

Children’s Hospital Neonatal Critical Care Skills Packet

Name:	Employee ID #:
Unit:	Title:

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Skills Skills listed as “Performs per Policy” are located only within the first 2 pages for sign off. Not all skills are applicable to all Nursing areas – if not applicable mark as N/A	Skill Code (For CPPN Use Only)	Date Completed (or N/A)	Verifier Initials
Children’s Hospital Developmental Care of the Neonate and Infant Skills Checklist	DAHS-NSCCHDCNI		
Children’s Hospital Neonatal Health Maintenance and Environmental Safety Skills Checklist	DAHS-NSCCHNHMES		
Children’s Hospital Neonatal and Infant Blood Draws Skills Checklist	DAHS-NSCCHNIBD		
Children’s Hospital Recovery, Post-Surgical Skills Checklist	DAHS-NSCCHNRPS		
Children’s Hospital Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist	DAHS-NSCCHNTCCPPDS		
Children’s Hospital Neonatal Nutritional Assessment and Support Skills Checklist	DAHS-NSCCHNNAS		
Children’s Hospital Neonatal IV, Fluid Management, and Fluid Resuscitation Skills Checklist	DAHS-NSCCHNIFMFR		
Children’s Hospital Breast Milk Usage Skills Checklist	DAHS-NSCCHBMU		
Children’s Hospital Neonatal Pain Assessment Skills Checklist	DAHS-NSCCHNPA14		
Children’s Hospital Neonatal Basic Dysrhythmia Detection and Treatment Skills Checklist	DAHS-NSCCHNBDDT		
Children’s Hospital Care of the Patient with Hydrocephalus-Related Devices Skills Checklist	DAHS-NSCCHNCPHRD		
Children’s Hospital Neonatal Chest Tube Skills Checklist	DAHS-NSCCHNCT		
Children’s Hospital Neonatal High Frequency Ventilator Skills Checklist	DAHS-NSCCHNHFOV14		
Children’s Hospital Neonatal Lumbar Puncture Skills Checklist	DAHS-NSCCHNLPD14		
Children’s Hospital Neonatal Critical Care Mechanical Ventilation Skills Checklist	DAHS-NSCCHNPCCMV14		
Children’s Hospital Neonatal Care Respiratory Assessment Skills Checklist	DAHS-NSCCHNCRA14		
Children’s Hospital Neonatal Retinopathy of Prematurity Skills Checklist	DAHS-NSCNRP		

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Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:

Initial:	Print Name:	Signature:

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UC Davis Health Policies and Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

Name:	Signature:	Date:
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Children's Hospital Developmental Care of the Neonate and Infant Skills Checklist #DAHS-NSCCHDCNI	Date	Verifier Initials
References: <ol style="list-style-type: none"> 1. Verklan, M.T., & Walden, M. (2015). Core Curriculum for Neonatal Intensive Care Nursing (fifth edition). Elsevier: St. Louis, MO 2. Maternal/Child Structure Standards: Neonatal Units Structure Standards 3. Newborn Individualized Developmental Care and Assessment Program (nidcap.org) 4. Pediatric Learning Solutions 		
Assess the family's coping and makes referrals as needed (Social work, Ronald McDonald/Kiwanis, Child Life)		
Involve parents or caregiver in care and appropriately documents parental education as provided		
Implement developmentally appropriate nursing interventions which can assist in alleviating stress and minimizing the effect of hospitalization for the following age groups: <ul style="list-style-type: none"> • Extremely premature infant (< 28 weeks) • Very premature infant (28 to 32 weeks) • Early premature infant (32 to 36 weeks) • Term neonate (>37 weeks) • Infant 		
Provide support to prepare the infant and parents/caregiver for procedures and/or surgery		
Assist families in providing Kangaroo care		

