

# Shamrock Medical Staffing, Inc.

## Neo-Natal Skills Checklist

Name \_\_\_\_\_

Date \_\_\_\_\_

**RESPIRATORY:**

Highly Skilled	Skilled	Limited	With Assistance	No Experience
----------------	---------	---------	-----------------	---------------

Assessment of Breath Sounds

--	--	--	--	--

Care of Infant with:

RDS

--	--	--	--	--

BPD

--	--	--	--	--

Pneumonia

--	--	--	--	--

Chest Tubes

--	--	--	--	--

Suction Oro-Naso-Pharynx

--	--	--	--	--

Tracheostomy Care/Suctioning

--	--	--	--	--

Endotracheal Tubes

--	--	--	--	--

**IV THERAPY:**

Heparin Locks

--	--	--	--	--

Initiating IV:

Heel Stick

--	--	--	--	--

Scalp Veins

--	--	--	--	--

Peripheral Art. Line

--	--	--	--	--

Intracath Insertion

--	--	--	--	--

Mixing IV's

--	--	--	--	--

Regulating IV's

--	--	--	--	--

Assessment of Patency/Site

--	--	--	--	--

Discontinuing:

Peripheral IV's

--	--	--	--	--

Subclavian IV's

--	--	--	--	--

IV Hyperalimentation

--	--	--	--	--

Intralipid Infusion

--	--	--	--	--

Infusion Pumps

--	--	--	--	--

CVP Monitoring:

Broviacs

--	--	--	--	--

Umbilical Caths

--	--	--	--	--

Peripheral

--	--	--	--	--

Dressing Changes

--	--	--	--	--

Hanging Blood and Blood Products

--	--	--	--	--

Care of Cutdown

--	--	--	--	--

**CARDIOVASCULAR:**

Highly Skilled	Skilled	Limited	With Assistance	No Experience
----------------	---------	---------	-----------------	---------------

Apnea/Cardiac Monitors  
 CPR of Infant  
 Interpret EKG Rhythmstrips  
 Assist with Exchange Transfusion


Assessment of:

Pulses  
 Perfusion  
 Heart Sounds


Use of:

Doppler  
 Palpation

Post Cardiac Surgeries  
 Monitoring Glucose


**MISCELLANEOUS:**

Highly Skilled	Skilled	Limited	With Assistance	No Experience
----------------	---------	---------	-----------------	---------------

Care of Infant with:

Failure to Thrive  
 Cleft Palate

Use of Isolette

Care of Dying Infant

Assign Apgar Scores

Eye Prophylaxis

Draw Blood from U-Line

Suction with Catheter

Phototherapy:

Bilirubin  
 Hyperbilirubinemia

NG Feedings

Administer Blood/Blood Products

Oxyhood

Radiant Warmers

Ventilators



Level I  
 Level II  
 Level III  
 E.C.M.O. Certified


**I hereby certify that all information provided herein is true and correct to the best of my knowledge:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_