Armed Forces Hospital King Abdulaziz Naval Base Kingdom of Saudi Arabia NURSING DEPARTMENT

Name:	
Date:	

## NEONATAL INTENSIVE CARE UNIT/SPECIAL CARE BABY UNIT RECRUITMENT SKILLS CHECKLIST

## AIM OF CHECKLIST:

When completing the following skills checklist, please remember that this is used by the reviewer to access your over all competency and suitability to the Neonatal Intensive Care Unit/Special Care Baby Unit.

Please feel free to elaborate on any area you feel necessary to give a more comprehensive over view to the reviewer.

EXPERIENCE: The frequency of nursing care you have given to the conditions listed below. You may elaborate on any area you feel it heeds support and explanation. Tick the desired number on the right side in relation to the frequency of exposure/experience.

## Frequency:

- 1. Never
- 2. Rarely
- 3. Occasionally
- 4. Frequent

## Experience:

- 1. None
- 2. Needs practice
- 3. Competent
- 4. Well skilled

		Frequency 1 2 3 4			rience				
		1	2	3	4	1	2	3	4
I. PULN	IONARY CARE								
•	Extreme prematurity		-	_					-
	The birth weight promature haby (600 - 800 gms)			-					-
	Distance Sundrama		_	_			-		_
	A minution Syndrome			-			-		-
				-			-		-
	ni la consideration de la			-			-		
	Tallyman of the Newborn		_	-	_		_		-
	the state of the s		_		_		-		L
	- Later			_	_	<u> </u>	_		L
	- La	_	_	-	-		-		H
	and the second	-	-	-	_		-		┞
	the section of blood gases	ļ.,	ļ.,	11,00		<del> </del>	<del> </del>		H
7	interpretation of blood gases		1	+-			-	-	F
	DIOVASCULAR		+	+-	-	-	-		t
	Management of Apnea/bradycardia	-	-	+	-	-	+-	-	t
	Congenital Heart disease		-	+	-	┼	+-	-	t
	Patent Ductus Arteriosus	-	+-	+-	+-	+	+-	-	+
	Congestive Heart Failure	-	-	+	1.	10	+		+
4	Congestive	+	1	+-	+-	+	+	-	t
III. NEU	ROLOGICAL	+-	+-	+	+	-	+	-	t
•	Neonatal seizure	-	+	+	+	1	+	1	†
	Intraventicular Hemorrhage	+-	+	+-	+	-	+		1
	Hydrocephalus	+	+	+-	+-	+-	+-	_	†
	Meningocele/Meningomylocele								

				req				хре	
IV.	RENAL AND OTHER CONDITIONS		1	2	3	4	1	2	1
10.				-	+-			_	1
	July With analia onguna			_	_	-	-		
	Trypospacias			_	_				
	<ul> <li>Hypo/hyperglycemia</li> </ul>								
	<ul> <li>Hyperbilirubinemia</li> </ul>								
	Hypocalcaemia					T			1
									1
<u>V.</u>	GASTROINTESTINAL								1
	Necrotizing enterocolitis								Ī
	<ul> <li>Abdominal distention</li> </ul>								Ī
	Gastric bleeding								I
	<ul> <li>Duodenal atresia</li> </ul>								İ
<del></del>	Imperforate anus								ł
			*						r
VI.	HEMATOLOGY								ſ
	• Anemia								Ī
	<ul> <li>Polycythemia</li> </ul>								
-	<ul> <li>Thrombocytopenia</li> </ul>								-
	<ul> <li>Prolonged coagulation profile</li> </ul>								-
									200
VII.	SKIN								•
	<ul> <li>Prevention of skin breakdown</li> </ul>								•
	. Bathing a newborn								•
1/111	· · · · · · · · · · · · · · · · · · ·								
VIII.	PROCEDURES								
	Endotracheal Suctioning								
	<ul> <li>Oral/Nasal Suctioning</li> </ul>								
	<ul> <li>Chest Physiotherapy</li> </ul>								
	Electrode placement							T	•
	<ul> <li>ECG taking</li> </ul>								
	Blood sampling							$\dashv$	
	<ul> <li>Capillary</li> </ul>		_			7	-	+	
	• Venous			$\neg \dagger$		-	_	$\dashv$	•
3.5	Arterial		$\dashv$	$\dashv$	-	-		-	-
	Blood gas sampling			-	-			+	
	• Capillary			+	-	+	$\dashv$	+	
	Arterial (UAC)	<del></del>		+	-		-	+	-
	Intravenous Catheter Insertion		+	-	+		-	+	
	Naso/orogastric tube insertion		+	+	+	+	+	+	
	Changing of Intravenous fluids		-	+	$\dashv$	-	_	+	
	Blood Transfusion		-	+	$\dashv$	-	-	+	
	PRBC		-	-	$\dashv$	-		-	•
	• FFP		-	+	$\dashv$	-	-	+	
***************************************	Platelet		-+	$\dashv$	+	-	-+	+	-
	• Feeding			+	+	+		+	-
	Bottle			+	+	$\dashv$	-	+	-
	Naso/orogastric tube		$\dashv$	+	-	+		+	-
	Specimen Collection		+	+	+	+	-	+	-
	ETT Secretion		$\dashv$	+	+		-	+	-
	Naso/oral secretion			+	+	-	$\dashv$	+	-
	- Taboy oral secretion	1	1	- 1	1	1	- 1		

