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



**-NICU-**

**Neonatal Intensive Care Unit**

**Nursing Core Clinical Skills:**

**Orientation Booklet for Nurses**



**General Patient Care**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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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