

NICU/PICU CLINICAL SKILLS EVALUATION - SELF ASSESSMENT

Level Of Proficiency

Date _____

Name _____

Signature _____

- A = Never Performed. You have never performed the stated task and have no experience with this type of skill.
- B = Familiar with. You are familiar with the stated task; but you would need more experience and practice to feel comfortable and proficient in this type of skill.
- C = Experienced in. You have performed this task several times; you feel moderately comfortable functioning independently, but you would require a resource person to be nearby.
- D = Expert. You have a performed this task frequently; you feel comfortable and proficient in this skill; you would not require supervision or practice.

Please select the column that most accurately describes your proficiency level...

| SKILL | A | B | C | D | SKILL | A | B | C | D |
|---|---|---|---|---|-------------------------------------|---|---|---|---|
| CARE OF PATIENTS: | | | | | CARE OF PATIENTS: | | | | |
| Premature Infant | | | | | Low Apgar Scores | | | | |
| Post-mature Infant | | | | | Low Birth Weight | | | | |
| Birth Injuries | | | | | Small for Gestational Age | | | | |
| Soft Tissue Injury | | | | | Large for Gestational Age | | | | |
| Head Trauma | | | | | Apnea of Prematurity | | | | |
| Intracranial hemorrhage | | | | | Seizures | | | | |
| Perinatal Hypoxic-Ischemic Brain injury | | | | | Sepsis | | | | |
| Fractures | | | | | Meconium Aspiration | | | | |
| Paralysis | | | | | Persistent Patent Ductus Arteriosus | | | | |
| Dermatologic Problems | | | | | Persistent Pulmonary Hypertension | | | | |
| Candidiasis | | | | | Retinopathy of Prematurity | | | | |
| Erythema Toxicum Neonatorum | | | | | Narcotic-Addicted Infant | | | | |
| Bullous Impetigo | | | | | Fetal Alcohol Syndrome | | | | |
| Cancer | | | | | Spina Bifida | | | | |
| Anemia | | | | | Hydrocephalus | | | | |
| Hyperbilirubinemia | | | | | Skeletal Defects | | | | |
| Hypocalcemia | | | | | Acquired Infections From Mother | | | | |
| Hyperglycemia | | | | | AIDS | | | | |
| Hypoglycemia | | | | | Chickenpox | | | | |
| Hemolytic Disease | | | | | Chlamydia | | | | |
| Hemorrhagic Disease | | | | | Gonococcal Disease | | | | |
| Phenylketonuria (PKU) | | | | | Hepatitis B | | | | |
| Hepatic Phototherapy | | | | | Herpes | | | | |
| Galactosemia | | | | | Listeriosis | | | | |
| Congenital Hypothyroidism | | | | | Lyme Disease | | | | |
| Down's Syndrome | | | | | Rubella | | | | |
| RDS | | | | | Syphilis | | | | |
| Bronchopulmonary Dysplasia (BPD) | | | | | Toxoplasmosis | | | | |

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|----------------------------------|---|---|---|---|---------------------------------|---|---|---|---|
| ASSESSMENT: | | | | | PULMONARY (cont...): | | | | |
| Cardiovascular | | | | | Use of Pulmonaide | | | | |
| Respiratory | | | | | Use of Inhalers | | | | |
| GI | | | | | Use of Aerosolized Medication | | | | |
| GU | | | | | Hemovac | | | | |
| Musculoskeletal | | | | | Ventilators | | | | |
| Neurological | | | | | IMV/SIMV | | | | |
| Neurological Reflexes | | | | | PEEP | | | | |
| Integumentary | | | | | CPAP | | | | |
| Lab Values | | | | | CPR | | | | |
| Vital Signs | | | | | Establish Airway | | | | |
| E/SE Medication | | | | | ET Intubation/Extubation | | | | |
| Drug/Drug Interactions | | | | | GI: | | | | |
| CARDIOVASCULAR: | | | | | NG Insertion/Removal | | | | |
| Heart Sounds | | | | | Nasogastric Suction | | | | |
| BP Interpretation | | | | | T-Tube | | | | |
| EKG | | | | | Gastrostomy | | | | |
| Cardiac Catheterization | | | | | Jejunostomy | | | | |
| Shunt | | | | | Irrigation | | | | |
| ENDOCRINE: | | | | | Checking Tube Placement | | | | |
| Preparation of Insulin | | | | | Feeding Preparation | | | | |
| Administration of Insulin | | | | | Feeding Administration | | | | |
| Urine Testing | | | | | Manual Disimpaction | | | | |
| Blood Testing | | | | | Digital Rectal Exam | | | | |
| PULMONARY: | | | | | Ostomy Irrigation | | | | |
| Apnea Monitor | | | | | Periostomal Skin Care | | | | |
| Oralpharyngeal Suctioning | | | | | Application of Appliance | | | | |
| Nasotracheal Suctioning | | | | | Care of Ostomy Eq./Supplies | | | | |
| Tracheostomy Tube Cannula Change | | | | | Jackson Pratt | | | | |
| Trach Cleaning | | | | | Hemovac | | | | |
| Trach Suctioning | | | | | RENAL/GU: | | | | |
| Stoma Care | | | | | Foley Catheter Insertion | | | | |
| Oxygen/Oxygen Equipment | | | | | Foley Catheter Removal | | | | |
| Postural Drainage & Percussion | | | | | Foley Catheter Irrigation | | | | |
| Chest Tubes | | | | | 3-Way Foley Catheter Removal | | | | |
| Pulmonary Toilet (CPT) | | | | | 3-Way Foley Catheter Irrigation | | | | |

