



# MASTER STAFFING, INC.



## COMPETENCY SKILLS CHECKLIST

### NEONATAL INTENSIVE CARE UNIT (NICU)

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial

Instructions: Please check appropriate box. Each skill must have 1 of the 5 choices marked.

- Key Guidelines:
- A** – No Experience
  - B** – Training/Minimal Experience, Needs Supervision
  - C** – Adequate Experience
  - D** – Sufficient Skill to Perform without Supervision
  - E** – Proficient in Performing Skill

	A	B	C	D	E
<b>Emergency procedure</b>					
CPR of neonate					
Use of neonatal paddles for defibrillation					
Ambu bag					
<b>Cardiac &amp; respiratory</b>					
Head to toe assessment including gestational age					
Care of patient with U.A. line					
Care of patient with CVC line					
Hood & mask oxygen delivery systems					
Chest percussion & vibration					
Nasotracheal & ET suctioning					
<b>GI /Nutrition</b>					
NG tube insertion					
Gavage feeding					
Oral feeding					
Assisting with breast feeding					
<b>Fluid management</b>					
Signs & symptoms of fluid overload					
Signs & symptoms of dehydration					
Calculation of fluids					
Administration of IV solution according to weight					
Administration of blood products					

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verified & Checked by Director of Nursing, Master Staffing, Inc.

\_\_\_\_\_  
Date