**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**



**-NICU-**

**Neonatal Intensive Care Unit**

**Nursing Core Clinical Skills:**

**Orientation Booklet for Nurses**



**General Patient Care**

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|  | **Seen**  **Date** | **Done with help Date** | **Done alone Date** |
| * Verification of bedside equipment - SAFE |  |  |  |
| * Infection Prevention (e.g. hand hygiene, precautions, scrub the hub, etc.) |  |  |  |
| * Admission routine |  |  |  |
| * Assessment and monitoring of vital signs |  |  |  |
| * Use of physiologic monitor, including central monitor (limit setting, printing of strip, assigning name, etc.) |  |  |  |
| * Breast pump set-up and teaching |  |  |  |
| * Skin, mouth, eyes, bum care |  |  |  |
| * Bath for preterm, term, including CHG wipe-down |  |  |  |
| * Prevention of heat loss |  |  |  |
| * Umbilical line insertion (positioning, materials needed, fluids to run) |  |  |  |
| * Use of incubator (ISC probe, humidity, dome open vs closed) |  |  |  |
| * Hyperbilirubinemia & phototherapy |  |  |  |
| * Weight, length and head circumference |  |  |  |
| * Kangaroo care |  |  |  |
| * Discharge – teaching car seat safety, Dodo sur le dos, Shaken Baby Syndrome, medication administration |  |  |  |
| * Charting (nursing and medical chart) |  |  |  |
| * Care plans based on gestational age |  |  |  |
| * Pre-op care |  |  |  |
| * Post-op care |  |  |  |
| * Rounds – Giving report by system, major concerns |  |  |  |
| * Internal transport to tests (eg. MRI, PICC line, upper GI, VCUG, etc) |  |  |  |
| * Transfers to wards or referring hospital |  |  |  |
| * Tidying up & organization at bedside |  |  |  |
| * End-of-life / Palliative / Post-mortem care |  |  |  |

**Developmental & Family Centered Care**

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|  | | **Seen**  **Date** | | **Done with help Date** | **Done alone Date** |
| * Developmental care – light cycling, noise levels | |  |  |  |
| * Developmental care – positioning for preterm, term, post-term (see back of care plans) | |  |  |  |
| * Book for Babies, language passport | |  |  |  |
| * NeoConnect (Voice recorders, tablets) | |  |  |  |
| * Music therapy consults / PT and OT consults | |  |  |  |

**Extreme Prematurity**

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|  | | **Seen**  **Date** | | **Done with help Date** | **Done alone Date** |
| * Admission of the extremely premature baby (< 29 weeks) – Golden Hour | |  |  |  |
| * Temperature regulation (incubator, warming lamp, warming mattress, warmed blankets, humidity) | |  |  |  |
| * Handling, positioning, and clustering of care | |  |  |  |
| * IVH & IVH prevention | |  |  |  |
| * Skin care (Mepitac or silicone tape only, rinsing of CHG, etc) | |  |  |  |

**Respiratory and cardiovascular management**

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|  | **Seen**  **Date** | **Done with help Date** | **Done alone Date** |
| * Respiratory assessment (auscultation, retractions, RR, etc.) |  |  |  |
| * Oxygen needs - OWL protocol |  |  |  |
| * Flow-inflating bag, blender |  |  |  |
| * Low flow O2 |  |  |  |
| * High flow O2 |  |  |  |
| * Bubble CPAP |  |  |  |
| * NIMV |  |  |  |
| * NAVA |  |  |  |
| * Intubated patient on conventional ventilation |  |  |  |
| * Intubated patient on high frequency or JET ventilation |  |  |  |
| * Desaturation and apnea (cause and what to do) |  |  |  |
| * Initial steps in resuscitation (MR SOPA) |  |  |  |
| * Suctioning – inline vs nasal |  |  |  |
| * Intubation (medication binder, preparation, and administration of meds) |  |  |  |
| * Extubation |  |  |  |
| * Nitric Oxide therapy |  |  |  |
| * Chest tubes |  |  |  |
| * Surfactant/BLES |  |  |  |
| * Tracheostomy care (suctioning, tie change, valves, Trilogy ventilator) |  |  |  |
| * PPHN care (sedation, minimal handling, high FiO2, etc) |  |  |  |
| * Cardiac assessment (pulse, HR, murmur, precordium, BP, color, etc.) |  |  |  |
| * Arterial line set up & use (peripheral and UAL) |  |  |  |
| * Pre vs post ductal saturation |  |  |  |
| * PGE (indications, side effects, administration) |  |  |  |
| * Inotropes and line setup |  |  |  |
| * Pacer wires |  |  |  |
| * Congenital heart defects – duct dependent for pulmonary blood flow (eg. TGA, pulmonary atresia, etc) |  |  |  |
| * Congenital heart defects – duct dependent for systemic blood flow (eg. Coarctation of the aorta) |  |  |  |
| * NIRS (how to set up, what to watch for) |  |  |  |
| * SVT, adenosine, and cardioversion (defibrillator) |  |  |  |

