



PROGRAM ARMED FORCES HOSPITAL
SHAROURAH, K.S.A.

NEONATAL INTENSIVE CARE CHECKLIST
(HRS/F066/01)

NAME OF APPLICANT: _____

DATE: _____

<p>HOW TO COMPLETE THIS FORM:</p> <p>A thorough evaluation of your skill level in various Specialty areas will enable us to locate assignments that are suitable to your skills and the needs of our patients. Please place an "X" in the box that most accurately describes your level of expertise for this skills listed.</p>	<p>LEVELS OF PROFICIENCY:</p> <p>A = Perform Well (at least one year of current experience, very comfortable performing without supervision) B = Limited Experience (6-12 months, within the past two years, would require some assistance) C = Perform Infrequently (less than three months of experience, need more experience and practice, assistance required) D = No Experience (have never performed this task, willing to learn)</p>
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SKILL	A	B	C	D	COMMENTS (IF ANY)
CARE OF PATIENTS WITH:					
Attendance at high-risk deliveries					
Resuscitation/stabilization in delivery room					
Transport of Infants to/from hospital					
Hyperalimentation/TPN & lipids					
Blood & blood products transfusions					
Rh-immunized neonate					
Exchange transfusions					
Insulin dependent mother/neonate					
Chest Tubes					
Central Line					
Umbilical arterial / venous lines					
<i>Respiratory Needs:</i>					
Interpret ABGs/CBGs					
Tracheostomy					
Severely premature neonates (<1000 grams)					
Cardiac Anomalies					
Post Surgical Neonates – Diaphragmatic Hernia - Laparotomy/Colostomy - Meningocele					
Tracheoesophageal fistula					
Ventricular Peritoneal (VP) shunt					
Requiring NCPAP					

SKILL	A	B	C	D	COMMENTS (IF ANY)
GENERAL SKILLS:					
Obtain blood sample, venipuncture, Heelstick					
Obtain blood cultures					
IV insertion					
Heelstick sample for Dextrostix					
General Computer experience					
Tube feedings (NGT/OGT)					
Nutritional / IV calculations					
Drug/Dosage calculations					
<i>Prepare and assist with :</i>					
UAC/UVC line insertion					
Lumbar puncture					
ETT intubation					
Chest Tube insertion					
PHYSICAL ASSESSMENT :					
Cardiac – identify murmurs					
Gestational age assessments					
Respiratory					
Breath sounds					
Abdominal					
Girth					
Bowel sounds					
PHARMACOLOGY AND TITRATIONS:					
Dopamine/Dobutamine					
Priscoline					
Isuprel					
Prostaglandin					
Epinephrine					
Fentanyl					
Midazolam					
Morphine					
Insulin					
Pavulon					
Digoxin					
EQUIPMENT FAMILIAR WITH:					
Radiant Warmer/Open Care Unit					
Isolette					
Wall Units Suction					
Oxyhood (headbox)/nasal cannula					
Ventilation – Bourns					
- Bear Cub 750					
- Draeger, other					
High Frequency Ventilation – oscillator					
- nitric oxide					
Pulse Oximeter					
ASSISTING WITH:					
Chest tube insertion					
UAC/UVC line insertion					
Intubation					
Supra pubic bladder tap					

Revised May 2004

OTHERS:

- What is the patient nurse ratio in the unit you work in at present?
level 3 Ventilated Neonate: (intensive care)

level 2 : Neonates: (intermediate care)

level 1 :Neonates: (continuing care)
- What is the average monthly admission rate in the unit you work in at present?
- How often in a week are you assigned to care for a ventilated neonate?
- How many beds is the unit you now work in?
Intensive Care : _____
Intermediate : _____

CERTIFICATIONS:

- Neonatal Advance Life Support (NALS) Yes No
- IV Cannulation Programme > 10 hours Yes No

Others :

Thank you for completing the above. Demonstration of skills stated will be expected during the 90 days probationary period. Inability to demonstrate skills may result in termination during probationary period.

Name of the Applicant: _____

Signature of the Applicant: _____

Date: _____



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NICU

1. Give the corresponding score of the following using Apgar Scoring
 - a. Free of immediate stress -
 - b. Moderately depressed -
 - c. Severely depressed -

Using the acronym A P G A R, what are the criteria in the evaluation of a newborn condition using apgar scoring.

A
P
G
A
R

2. Three things you will set in setting up a ventilator for a preterm infant.
 - a.
 - b.
 - c.
3. What blood test you will monitor in a mechanically ventilated baby.
_____.
4. Encircle the letter of your answer.
What is the indication that a baby is suffering from a serious complication of CHF
(Congestive Heart Failure)
 - a) Facial edema
 - b) Cyanosis
 - c) Cough
 - d) Anorexia
5. A three days old newborn suddenly became cyanotic in your shift, what should you do?

Name and signature of applicant _____
Date: _____