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			Freq			-	xper		_
		1	2	3	4.	1	2	3 .	4
	Urine								L
									L
	Gastric secretion								
ACC.	STS WITH PROCEDURES								
	- 1								
	The state of the s		1						
			1						T
	S. L. Attubo	_	1						
		_	+		1	1			T
		_	+-	1	1	1			T
		_	+-	+	1	1		1	T
	• UAC		+	+-	+-	+-	1	1-	t
	<ul> <li>percutaneous long line</li> </ul>	_	+-	+-	+	+	-	+	$\dagger$
	lumbar puncture	_	+-	+	+	+	-	-	+
	bladder tap		+-	+	+-	+-	-	+	+
	<ul> <li>exchange transfusion</li> </ul>	-+	-	-	+	-	-	+-	+
	<ul> <li>neonatal resuscitation</li> </ul>		-	-	+	-	-	+	+
			-	+-	-	+	+	+	+
X. ME	DICATION ADMINISTRATION		-	+-	-	+-	+	+	+
	• Oral		-	-	+-	-	┼─	+	+
	Intramuscular	_	4-	+-	+	+-	+	+-	+
	• Intravenous		+-	4	-		-	+-	+
	• IV push				-	4	-	-	+
	• Infusion			_			-	-	+
	Arterial line		_			_	-	+	+
	• Rectal						_	_	4
	Drugs for resuscitation							_	1
	Narcotic/controlled drugs					1			1
									1
									1
	- 'Daharaning								
	Prostaglandin								
	Anticonvulsive drugs		-	+		1			
			1	1					
XI. EQ	UIPMENT			1					
	Ventilator		_	$\top$					
	• Type	$\neg \vdash$	十	_					
	Mode		_						
	Infusion Pump		+	-	_	$\top$	1		
	• Type		_	1					
	Incubator		+	1					7
	• Type	-+	_	+	+	_			
	Radiant warmer		-	1	+	$\neg$			
	• Type		+	+	+		+	1	
	Cardiac monitor		-	+	+	-	-	+	-
	<ul> <li>Type</li> </ul>	_		+	+		-	+	
	Phototherapy units			+	+-	-	+-	+	-
	• Type				-	-	-	-	-
	Apnea monitor		_	-		_		+	_
	• Type								

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			Frequency		Experie			ience		
		1	2	3	4	1	2	3	4	
	Electronic thermometer									
	• Type									
	Blood Sugar monitor									
	• Type									
	Computer literate								1	
XII. DR	JG CALCULATION	+	+	-	-				÷	
X	Morphine								1	
	Dopamine/Dobutamine								I	
	Prostogladin									
	Other medications									
	Total fluid intake		-	-			_		$\downarrow$	
XIII. OT	IER RESPONSIBILITIES	-	+	$\vdash$			$\vdash$	-	+	
	Nursing Documentation								T	
	Verbal reporting to in coming shift/endorsement								T	
	Informing physician of change in the condition of the baby								T	
	Family teaching						_		I	
	Neonatal Transport									

EXF	PERIENCE:			
1.	Years of work experience	e as a nurse in NICU/SCBU	Total:	*
2.	Average daily census in y	our unit	Total:	
3.	Average staffing in your	unit	Total:	
4.	Average ventilated cases	per month		
5.	Size of current hospital y	ou are working with		
6.	Number of Bed Capacity:		æ	
	Total	Employer 1	Employer 2	Employer 3
_	ls in the hospital	Employer 1	Employer 2	Employer 3
_		Employer 1	Employer 2	Employer 3
Tha	Is in the hospital Is in the area assigned In the great assigned In the great assigned th	ne above checklist correctly an s probationary period. Inabili	nd faithfully. Demonstrati	on of skills stated will be

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