







## NURSERY SKILLS CHECKLIST

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SKILLS	PROFICIENCY					FREQUENCY				
	1	2	3	4	5	1	2	3	4	5
10. Discharge Health Teachings										
11. Discharge Against Medical Advice										
12. Treatment Refusal										
13. Patient Transfer/Referral										
14. Use of Medical Equipment										
a) I.V. and syringe pumps										
b) Oxygen tank and regulator										
c) Capillary glucose monitor										
d) Suction apparatus: Wall and portable										
e) Oxygen therapy: Wall and portable										
f) Pulse Oximeter										
g) Isollete and infant warmer										
h) Cardiac/respiratory monitors										
i) Non - invasive blood pressure monitor										
j) Invasive blood pressure										
k) Ventilator										
l) Bilimeter										
m) Phototherapy lights										
n) Infant scale										
o) Computer and printer										
p) Reports defective equipment										
q) Crash cart										
r) Transport isolette										
<b>ISOLATION PRECAUTIONS:</b>										
Regular Isolation										
Reverse Isolation										
Enteric Isolation										
Respiratory isolation										
Wound and skin Isolation										
Sterile Dressing Changes										



## NURSERY CHECKLIST

ASSESSMENT CRITERIA	MET	NOT MET	COMMENTS	ASSESSMENT CRITERIA	MET	NOT MET	COMMENTS
<b>CARE OF NEWBORN</b>				<b>CARE OF NEWBORN</b>			
<b>1. New Born Assessment</b>				<b>I.) Specimen Collection</b>			
<b>a) APGAR Score</b>				<b>1. Heel Stick</b>			
<b>b) Gestational Age Assessment</b>				<b>2. Percutaneous umbilical sampling</b>			
- Ballard Scale				<b>J.) Umbilical blood sampling</b>			
- Dubowitz Scale				<b>K.) Temperature</b>			
- Finnegan Scoring				<b>1. Axillary</b>			
<b>c) Length</b>				<b>2. Oral</b>			
<b>d) Neonatal Jaundice</b>				<b>3. Tympanic</b>			
<b>e) Initial Vital Sign</b>				<b>4. Rectal</b>			
<b>f) Weight</b>				<b>L.) Incubator/Isolletes</b>			
<b>g) Examine from head to toe</b>				<b>M.) Phototherapy Treatment</b>			
<b>1. Equipment and Procedures</b>				<b>N.) Assist intervention for Meconium</b>			
<b>a) Administer injections to neonate</b>				<b>O) Thermo-neutral environment to prevent cold stress</b>			
<b>b) Suctioning</b>				<b>P.) Infant/Neonate Resuscitation</b>			
<b>1. Bulb</b>				<b>Q.) Discharge procedure</b>			
<b>2. Delee</b>				<b>R.) Monitor Bladder and Bowel sounds</b>			
<b>3. Wall</b>				<b>1. Obtain urine specimens via specimen bag</b>			
<b>c) ID/Security Banding</b>				<b>2. Test for blood, reducing substances</b>			
<b>d) Cord Care</b>							
<b>e) Assist with Circumcision</b>							
<b>1. Assess site post-op</b>							
<b>2. Teach Circumcision care to patients</b>							
<b>f) Bathe Infant</b>							
<b>g) Culture suspect infectious neonate</b>							
<b>h) Infant Feedings</b>							
<b>1. Breastfeeding - assist</b>							
- Latch-on							
- Positioning							
- Pumping and storage							
<b>2. . Bottle</b>							

**Kingdom of Saudi Arabia**  
Ministry of Defense  
Prince Sultan Armed Forces Hospital  
Madina Al Munawarah  
**Nursing Administration Department**



المملكة العربية السعودية  
وزارة الدفاع  
مستشفى الامير سلطان للقوات المسلحة  
بالمدينة المنورة  
إدارة التمريض

## NURSERY SKILLS CHECKLIST

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

CERTIFICATION	YES	NO	DATE ISSUED /EXPIRATION
▪ Basic Cardiac Life Support (BCLS)			
▪ Neonatal Resuscitation Program (NRP)			
▪ Advance Cardiac Life Support ( ACLS)			
▪ Saudi Council Licensure			
▪ Others :			

### ADDITIONAL INFORMATION:

*This skills checklist is part of the application process. False representation of information **WILL** result in a review of the applicants contractual/employment status.*

Number of Experience: \_\_\_\_\_ Months / Year (s)

*I hereby certify that the information given above is true and accurate account of my proficiency.*

**Comments:**

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Print Name: \_\_\_\_\_ Signature : \_\_\_\_\_ Date: \_\_\_\_\_