

Neonatal Intensive Care Skills Checklist Form

Full Name :

Date:

Directions for completing Skills Checklist:

The following is a list of equipment and/or procedures performed in rendering care to patients. Please indicate the level of experience/proficiency with each and, where applicable, the types of equipment and/or systems with which you are familiar. Use the following KEY as a guideline:

A) Theory Only/No Experience - Didactic instruction only, no hands-on experience.

B) Limited Experience - Knows procedure/has used equipment, but has done so infrequently or not within the last six months.

C) Moderate Experience - Able to demonstrate equipment/procedure, performs the task/skill independently with only resource assistance needed.

D) Proficient/Competent - Able to demonstrate/perform the task/skill proficiently without any assistance and can instruct/teach.

A. CARDIOVASCULAR

1. Assessment

- (a) Auscultation (Rate, Rhythm, Volume)
- (b) Blood Pressure/ Invasive (Arterial line)
- (c) Blood Pressure/ Non-Invasive
- (d) Heart Sounds/ Murmurs
- (e) Perfusion
- (f) Pulses

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Equipment & Procedures

- (a) EKG Interpretation
- (b) Defibrillation/ Cardioversion
- (c) Invasive Hemodynamic Monitoring
- (d) Central Venous Pressure

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Care of the Neonate with

- (a) Cardiac Arrest
- (b) Cardiac Transplant
- (c) Cardiomyopathy
- (d) Congenital Heart Disease/ Defects
- (e) Hemodynamic Instability
- (f) Hypovolemic Shock
- (g) Post Cardiac Surgery
- (h) Post Interventional Cardiac Cath

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Medications

(a) Dobutamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Dopamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Epinephrine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Nipride	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Sodium Bicarbonate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. PULMONARY

1. Assessment

(a) Breath Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Rate and Work of Breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Interpretation of Lab Results

(a) Blood Gases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Interpretation of x-ray reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Equipment & Procedures

(a) Airway Management				
(I) Assist with Intubation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(II) Bulb Syringe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(III) CPAP (Nasal Prongs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(IV) Endotracheal Tube Stabilization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(V) Endotracheal Tube Suctioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Apnea Monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Cardiac Resuscitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Apnea Monitor				
(I) Insertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(II) Removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(III) Set-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) ECMO (Extracorporeal Membrane Oxygenation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) O2Therapy Delivery Systems				
(I) Bag (Anesthesia) & Mask	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(II) Bag (Self-inflating) & Mask	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(III) Nasal Cannula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(IV) Nebulizer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(V) Oxyhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(VI) Tent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(VII) Trach Collar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Obtaining Blood Gases				
(I) Arterial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(II) Heelstick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(III) Peripheral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(IV) Umbilical Line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Thoracentesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Use of Artificial Surfactant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) Ventilator Care				
(I) CPAP/PEEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(II) High Frequency Jet Ventilator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(III) Home Ventilator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(IV) IMV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(V) Oscillating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(VI) Pressure Ventilator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(VII) Volume Ventilator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) Weaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Care of the Neonate with				
(a) Bronchopulmonary Dysplasia (BPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Cardiogenic/Hypovolemic Shock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Diaphragmatic hernia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Fresh Tracheostomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Meconium Aspiration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Persistent Pulmonary Hypertention (PPHN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Respiratory Distress Syndrome (RDS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Respiratory Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Medications				
(a) Aminophylline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Prostaglandin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. NEUROLOGICAL

	A	B	C	D
1. Assessment				
(a) Intracranial Pressure Monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Neurological Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Care of Neonate with				
(a) Brain Death/ Organ Procurement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Externalized VP Shunt/ Reservoirs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Increased Intracranial Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Meningitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Medications				
(a) Anticonvulsant Medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. GASTROINTESTINAL

	A	B	C	D
1. Assessment				
(a) Abdominal Girth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Bowel Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Palate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Suck/Swallow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Equipment & Procedures				
(a) Abdominal Girth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Feeding				
(I) Assist with Breast Feeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(II) Bottle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(III) Breast Milk Handling/ Storage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(IV) Gavage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Hospital Grade Electric Breast Pump	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Placement of Intestinal Tubes				
(I) Jejunal Gastro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(II) Nasogastric/Orogastric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Test for Occult Blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Care of the Neonate with				
(a) Cleft Palate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(b) Colostomy/Ileostomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Gastroschisis/Omphalocele	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) GI Bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Inguinal Hernia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Necrotizing Enterocolitis (NEC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Post Abdominal Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Reflux Precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Tracheoesophageal Fistula (TEF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. ENDOCRINE/METABOLIC

1. Assessment

(a) Finnegan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Fluid & Electrolyte Balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Interpretation of Lab Results

(a) Bilirubin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Test Urine and Interpret				
(I) Glucose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(II) Labstix	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(III) Occult Blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(IV) pH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(V) Specific Gravity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Equipment & Procedures

