



Please Complete and Fax to: 800-807-1963

Or mail to:

Medical Staffers, LLC
910 Brooks St.
Missoula, MT 59801

Questions? 800-393-1559

Last Name _____ First Name _____ MI _____

NEONATAL ICU SKILLS CHECKLIST

The following checklist is used to assess your experience and skills and help us place you in the proper assignment. Please provide an accurate self-assessment of your skills using the following guidelines:

1. No experience
2. Limited Experience
3. Experienced
4. Highly Skilled
5. Able to teach and supervise

PROCEDURES AND SKILLS	1	2	3	4	5
Gestational Assessment					
Assessment of : Neurological System					
Assessment of : Integumentary System					
Assessment of : Sensory Systems					
Isolette Care: Maintenance of Neutral-Radiant Warmers: Utilization of Air Shields					
Medication Admin: Nasogastric Tube					
Medication Admin: Intramuscular					
Medication Admin: Iv Push					
Medication Admin: Topical					
Titration/Use of : Aldactone (Po)					
Titration/Use of : Amphotericin (IV)					
Titration/Use of : Caffeine (Po & IV)					
Titration/Use of : Chloral Hydrate (Po)					
Titration/Use of : Digoxin (IV & Po)					
Titration/Use of : Dopamine (IV Drip)					
Titration/Use of : Gentamycin (IV)					
Titration/Use of : Igg (IV)					
Titration/Use of : Isoproteranol (IV Drip)					
Titration/Use of : Nacl (Po)					
Titration/					
Use of : Pavulon (IV)					
Titration/Use of : Reglan (Po)					
Assessment of : Respiratory System					
Assessment of : Genitourinary System					
Assessment of : Thermoregulatory System					
Assessment of : Immune System					
Isolette Care: Isc Control					
Radiant Warmers: Isc Control					
Medication Admin: Gastrostomy Tube					
Medication Admin: Iv Bottle					
Medication Admin: Uac-Uvc					
Medication Admin: Optical					
Titration/Use of : Amikacin (IV)					
Titration/Use of : Ampicillin (IV)					
Titration/Use of : Calcium (IV)					
Titration/Use of : Claforan (IV)					
Titration/Use of : Dilantin (IV)					
Titration/Use of : Erythromycin (Ophthal)					
Titration/Use of : Glucaagon (IV)					
Titration/Use of : Indocin (IV)					
Titration/Use of : KCl (Po)					

Titration/Use of : Nipride (IV)					
Titration/Use of : Priscoline (IV Drip)					
Titration/Use of : 5FC (Po)					
Assessment of : Cardiovascular System					
Assessment of : Gastrointestinal System					
Assessment of : Musculo-Skeletal System					
Isolette Care: Utilization of Air Shields					
Radiant Warmers: Model/Type					
Medication Admin: Oral					
Medication Admin: Subcutaneous					
Medication Admin: Iv Metriset					
Medication Admin: Endotracheal					
Medication Admin: Rectal					
Titration/Use of : Aminophylline (Po)					
Titration/Use of : Bumex (IV)					
Titration/Use of : Ceftazadime (IV)					
Titration/Use of : Cyclomydril (Ophthal)					
Titration/Use of : Dobutamine (IV Drip)					
Titration/Use of : Furosemide (IV & Po)					
Titration/Use of : HCTZ (Po)					
Titration/Use of : Insulin (IV)					
Titration/Use of : Multi Vitamins (Po)					
Titration/Use of : Nystatin (IV)					
Titration/Use of : Prostaglandin E1 (IV)					
Titration/Use of : Sodium					
Titration/Use of : Tylenol (Po)					
Titration/Use of : Vitamin D (Po)					
Titration/Use of Atropine					
Titration/Use of Sodium Bicarbonate					
Titration/Use of Morphine					
IV Therapy: Assess CC/K G/Day					
Ivac Control Pump					
Butterfly					
Peripheral Lines					
Silastic					
Administer Blood and Blood Products					
Draw Blood: Venipuncture					
Draw Blood: Central Venus Line					
Intra-Arterial / Hp Monitor					
Utilization of Monitors					
Endo-Tracheal Tube Suctioning					
Continuous Feed Oqt					

NEONATAL ICU SKILLS CHECKLIST

PROCEDURES AND SKILLS	1	2	3	4	5
Baby At Breast					
Baby Care					
Recording of Data					
Exchange Transfusion: Recording of Data					
O2 Therapy/Vents: Bag/Mask					
O2 Therapy/Vents: Utilization of O2					
O2 Therapy/Vents: Chest Pt/Neonatal					
Utilization of Emerson Pump					
Titration/Use of : Vancomycin (IV)					
Titration/Use of : Vitamin E (Po)					
Titration/Use of Epinephrine					
Tiration/Use of Terbutaline					
Titration/Use of Phenobarbitol					
Utilization of Infusion Pumps					
Ivac Syringes					
Small Vein Catheters					
Central Lines					
Uv					
Draw Blood: Umbilical Arterial Line					
Draw Blood: Heel Stick					
Vital Signs:Tpr					
Heart Sounds					
Oral/Nasal Suctioning					
Oral/Nipple Feeding					
Intermittent OGT					
Infant Stimulation					
Phototherapy					
Exchange Transfusion: Set Up & Use of					
O2 Therapy/Vents: Osyhood					
O2 Therapy/Vents: Utilization of					
O2 Therapy/Vents: Humidification					
O2 Therapy/Vents: Iatrogenic Complications					
Ostomy Care					
Sulamyde (Ophthal)					
Titration/Use of : Vecuronium (IV)					
Titration/Use of : Vitamin K (IM & IV)					
Titration/Use of Narcan					
Titration/Use of Fetanyl					
Titration/Use of Valium					
Iv Therapy: Harvard					
Iv Therapy					
Heparin Locks					

PROCEDURES AND SKILLS	1	2	3	4	5
Broviac					
Ua					
Draw Blood: Umbilical Venus Line					
Draw Blood: Peripheral Arterial Line					
Bp/Dynamap					
Breath Sounds					
Tracheostomy Suctioning					
Ogt/Insertion & Feeding					
Breast Milk Collection/Storage					
Infant Destimulation					
Utilization of Bilimeter					
Exchange Transfusion: Assessment of Baby					
O2 Therapy/Vents: Osillator Vents					
O2 Therapy/Vents: Infant Ventilators					
O2 Therapy/Vents: Cpap Application					
O2 Therapy/Vents: Chest Tube/Care					
Neonatal CPR/Use of Anesthesia Bag					

Age Appropriate Care: The ability to adapt care to incorporate normal growth and development, adapt method and terminology of client instructions as it relates to the age and comprehension level of the client, and to ensure a safe environment - reflecting specific needs of the client and various age groups.

AGE	1	2	3	4	5
Newborn (birth- 30 days)					
Infant (30 days-1 year)					
Toddler (1-3 years)					
Preschooler (3- 5 years)					
School Age (5 -12 years)					
Adolescents (12-18 years)					
Young Adults (18-39 years)					
Middle Adults (39-64 years)					
Older Adults (64+ years)					

The information I have provided above is true and accurate to the best of my knowledge, and I hereby authorize Medical Staffers, LLC to release this checklist to any potential employer that is contracted with Medical Staffers, LLC.

Employee Signature _____

Name and Title (please print) _____

Date _____