

CCM RECRUITMENT INTERNATIONAL

NEONATAL INTENSIVE CARE SKILLS CHECKLIST

NAME OF APPLICANT: _____ **DATE:** _____

<p>HOW TO COMPLETE THIS FORM:</p> <p>A thorough evaluation of your skill level in various specialty areas will enable us to locate assignments that are suitable to your skills and the needs of our patients. Please place an "X" in the box that most accurately describes your level of expertise for this skills listed.</p>	<p>LEVELS OF PROFICIENCY:</p> <p>A = Perform Well (at least one year of current experience, very comfortable performing without supervision). B = Limited Experience (6-12 months, within the past two years, would require some assistance) C = Perform Infrequently (less than three months of experience, need more experience and practice, assistance required). D = No Experience (have never performed this task, willing to learn).</p>
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SKILL	A	B	C	D	COMMENTS (IF ANY)
CARE OF PATIENTS WITH:					
Peritoneal dialysis					
Attendance of high-risk deliveries					
Resuscitation/stabilization in delivery room					
Transport of infants to/from hospital					
Hyperalimentation/TPN & lipids					
Blood & blood products transfusions					
Rh-isoimmunized neonate					
Exchange transfusions – assist with					
Insulin dependent mother neonate					
Chest tubes – assist with insertion and care of					
Central line – assist with insertion and care of					
Umbilical arterial/venous lines – assist with insertion and care of					
Respiratory Needs:					
Oxyhood (headbox)/nasal cannula					
Oral/Nasal Tracheal tube management					
Conventional ventilation					
High frequency ventilation (oscillator)					
NCPAP					
Pulse oximeter					
Transcutaneous Monitor					
Interpret ABG's					
Tracheostomy					
Very low birth weight neonates < 1000gms					
Cardiac anomalies/pre and post op care					
Post-surgical neonate – care of					
Tracheoesophageal fistula					
Ventricular Peritoneal (VP) shunt					
GENERAL SKILLS					
Calculation of total fluid intake/fluid requirements					
Calculation of total caloric intake/caloric requirements					
Obtain blood sample, arterial /venous line draw					
Obtain blood sample, venipuncture					
Obtain blood cultures					
IV insertion, scalp – angio cath/butterfly					
IV insertion, peripheral – angio cath/butterfly					
Heelstick blood sampling					

SKILL	A	B	C	D	COMMENTS (IF ANY)
Assist with insertion of percutaneous line					
Percutaneous line insertion (Nursing certification for percutaneous line insertion)					
Tube feedings (NGT/OGT)					
Physical assessment – head to toe					
Titration calculations					
Calculations for mixing/preparing IV med infusions					
Medication dilution calculations					
PHYSICAL ASSESSMENT					
Cardiac					
Basic cardiac rhythm interpretation					
Rhythm					
Murmurs					
Gestational age assessments/Ballards scoring					
Respiratory					
Breath sounds					
Abdominal					
Girth					
Bowel Sounds					
PHARMACOLOGY AND TITRATIONS					
Dopamine/Dobutamine					
Exosurf/Surfactant					
Prostaglandin (PGE ₁)					
Epinephrine					
Sodium Bicarbonate					
Nitric oxide					
HEMODYNAMICS					
Interpret wave forms					
CVP - central venous					
ART - arterial					
Calibrate transducers					
Disposable transducer system					

CERTIFICATIONS:

Advanced Cardiac Life Support (ACLS) Yes No
 Pediatric Advanced Life Support (PALS) Yes No
 Neonatal Advanced Life Support (NRP) Yes No Last updated: _____

- Please obtain certification through AAP prior to arrival

CRITICAL CARE CERTIFICATION:

CCRN Yes No DATE ATTAINED: _____
 ENB-100 Yes No DATE ATTAINED: _____
 OTHER (Please specify) Yes No DATE ATTAINED: _____

How comfortable do you feel coordinating the care of two ICU patients at the same time?

NICU CASE SCENARIOS

This is not a test. It is a tool to help assess where applicants, from many varied backgrounds and educational experiences are, in terms of understanding the care of high risk newborns. Please answer as many of the questions as you can.

Scenario #1

You have just been called down to the delivery room for an emergency C-section of a 28-week gestation baby. When you arrive, the baby is being pulled out. The labor and delivery room staff got all your equipment ready for you ahead of time. You are standing beside the obstetrician. He hands you the baby. The first thing you would do is to:

You dry the baby well and discard the wet linens. The next step in the resuscitation is to _____

After this you would first suction the _____ and then the _____.

Next you stimulate the baby to breathe by _____ or _____

The baby is not breathing. You would _____

The heart rate is 65 and staying there. The resident is going to intubate. For this he needs four pieces of equipment in addition to the suction apparatus and mask/bag device. What are they?

1. _____
2. _____
3. _____
4. _____

Once the baby is intubated and tube placement is confirmed, the HR is still in the 60s.

You commence chest compressions at what rate? _____ per minute. The ratio will be _____ compressions to _____ ventilations. How deep are your compressions? _____ inches. The heart rate remains poor. The drug of choice at this time is _____ via ETT. With the drug the HR increases to 130 but the baby continues to require bagging. Otherwise the baby is stable now.

If you were to resuscitate a baby stained with thick meconium you would not dry nor stimulate the baby in order to prevent _____

Scenario #2

Baby boy Mohammed is a 36-week gestation infant weighing 4.5 kg. His mother is a poorly controlled insulin dependent diabetic. Mohammed was born by vaginal delivery. He was assigned an apgar score of 7 & 8 at 1 and 5 minutes respectively.

