



NEWBORN NURSERY SKILLS CHECKLIST

- 1 = No Experience
 2 = Perform infrequently (would require some supervision)
 3 = Able to perform without any supervision

Name: _____

Date: _____

	1	2	3
Maintenance of Normal Temperature			
Obtaining Axillary Temperature			
Assessing Apical Pulse			
Use of Emergency Equipment for Infants			
Infant CPR			
Administration & Monitoring of Emergency Drugs			
Oxygen Hood			
Assessing Respiratory Rate			
O2 Administration/Management			
Suctioning			
Apnea Monitor			
Cardiac Monitor			
Oral Feeding			
Apgar Scoring			
Admission of newborn into Nursery:			
Intake & Output			
Color			
Activity			
Heart/Lung Assessment			
Gestational Age Assessment			
PKU			
Weighing and Measuring			
Circumcision Set-up/Observation/Documentation			
Preparation for Physical Exam by Physician			
Pulse Oximeters			
Isolation/Observation Nurseries			

	1	2	3
Bathing			
Cord Care			
Care of Infant With:			
Billiight			
Drug Withdrawal			
Prematurity			
Tetralogy of Fallot			
Down Syndrome			
Hydrocephalus			
Cleft Lip/Palate			
Phototherapy			
IV Starts and Maintenance			
Assisting with Umbilical Catheter Insertions			
Mother/Baby Care			
Patient Teaching (mother, father, etc.):			
Skin/Cord Care			
Warning Signs (ie-change in elimination or feeding pattern, fever)			
Bathing			
Phototherapy			
Apnea Monitoring			
Infant CPR			
Charting Within the Legal Aspects of the Law			
Charge Nurse Experience			
Team Leader Experience			

NUMBER OF YEARS EXPERIENCE:

PP _____ Peds _____ Nsy _____

CERTIFICATIONS:

CPR _____ EXP DATE: _____

NRP _____ EXP DATE: _____

PALS _____ EXP DATE: _____

OTHERS _____ EXP DATE: _____

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Premier Nursing Service to release this list to its client health care facilities.

Signature Date

Authentication By Agency:

DON Signature Date