Children's Hospital Neonatal Health Maintenance and Environmental Safety Skills Checklist # DAHS-NSCCHNHMES	Date	Verifier Initials
References: <ol style="list-style-type: none"> 1. Fact Sheets from Safe Kids Coalition with Annual Reports of Childhood Injury (http://www.safekids.org/) 2. Neonatal Units Structure Standards 3. Pediatric Learning Solutions 4. 4014: Newborn Screening Test 5. Center for Disease Control and Prevention (Screening for Critical Congenital Heart Defects Congenital Heart Defects (CHDs) CDC) 6. Pediatric learning solutions 7. UC Learning Module Safe Sleep (DAHS-NCHISSBEP19) 		
Performs Newborn Screening per UC Davis Health Policy 4014 Newborn Screening Test		
Provide appropriate health screening and maintenance promoting infant and family health		
Provide a developmentally safe and sensitive environment for the hospitalized infant		
Provide injury prevention and general safety information developmentally appropriate to the infant and family		
State reason for CCHD screen and provide education to parents		
Perform CCHD screen per policies		
State when Safe Sleep is to be practiced		
Demonstrate ability to create Safe Sleep environment using appropriate Halo Sleep Sack		

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Children’s Hospital Neonatal and Infant Blood Draws Skills Checklist #DAHS-NSCCHNIBD	Date	Verifier Initials
References: 1. Elsevier Neonatal Blood Specimen Collection, Heelstick, Radial Artery Puncture		
State the importance of correct serum lab specimen collection		
Select appropriate blood specimen tubes and obtain correct labels		
Choose method of blood draw: heel stick, venipuncture, arterial puncture, central or arterial line draw		
Verify the identity of patient using two identifiers and obtain specimen per policies		
Handle and label specimens appropriately using the BCMA workflow guidelines		
Compare lab results to normal values and the patient’s previous results		

Children’s Hospital Recovery, Post-Surgical Skills Checklist # DAHS-NSCCHNRPS	Date	Verifier Initials
References: 1. Patient Care Standards, SICU, General 2. Surgical Intensive Care Structure Standards		
Perform initial rapid assessment of cardiorespiratory systems		
Receive patient and report from anesthesia provider (e.g., anesthetic events, medications, vital signs, EBL, intake & output, lab values)		
Perform quick visual assessment, measure vital signs, assess LOC, and report abnormal findings to the anesthesia provider at the bedside		

Children’s Hospital Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist # DAHS-NSCCHNTCCPPDS	Date	Verifier Initials
References: 1. Neonatal Units Structure Standards 2. Pediatric Intensive Care Unit (PICU)/ Pediatric Cardiac Intensive Care Unit (PCICU) Structure Standards		
Identify the circumstances, which may prohibit the transport of a patient or require physician attendance		
Contact the procedure area and all personnel needed to coordinate the transport		
Assemble the necessary equipment and medications for transport		
Ensure all IV lines, catheters, tubes and wires are secure		
Accompany the patient during transport and continually monitor the patient		

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Children’s Hospital Neonatal Nutritional Assessment and Support Skills Checklist # DAHS-NSCCHNNAS	Date	Verifier Initials
References: 1. Pediatric Inpatient Structure Standards 2. UC Davis Health Policy 4061 : Aspiration (Oral and Enteral) Precautions 3. UC Davis Health Policy 8018 : Enteral Tubes and Nutrition for Pediatric and Neonatal Patients 4. UC Davis Health Policy 13040 : Nutrient-Drug Interactions 5. Elsevier Feeding Tube: Enteral Nutrition Administration (Pediatric) DAHS-NCHENAP-ECS 6. NICU Feeding Protocol, Staff web page		
Provide developmentally appropriate nutritional assessment and promote optimal nutrition		
Implement developmentally appropriate and safe enteral nutrition		
Provide appropriate and safe parenteral nutrition		
Demonstrate knowledge of common feeding practices in the Neonatal Units		
Identify feeding cues, determine signs of readiness for feedings and signs of feeding intolerance		
Performs Children’s Hospital Gastrostomy Tube Skills per UC Davis Health Policy 8018, Enteral Tubes and Nutrition for Pediatric and Neonatal Patients		

