

## NICU Skills Checklist

Name:  Date:  Experience Since:

	Comfortable With	Done Occasionally	No Experience
<b>A. Neurological</b>			
<b>1. Assessment</b>			
a. Intracranial pressure monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Neurological status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Care of the neonate with:</b>			
a. Brain death/organ procurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Externalized VP shunt/reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Increased intracranial pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Medication</b>			
a. Anticonvulsant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. PULMONARY</b>			
<b>1. Assessment</b>			
a. Breath sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rate and work of breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Interpretation of lab results</b>			
a. Blood gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Interpretation of x-ray reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Equipment &amp; Procedures</b>			
<b>a. Airway management</b>			
1. Assist with intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bulb syringe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CPAP (nasal prongs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Endotracheal tube stabilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Endotracheal tube suctioning</b>			
a. In-line suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Open ET catheter suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Extubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Nasal airway/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Oral airway/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tracheostomy/suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Apnea monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cardiac resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Chest tube (assist with)</b>			
1. Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Set-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. O2 therapy delivery systems</b>			
1. Bag (anesthesia) & mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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2. Bag (self-inflating) & mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Nasal cannula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nebulizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Oxyhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Tent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trach collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. Obtaining blood gases</b>			
1. Arterial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Heelstick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Peripheral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Umbilical line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Thoracentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Use of artificial surfactant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i. Ventilator care</b>			
1. CPAP/PEEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. High frequency jet ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Home ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. IMV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Oscillating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Pressure ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Volume ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Weaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Care of Neonate with:</b>			
a. Bronchopulmonary dysplasia (BPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cardiogenic/hypovolemic shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Diaphragmatic hernia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Drug addiction/withdrawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fresh tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Meconium aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Persistant pulmonary hypertension (PPHN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Respiratory distress syndrome (RDS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Systemic infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Respiratory failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Tetralogy of Fallot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Medications</b>			
a. Aminophylline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prostaglandin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. CARDIOVASCULAR</b>			
<b>1. Assessment</b>			
a. Auscultation (rate, rhythm, volume)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Blood pressure/invasive (arterial line)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Blood pressure/non-invasive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Heart sounds/murmurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Perfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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f. Pulses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Equipment &amp; Procedures</b>			
a. EKG interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Defibrillation/cardioversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Invasive hemodynamic monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Central venous pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Care of neonate with:</b>			
a. Cardiac arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Congenital heart disease/defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hemodynamic instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hypovolemic shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Post cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Post interventional cardiac cath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Medications</b>			
a. Dobutamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dopamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Epinephrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Nipride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sodium bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. PHLEBOTOMY/IV THERAPY</b>			
<b>1. Equipment &amp; Procedures</b>			
<b>a. Administration of blood products</b>			
1. Cryoprecipitate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Packed red blood cells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plasma/albumin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Whole blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Delivery Systems</b>			
1. IV pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Syringe pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drawing blood from central line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drawing venous blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hyperalimentation/TPN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intralipid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. Managing IV therapy</b>			
1. Discontinuing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dressing & tubing change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Rate calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Site & patency assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h. Starting IVs</b>			
1. Angiocath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Butterfly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Heparin lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Care of the neonate with:</b>			
<b>a. Central line/catheter/dressing</b>			
1. Broviac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Groshong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3. Hickman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Portacath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Quinton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Percutaneous arterial line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Percutaneous venous line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Peripheral line/dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. PICC (peripherally inserted central catheter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Umbilical artery lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Umbilical venous line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. INFECTIOUS DISEASES</b>			
<b>1. Interpretation of lab results</b>			
a. CBC/differential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Culture reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Maternal lab results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Equipment &amp; Procedures</b>			
a. Assist with lumbar puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Collect culture specimens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Isolation techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Standard (universal) precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Care of the neonate with:</b>			
a. Hepatitis surface antigen+ mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. HIV positive mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. neonatal sepsis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Medications - Immunizations</b>			
a. HBIG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. HBV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. DPT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. RespiGam/synergis prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. ENDOCRINE/METABOLIC</b>			
<b>1. Assessment</b>			
a. Finnegan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fluid & electrolyte balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Interpretation of lab results</b>			
a. Bilirubin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Test urine and interpret</b>			
1. Glucose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Labstix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Occult blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. pH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Specific gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Equipment &amp; Procedures</b>			
<b>a. Collection of urine specimens</b>			
1. Assist with supra pubic tap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3. Diaper/bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Phototherapy for jaundice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Post circumcision care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Care of Neonate with:</b>			
a. Acute renal failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. DIC (disseminated intra vascular coagulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Disorders of internal/external organs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drug addiction/withdrawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hypo/hyperkalemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Hypo/hyponatremia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. IDM (infant of a diabetic mother)</b>			
1. Hyperglycemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Malformations of the GU tract, kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Peritoneal dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. GASTROINTESTINAL</b>			
<b>1. Assessment</b>			
a. Abdominal girth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Bowel sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Palate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Suck/swallow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Equipment &amp; Procedures</b>			
a. Care of gastrostomy tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Feedings</b>			
1. Assist with breast feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Breat milk handling/storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gavage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hospital grade breast pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Placement of intestinal tubes</b>			
1. jejunal gastro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Nasogastric/orogastric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Test for occult blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Care of Neonate with:</b>			
a. Cleft palate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Colostomy/ileostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gastroschisis/omphalocele	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. GI bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Inguinal hernia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Necrotizing enterocolitis (NEC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Post abdominal surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Reflux precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Tracheoesophageal fistula (TEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H. MISCELLANEOUS</b>			
<b>1. Assessment</b>			
a. Apgar scoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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b. Eye exam (r/o retinopathy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Gestational age</b>			
1. Ballard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dubowitz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Maternal history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Screen for hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Equipment &amp; Procedures</b>			
a. Bereavement/postmortem care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Consents</b>			
1. Procedural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cord care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Neonatal skin care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Positioning devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Preparation for transport/transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. Thermoregulation</b>			
1. Isolette with humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Radiant warmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Weaning to open crib/bassinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h. weights</b>			
1. Bed scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Medications</b>			
a. Calculation of dosage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emergency drug action & reaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eye prophylaxi - Vitamin K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Neonatal drug action & reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I. PAIN MANAGEMENT</b>			
1. Assessment of pain level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Care of the neonate with sedation, i.e., morphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Agency Representative Signature

Date