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|--|---|---|---|---|---|---|---|---|---|
| RENAL/GU (Cont...): | | | | | SAFETY MEASURES: | | | | |
| Suprapubic Tube Insertion | | | | | Aspiration Precautions | | | | |
| Suprapubic Tube Removal | | | | | Remove Environmental Barriers | | | | |
| Suprapubic Catheter Irrigation | | | | | Oxygen Precautions | | | | |
| Nephrostomy Tube Irrigation | | | | | Evacuation Plans | | | | |
| Peritoneal Dialysis | | | | | Bleeding Precautions | | | | |
| Condom Catheter | | | | | Seizure Precautions | | | | |
| Bladder Training | | | | | PHLEBOTOMY / IV THERAPY | | | | |
| NEUROLOGICAL: | | | | | Care of child or neonate with Central Line | | | | |
| Assess Neurological Status | | | | | Broviac | | | | |
| Intracranial pressure monitoring | | | | | Groshong | | | | |
| Externalized VP shunt/reservoirs | | | | | Hickman | | | | |
| Spinal Cord Injury | | | | | Portacath | | | | |
| Status Epilepticus | | | | | Quinton | | | | |
| INJECTIONS/WITHDRAWAL: | | | | | PICC | | | | |
| IM Injection | | | | | Umbilical artery line | | | | |
| SQ Injection | | | | | Umbilical venous line | | | | |
| ID Injection | | | | | Percutaneous arterial line | | | | |
| Venipuncture | | | | | Percutaneous venous line | | | | |
| INFECTION CONTROL: | | | | | MISCELLANEOUS: | | | | |
| Universal Precautions | | | | | Apgar Scoring | | | | |
| TB Precautions | | | | | Gestational age | | | | |
| Blood Borne Pathogens | | | | | Ballard | | | | |
| Disposal of Hazardous Waste | | | | | Dubowitz | | | | |
| Particulate Respirations | | | | | Bereavement / postmortem care | | | | |
| Venipuncture | | | | | Preparation for transport / transfer | | | | |
| MEDICATION: | | | | | Screen for hearing loss | | | | |
| Dobutrex (Dobutamine) | | | | | Blunt trauma | | | | |
| Intropin (Dopamine) | | | | | Craniofacial reconstruction | | | | |
| Adrenalin (Epinephrine) | | | | | Gun shot / open chest | | | | |
| Nitroprusside (Nipride) | | | | | Kawasaki disease | | | | |
| Tridil (Nitroglycerine) | | | | | Near drowning | | | | |
| Sodium bicarbonate | | | | | Penetrating trauma | | | | |
| Anticonvulsant | | | | | Ingestion / overdose | | | | |
| Chemotherapy | | | | | MY PRIMARY EXPERIENCE IS IN: | | | | |
| Administration of blood / blood products | | | | | <input type="checkbox"/> Pediatric Intensive Care <input type="checkbox"/> Pediatric Stepdown <input type="checkbox"/> General Pediatrics | | | | |
| Immunizations | | | | | <input type="checkbox"/> Level I Nursery/NICU <input type="checkbox"/> Level II Nursery/NICU <input type="checkbox"/> Level III Nur/NICU | | | | |

Reviewed by: _____