Children’s Hospital Neonatal IV, Fluid Management, and Fluid Resuscitation Skills Checklist # DAHS-NSCCHNIFMFR	Date	Verifier Initials
References: 1. Neonatal Units Structure Standards 2. UC Learning Module Newborn IV Therapy and Blood Withdraw DAHS-NCHNIVTBW16 3. American Heart Association: 2017 NRP Guidelines 4. Verklan, M.T., & Walden, M. (2015). Core Curriculum for Neonatal Intensive Care Nursing (fifth edition). Elsevier: St. Louis, MO Fluid and electrolyte management 5. NICU Nutrition guidelines, NICU webpage		
Performs Critical Care Arterial Pressure Monitoring per UC Davis Health Policy 13010: Peripheral Arterial Line Management		
List potential risk factors for increased insensible water loss in preterm and term neonates and states reduction measures		
State the signs and symptoms of hypovolemia in the neonate		
State the objectives for fluid resuscitation in the neonate		
State the appropriate type of fluid and volume administered during fluid resuscitation and the rationale for each		
Identify the sites that can be used for rapid fluid administration during hypovolemic shock		
Differentiate between administration of fluid resuscitation to preterm neonates compared to term neonates		

Children’s Hospital Breast Milk Usage Skills Checklist #DAHS-NSCCHBMU	Date	Verifier Initials
References: 1. UC Davis Health Policy 16024: Breast Milk Collection, Storage, Thawing, and Delivery 2. UC Davis Health Policy 16043: Donor Human Breast Milk: Procurement, Storage and Administration		
States contraindications to using breast milk according to policy		
Describes qualifications for use of donor breast milk and the process for obtaining assent		

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Children’s Hospital Breast Milk Usage Skills Checklist #DAHS-NSCCHBMU continued	Date	Verifier Initials
Correctly identifies expiration of fresh breast milk, thawed breast milk, and breast milk with fortification		
Safely prepares and administers breast milk using correct labeling methods and in chronologic order		
Accurately logs breast milk in and out using the Breast Milk Storage Log		
Provide education to families regarding labeling and storing breast milk containers		

Children’s Hospital Neonatal Pain Assessment Skills Checklist #DAHS-NSCCHNPA14	Date	Verifier Initials
Pediatric Learning Solutions: Neonatal Pain Assessment and Management (DAHS-NCHNPAM16-PLS)		For Reference
Perform physical and environmental assessment prior to administration of pain medication		
Implement potential age-specific, developmentally supportive cares to decrease need for pain medication		
Demonstrate ability to safely administer oral sucrose and/or pain medications as indicated		
Appropriately assess patient’s response and need for further intervention		
Provide and document parental education		
Document all pertinent information, including PRN response		

Children’s Hospital Neonatal Basic Dysrhythmia Detection and Treatment Skills Checklist # DAHS-NSCCHNBDDT	Date	Verifier Initials
References: 1. Verklan, M.T., & Walden, M. (2015). <i>Core Curriculum for Neonatal Intensive Care Nursing</i> (fifth edition). Elsevier: St. Louis, MO		
Describe the major anatomy of the heart and normal flow of blood through the heart		
Identify the waves and intervals of the normal EKG and describe their significance		
Describe the electrical conduction system of the heart		
Explain sinus, atrial and ventricular dysrhythmias and discuss the causes/treatments		
Explain heart blocks and discuss the causes/treatments		
Demonstrate use of 12-lead ECG available in the area		

Children’s Hospital Care of the Patient with Hydrocephalus-Related Devices Skills Checklist #DAHS-NSCCHNCPHRD	Date	Verifier Initials
References: 1. Verklan, M.T., & Walden, M. (2015). <i>Core Curriculum for Neonatal Intensive Care Nursing</i> (fifth edition). Elsevier: St. Louis, MO		
Accurately describe the pathophysiology and common causes of hydrocephalus in the neonate		
Identify the clinical indications for the need of a CSF drainage device		
Differentiate between an ommaya reservoir and ventriculoperitoneal shunt (VP shunt)		
Identify signs and symptoms of increasing intracranial pressure and respond appropriately		

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Children’s Hospital Care of the Patient with Hydrocephalus-Related Devices Skills Checklist #DAHS-NSCCHNCPHRD continued	Date	Verifier Initials
Discuss the pathophysiology of reservoir/shunt failure, risks of infection and the need for revision		
Describe the nursing management of infants with an ommaya reservoir versus a VP shunt		