(a) Collection of Urine Specimens				
(I) Assist with Supra Pubic Tap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(II) Catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(III) Diaper/Bag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Phototherapy for Jaundice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Post Circumcision Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Care of the Neonate with

(a) Acute Renal Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) DIC (Disseminated Intravascular Coagulation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Disorders of Internal/External Organs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Drug Addiction/Withdrawal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Hypo/Hyperkalemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Hypo/Hyponatremia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) IDM (Infant of a Diabetic Mother)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Malformation of the GU Tract, Kidney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Peritoneal Dialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. INFECTIOUS DISEASES

1. Interpretation of Lab Results

(a) CBC/Differential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Culture Reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Maternal Lab Results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Equipment & Procedures

(a) Assist with Lumbar Puncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Maternal Lab Results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Isolation Techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Standard (Universal) Precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Care of the Neonate with					
(a) Hepatitis Surface Antigen+ Mother		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) HIV Positive Mother		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Neonatal Sepsis		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Medications - Immunizations					
(a) HBIG		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) HBV		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) HIV		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Polio		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) DPT		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) RespiGam/Synergis Prophylaxis		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G. PHLEBOTOMY/IV THERAPY	A	B	C	D
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1. Equipment & Procedures				
(a) Administration of Blood/ Blood Products				
(I) Cryoprecipitate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(II) Packed Red Blood Cells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(III) Plasma/Albumin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(IV) Whole Blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Delivery Systems				
(I) IV Pump	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(II) Syringe Pump	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Drawing Blood from Central Line				
(d) Drawing Venous Blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Hyperlimentation/TPN				
(f) Intralipid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Managing IV Therapy				
(I) Discontinuing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(II) Dressing & Tubing Change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(III) Rate Calculation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(IV) Site & Patency Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Starting IVs				
(I) Angiocath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(II) Butterfly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(III) Heparin Lock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Care of Neonate with				
(a) Central Line/Catheter/Dressing Products				
(I) Broviac	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(II) Groshong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(III) Hickman	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(IV) Portacath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(V) Quinton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Percutaneous Arterial Line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Percutaneous Venous Line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Peripheral Line/Dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) PICC (Peripherally Inserted Central Catheter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Umbilical Artery Line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Umbilical Venous Line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H. PAIN MANAGEMENT

1. Assessment of Pain Level

☐ A ☐ B ☐ C ☐ D

2. Care of the Neonate with Sedation, i.e. Morphine

☐ A ☐ B ☐ C ☐ D

I. MISCELLANEOUS

☐ A ☐ B ☐ C ☐ D

1. Assessment

(a) Apgar Scoring

☐ A ☐ B ☐ C ☐ D

(b) Eye Exam (r/o Retinopathy)

☐ A ☐ B ☐ C ☐ D

(c) Gestational Age

(I) Ballard

☐ A ☐ B ☐ C ☐ D

(II) Dubowitz

☐ A ☐ B ☐ C ☐ D

(III) Other (Specify)

(d) Maternal History

☐ A ☐ B ☐ C ☐ D

(e) Screen for Hearing Loss

☐ A ☐ B ☐ C ☐ D

2. Equipment & Procedures

(a) Bereavement/Postmortum Care

☐ A ☐ B ☐ C ☐ D

(b) Consents

(I) Immunization

☐ A ☐ B ☐ C ☐ D

(II) Procedural

☐ A ☐ B ☐ C ☐ D

(III) Treatment

☐ A ☐ B ☐ C ☐ D

(c) Cord Care

☐ A ☐ B ☐ C ☐ D

(d) Neonatal Skin Care

☐ A ☐ B ☐ C ☐ D

(e) Positioning Devices

☐ A ☐ B ☐ C ☐ D

(f) Preparation for Transport/Transfer

☐ A ☐ B ☐ C ☐ D

(g) Thermoregulation

(I) Isolette with Humidity

☐ A ☐ B ☐ C ☐ D

(II) Radiant Warmer

☐ A ☐ B ☐ C ☐ D

(III) Temperature (Axillary, rectal, skin)

☐ A ☐ B ☐ C ☐ D

(IV) Weaning to Open Crib/Bassinet

☐ A ☐ B ☐ C ☐ D

(h) Weights

(I) Bed Scale

☐ A ☐ B ☐ C ☐ D

(II) Scale

☐ A ☐ B ☐ C ☐ D

3. Medications

(a) Calculation of Dosage

☐ A ☐ B ☐ C ☐ D

(b) Emergency Drug Action and Reaction

☐ A ☐ B ☐ C ☐ D

(c) Eye Prophylaxis - Vitamin K

☐ A ☐ B ☐ C ☐ D

(d) Neonatal Drug Action and Reaction

☐ A ☐ B ☐ C ☐ D

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Cambay Consulting, LLC. to release my Long Term Skills Checklist to client facilities of Cambay in relation to consideration of employment as a Traveler with those facilities.

Signature

Date

Address

Phone