**Central nervous system**

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|  | **Seen**  **Date** | **Done with help Date** | **Done alone Date** |
| * Neurologic assessment (fontanelle, level of consciousness, muscle tone) |  |  |  |
| * Pain assessment (sun scale) |  |  |  |
| * Pain management for needle procedures (Comfort Zone) |  |  |  |
| * Pain management for post-op or long-term discomfort (pharmacological agents) |  |  |  |
| * Withdrawal scales – Finnegan & WAT-1 |  |  |  |
| * VP shunts – subgaleal, VP |  |  |  |
| * External ventricular drain EVD |  |  |  |
| * aEEG insertion, monitoring, interpretation |  |  |  |
| * Initiation of therapeutic hypothermia (cooling) |  |  |  |
| * Maintenance and rewarming |  |  |  |
| * Seizures – identification, treatment |  |  |  |

**Fluid management**

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|  | **Seen**  **Date** | **Done with help Date** | **Done alone Date** |
| * Fluid order sheet |  |  |  |
| * Fluid calculation (TFI: ml/kg/day) |  |  |  |
| * Fluid management (Choice of fluid) |  |  |  |
| * TPN |  |  |  |
| * IV equipment (B-Braun pumps) |  |  |  |
| * PICCs, UVLs (care & monitoring) |  |  |  |
| * Frequency change of IV tubing |  |  |  |
| * Mixing new solutions (recipes) |  |  |  |
| * Starting IVs, monitoring of site (TLC method) |  |  |  |
| * Blood product transfusions |  |  |  |

**GI & Feeding**

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|  | **Seen**  **Date** | **Done with help Date** | **Done alone Date** |
| * Gastrointestinal assessment (girth, abdomen appearance, bowel sounds, palpation, stool) |  |  |  |
| * NG/OG insertion & verification |  |  |  |
| * Feeding by gavage NG/OG – bolus vs continuous, compressing feeds |  |  |  |
| * NJ/OJ insertion |  |  |  |
| * Feeding by gavage NJ/OJ – continuous only |  |  |  |
| * Gastrostomy button |  |  |  |
| * Direct breastfeeding as goal (transition from gavage to breast); nutritive vs non-nutritive feed at breast |  |  |  |
| * Pre- and post-weight when initiating breastfeeding |  |  |  |
| * Bottle feeding (cheek/chin support, side-lying vs upright, green vs other nipples, pacing) |  |  |  |
| * Different formulas and fortifications |  |  |  |
| * Feeding schedule – for small babies using grid; rapid progression for bigger babies |  |  |  |
| * Gastrostomy/GJ tube care |  |  |  |
| * Gastric drainage – Replogle to SD or LWS |  |  |  |
| * Stoma care |  |  |  |
| * Kangaroo pump vs B-Braun pump (change of tubing/bag/syringe) |  |  |  |
| * Rectal irrigation |  |  |  |
| * Common gastrointestinal illnesses (NEC, CMPI, TEF, cleft lip/ palate, duodenal atresia, imperforated anus, gastrochisis, omphalocele, hirshsprung, short gut, reflux, inguinal hernia, etc.) |  |  |  |
| * Genitourinary assessment (urine output) |  |  |  |
| * Foley insertion and care |  |  |  |
| * Common genitourinary illnesses (hydronephrosis, renal insufficiency, hypospadias, etc.) |  |  |  |

**Medication administration**

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|  | **Seen**  **Date** | **Done with help Date** | **Done alone Date** |
| * Calculation of drug dosages and drips, and verification using Lexicomp |  |  |  |
| * Collective orders (NS lock for PIV, Vit K, etc) |  |  |  |
| * Transcribing order and independent double-verification |  |  |  |
| * Satellite pharmacy, central pharmacy hours |  |  |  |
| * CMAR verification on night shift |  |  |  |
| * Vaccines – administration & documentation (carnet de vaccination, O-Word, CMAR) |  |  |  |
| * Administration by NG/OG/oral/rectal route |  |  |  |
| * Administration by IV syringe pump – intermittent meds (eg. antibiotics) |  |  |  |
| * Administration by IV slow push |  |  |  |
| * Preparation & administration by IV syringe pump – continuous infusions (sedation, analgesia, inotropes, PGE, insulin, diuretics, etc), including rate changes |  |  |  |

**Investigations & Procedures**

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|  | **Seen**  **Date** | **Done with help Date** | **Done alone Date** |
| * Assisting for X-Ray |  |  |  |
| * Eye exams & drops |  |  |  |
| * MRSA/VRE/KPC/COVID swabs |  |  |  |
| * Capillary blood draw (includes capillary tube & microtainers) |  |  |  |
| * Venous blood draw |  |  |  |
| * Glucose monitoring (Accucheck) |  |  |  |
| * Urine bag |  |  |  |
| * Blood and urine sampling for Newborn Screening Program (PKU) |  |  |  |
| * Assisting for lumbar puncture |  |  |  |
| * Other tests (EKG, cardiac and head ultrasound, sleep study, etc.) |  |  |  |

**Other**

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|  | **Seen**  **Date** | **Done with help Date** | **Done alone Date** |
| * Use of Traceline, Oacis, Weebly |  |  |  |
| * Logibec and scheduling |  |  |  |
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**Notes**

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