Children’s Hospital Neonatal Chest Tube Skills Checklist # DAHS-NSCCHNCT	Date	Verifier Initials
References: 1. Pediatric Learning Solutions		
State indications for chest tube insertion and explain the parts of the chest tube drainage system		
Consider pain medication in anticipation of procedural pain and provide developmentally appropriate comfort measures		
Assess for air leaks and examine water seal chamber for presence of fluctuation (tidaling), bubbling, and proper water level		
Assess for type of chest drainage and amount		
When chest tube is discontinued, consider pain management and ensure an occlusive dressing is placed		

Children’s Hospital Neonatal High Frequency Ventilator Skills Checklist # DAHS-NSCCHNHFOV14	Date	Verifier Initials
References: 1. Operating Manual, High Frequency Oscillating Ventilator 3100B 2. Pediatric Learning Solutions		
Notify Respiratory Therapy and assembles necessary equipment		
Verbalize an understanding of monitoring SpO2 and chest wiggle		
Demonstrate proper operation of the HFOV and verbalize indications for the use of the HFOV		
Troubleshoot HFOV alarms		
Verbalize an understanding of the reset and start buttons and when to use them		

Children’s Hospital Neonatal Lumbar Puncture Skills Checklist # DAHS-NSCCHNLPD14	Date	Verifier Initials
References: 1. Elsevier Lumbar puncture Neonate		
Identify the clinical indications for a lumbar puncture		
Describe the process of obtaining consent for a lumbar puncture		
Consider pain management and appropriate developmental care		
Position the patient in the lateral knee-chest position with the neck flexed toward the chest or in a sitting position		
Correctly label and send CSF samples for lab studies as ordered by the provider		
State possible complications of a lumbar puncture		

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Children’s Hospital Neonatal Critical Care Mechanical Ventilation Skills Checklist # DAHS-NSCCHNPCCMV14	Date	Verifier Initials
References: 1. Servo -i Ventilator Manual V3.2		
Identify indications and modes of mechanical ventilation		
Discuss the use of sedation and/or paralytics to maintain optimal mechanical ventilation		
Assess reasons for changes in peak pressure, tidal volumes, breath sounds, oxygen saturation		
Describe ventilator changes needed based on ABG results and/or end-tidal CO2 monitoring		
Assess a patient’s readiness for mechanical ventilator weaning and/or extubation per unit protocol		
Performs Children’s Hospital Bi-PAP Skills Checklist per Clinical Policy 17001		

Children’s Hospital Neonatal Care Respiratory Assessment Skills Checklist #DAHS-NSCCHNCRA14	Date	Verifier Initials
References: 1. UC Davis Health Policy 17038 : Pediatric and Neonatal Airway Policy 2. American Heart Association: 2017– NRP Guidelines 3. American Heart Association: 2017 – PALS Guidelines		
Recognize normal respiratory rates and pulmonary developmental findings		
Able to identify respiratory distress and intervene appropriately based on respiratory assessment		
Recognize when an arterial blood gas is indicated and correlate ABG results with patient assessment findings		
Ensure functioning emergency respiratory equipment is available in the patient’s room every shift		
Monitor and document non-invasive patient monitoring (i.e., pulse oximetry, end tidal CO2 monitoring)		
Performs Children’s Hospital Neonatal Critical Care Airway Management Skills per		
Performs Children’s Hospital Neonatal Tracheostomy Care Skills per		

Children’s Hospital Neonatal Retinopathy of Prematurity Skills Checklist #DAHS-NSCNRP	Date	Verifier Initials
References: 1. Policy 17024 : Continuous Pulse Oximeter 2. Retinopathy of Prematurity (nei.nih.gov/health/rop/) 3. Verklan, M.T., & Walden, M. (2015). Core Curriculum for Neonatal Intensive Care Nursing (fifth edition). Elsevier: St. Louis, MO		
Identify pulse oximetry alarm settings according to gestational age		
Identify problem solving steps for low pulse oximetry saturations before increasing FiO2		
Identify protocol for increasing/decreasing FiO2 to maintain pulse oximetry saturations within appropriate parameters		
Identify interventions for desaturations associated with handling, suctioning, procedures etc.		
Identify appropriate interventions for apnea		
Describe the pathophysiology of Retinopathy of Prematurity		