Care of the neonate with:				
	i. Acute renal failure	A	B	C	D
	ii. DIC	A	B	C	D
	iii. Disorders of internal/external organs	A	B	C	D
	iv. Drug addiction/withdrawal	A	B	C	D
	v. Hypo/hyperkalemia	A	B	C	D
	vi. Hypo/hypermnatremia	A	B	C	D
	vii. DM (infant of a diabetic mother)				
	1. Hyperglycemia	A	B	C	D
	2. Hypoglycemia	A	B	C	D
	3. Malformations of the GU tract	A	B	C	D
	4. Peritoneal dialysis	A	B	C	D

6. Infectious Diseases

a.	Interpretation of lab results				
	i. CBC/differential	A	B	C	D
	ii. Culture reports	A	B	C	D
	iii. Maternal lab results	A	B	C	D
b.	Equipment & procedures				
	i. Assist with lumbar puncture	A	B	C	D
	ii. Collect culture specimens	A	B	C	D
	iii. Isolation techniques	A	B	C	D
	iv. Standard (universal) precautions	A	B	C	D
c.	Care of the neonate with:				
	i. Hepatitis surface antigen+ mother	A	B	C	D
	ii. HIV positive mother	A	B	C	D
	iii. Neonatal sepsis	A	B	C	D
d.	Medications – Immunizations				
	i. HBIG	A	B	C	D
	ii. HBV	A	B	C	D



iii. HIB	A	B	C	D
iv. Polio	A	B	C	D
v. DPT	A	B	C	D
vi. RespiGam/synergis prophylaxis	A	B	C	D

7. Phlebotomy/IV Therapy

a. Equipment & procedures

i. Administration of blood/blood products				
1. Cryoprecipitate	A	B	C	D
2. Packed red blood cells	A	B	C	D
3. Plasma/albumin	A	B	C	D
4. Whole blood	A	B	C	D
ii. Delivery systems				
1. IV pump	A	B	C	D
2. Syringe pump	A	B	C	D
iii. Drawing blood from central line	A	B	C	D
iv. Drawing venous blood	A	B	C	D
v. Hyperalimentation/TPN	A	B	C	D
vi. Intralipid	A	B	C	D
vii. Managing IV therapy				
1. Discontinuing	A	B	C	D
2. Dressing & tubing change	A	B	C	D
3. Rate calculation	A	B	C	D
4. Site & patency assessment	A	B	C	D
viii. Starting IVs				
1. Angiocath	A	B	C	D
2. Butterfly	A	B	C	D
3. Heparin lock	A	B	C	D

b. Care of the neonate with:

i. Central line/catheter/dressing				
1. Broviac	A	B	C	D
2. Groshong	A	B	C	D
3. Hickman	A	B	C	D
4. Portacath	A	B	C	D
5. Quinton	A	B	C	D
ii. Percutaneous arterial line	A	B	C	D
iii. Percutaneous venous line	A	B	C	D
iv. Peripheral line/dressing	A	B	C	D
v. PICC (peripherally inserted central catheter)	A	B	C	D
vi. Umbilical artery line	A	B	C	D



vii. Umbilical venous line	A	B	C	D
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8. Pain Management

a. Assessment of pain level	A	B	C	D
b. Care of the neonate with sedation, i.e., morphine	A	B	C	D

9. Miscellaneous

a. Assessment:				
i. APGAR scoring	A	B	C	D
ii. Eye exam (r/o retinopathy)	A	B	C	D
iii. Gestational age				
1. Ballard	A	B	C	D
2. Dubowitz	A	B	C	D
iv. Maternal history	A	B	C	D
v. Screen for hearing loss	A	B	C	D
b. Equipment & procedures				
i. Bereavement/postmortem care	A	B	C	D
ii. Consents				
1. Immunization	A	B	C	D
2. Procedural	A	B	C	D
3. Treatment	A	B	C	D
iii. Cord care	A	B	C	D
iv. Neonatal skin care	A	B	C	D
v. Positioning devices	A	B	C	D
vi. Preparation for transport/transfer	A	B	C	D
vii. Thermoregulation				
1. Isolette with humidity	A	B	C	D
2. Radiant warmer	A	B	C	D
3. Temperature (axillary, rectal, skin)	A	B	C	D
4. Weaning to open crib/bassinet	A	B	C	D
viii. Weights				
1. Bed scale	A	B	C	D
2. Scale	A	B	C	D
c. Medications				
i. Calculation of dosage	A	B	C	D
ii. Emergency drug action & reaction	A	B	C	D
iii. Eye prophylaxis - Vitamin K	A	B	C	D
iv. Neonatal drug action & reactions	A	B	C	D



Certification:

Please read and agree to the statements below by signing and dating the bottom of this form.

I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize RN Exclusive to release this Skills Checklist to the Client facilities in relation to consideration of employment with those facilities.

Signature: _____ Date: _____