Upon physical exam, you note that he has an asymmetrical Moro reflex.

What is the most likely cause of this finding?

At one hour of age, Mohammed is showing signs of respiratory distress. He is tachypneic, grunting and has mild sternal retractions.

Explain why this finding may be expected to occur: _____

What signs and symptoms might alert you to low serum glucose levels?

When should Mohammed's glucose be initially checked? (choose one)

- a) after the first feed
- b) at one hour of age
- c) immediately upon admission
- d) at first sign of lethargy

Mohammed's first dextrostick (glucose check) was 40-80 mg/dl. How often should you monitor his glucose? Explain:

Why are IDM babies usually large for gestational age?

Hypoglycemia in the infant of a diabetic mother is thought to be caused by: (choose one)

- a) decreased glucose uptake
- b) hyperinsulinism
- c) low glycogen stores

Scenario #3

You are caring for a 10 hour old 28 weeker, he is intubated and ventilated. His chest x-ray shows diffuse lung changes and areas of atelectasis and congestion. When you preoxygenate the baby to suction the ETT, you notice that the lungs are stiff. This indicates _____ compliance, which _____ the work of breathing. The baby's oxygen requirements have increased, weaning has not been possible. This clinical picture indicates what type of pathology? _____.

Four weeks later the baby is off the ventilator but he remains oxygen dependent. He has BPD = _____.

The routine treatment for BPD includes diuretics. These are given in order to _____

Theophylline is also given in order to _____

One of the most common side effects of theophylline is _____ Many babies with BPD die of heart failure. What factors contribute to heart failure, particularly to cor pulmonale, in case of BPD? _____

The baby now weighs 1.5 kg and is tolerating oral feeds. He requires approximately 150 calories/kg/day for adequate growth.

How many ml of Similac 20 per feed should he receive every 3 hours to maintain this caloric intake?
(*Similac 20 contains approximately 0.68 calories per ml*)

How many ml/kg/day will he receive if this caloric intake is achieved?

Is this **fluid intake** appropriate for this patient? Please explain.

What possible changes in the feeding plan may benefit this patient?

(If you require more space to perform calculations, please use the back of this page.)

Scenario #4

Baby Nouf is a 3-day-old 27-week gestation infant. She has been stable for the past 2 days with the following ventilator settings: 25% O₂ P 12/3 R 20. Today, Nouf is less tolerant of handling and desaturates to the low 80's during cares. Her oxygen requirements have increased throughout the day. She has been assessed and diagnosed with a PDA.

What 4 clinical signs of PDA can you expect to find when assessing Nouf?

1. _____
2. _____
3. _____
4. _____

Nouf's CXR shows resolving RDS, but has increased pulmonary vascularity. In which direction is the blood shunting through the PDA?

All of the following cause constriction and closure of the PDA **except**: (choose one)

- a) rise in circulating PaO₂
- b) fall in endogenous prostaglandin levels
- c) indomethacin
- d) acidosis

Indomethacin inhibits the production of _____.

Usually 3 doses per course are administered, given at 12-24 hour intervals. _____ and _____ should be assessed carefully prior to administration of each dose of Indomethacin.

Three of the most common adverse effects of indomethacin administration are:

1. _____
2. _____

3.

When used for closure of the PDA, the preferred route of administration of Indomethacin is: (Choose one)

- a) IM
- b) SC
- c) IV
- d) PO

A murmur is defined as:

- a) Turbulent blood flow in an artery
- b) Turbulent blood flow in the heart
- c) Turbulent blood flow in a vein
- d) Rubbing together of torn myocardial tissue

Scenario #5

Your patient is having an apneic episode accompanied by profound bradycardia and decreased oxygen saturation. Your FIRST nursing action will be: (choose one)

- a) Phone the doctor & tell him/her to come STAT
- b) Observation to see if the apnea resolves
- c) Ventilation with bag & mask
- d) Give a loading dose of caffeine

One hour later you notice that the baby's cry is weak, and that his mucous membranes are cyanotic. His breathing is labored and fast and his muscle tone is floppy. Past nurses notes state that the baby has had little interest in feeding for several hours and that he has slept almost constantly. There are occasional episodes of apnea and rare occasions of diarrhea and vomiting after the baby was encouraged to eat. The neonate's vital statistics are: BP 55/28, Temp. 35.4C, RR 85, HR 155, WBC 30,000.

Based on the vital statistics and your clinical observations, is this information significant enough to discuss it with the neonatologist? ____ (yes/no).

What clinical picture is beginning to evolve?

As the nurse caring for this infant you would take certain steps in responding to this clinical picture. Organize the information given to you in the order of priority; 1, what to do first, 2 what you would do second etc.,

- _____ Allow mom to hold baby to ensure proper bonding and to keep baby from crying.
- _____ Page the neonatologist stat.
- _____ Contact the RT to start oxygen.
- _____ Get volume expanders ready for infusion.
- _____ Get ready to send bloods to the lab.
- _____ Ensure that you have got IV access.
- _____ Measure the head circumference.
- _____ Put the pulse oximetry on the baby.

What immediate diagnostic tests would you anticipate the neonatologist to request?

- 1. _____
- 2. _____
- 3. _____

- 4. _____
- 5. _____
- 6. _____

Interpret the following ABGs:

PH	PaCO ₂	PaO ₂	NaHCO ₂	BE	
7.21	68	79	19	-5	_____
7.36	40	81	23	-1	_____
7.19	45	58	16	-8	_____
7.48	32	89	29	+5	_____

Signature of the Applicant: _____

Date: _____