



NAME _____ DATE _____

LEVEL OF COMPETENCE

- 1. No experience – Never or observed only
- 2. Needs Assistance – Occasionally practices
- 3. Performs Independently – Consistently practices
- 4. Serves as Resource/Preceptor – frequently practices

SPECIAL CARE NURSERY COMPETENCY ASSESSMENT

YOUR EXPERIENCE	
How many years have you worked in Special Care Nursery	_____ yrs
How many years have you worked in Neonatal Intensive Care	_____ yrs

SPECIALTY AREAS	1	2	3	4
LEVEL NURSERY				
Special Care / High risk nursery				
*2 - # of years				
*2+ - # of years				
*3 - # of years				
Newborn Nursery				
CARE OF INFANT				
Preterm				
Post Term				
SGA				
LGA				
Sepsis				
Respiratory Distress				
Pulmonary Hypertension				
CHF / Fluid Overload				
Hyperbilirubinemia				
Chemical Dependency				
Seizures				
Cyanosis				
Congenital Defects				
Assist with Lumbar Puncture				
Assist with Circumcision				
Circumcision Care				
Phototherapy				
Lights				
Fiberoptic Blankets				
Arterial Blood Sampling				
Cord Care				
Gavage Feeding				
Oxygen Therapy				
Apnea Monitor				
Pneumogram				
Assist with Subdural Tap / Lumbar Puncture				
Assist with cutdown				
Assist with Umbilical Catheterization				
NURSING PROCESS				
Assessments				
TPR				
BP – Electronic, Palpation, Doppler / Non-invasive BP				
CVP				
Height				
Weight – Infant Scale				
Weight – Bed Scale				
Abdominal Circumference				
Head Circumference				
Fontanel				
Shunt Tract				
Reservoir				
Pupillary Reaction				
LOC				
Limb Movement				
Developmental Cues				
DOCUMENTATION				
Nursing Admission Form				
Computerized Charting – Describe Type				
Kardex/Orders Transcribed				
Paper Charting				
SAFETY				
Observes Standard Precautions				
Positions Patient Appropriately				
Maintains Side Rails Up				
Utilizes Age-Appropriate Immobilization Technique				
Aware of Age-Specific Hazards				
Maintains Ordered Positions				
Disposes of Needles Properly				
Maintains Sharp Object Safety				
Checks for Correct ID Band				
Care Seat Safety				
Utilizes Cardiac/Apnea Monitor Correctly				
Checks Emergency Equipment at bedside				
Assures proper functioning				
Maintains Ordered Isolation				
Utilizes Pulse Oximetry				
Provides for Hygiene Needs				
Provides appropriate Thermal Environment				
Use of Radiant Warmer				
Correct placement of probe				
Utilizes plastic wrap for infants <1000 gr				
Uses of incubator				
SPECIMEN COLLECTION				
Urine				
Gastric				
Blood Draws				
Heel Stick				
Venous Puncture				
Arterial Line				
Central Line / PICC Line				
Central Venous Access Catheter (CVAC)				
UAC /UVC				
Tracheal				
Sputum				
Wound / Skin				
CSF				
BEDSIDE TESTING				
Urine Multistick				
Hemocult				
Stool PH				
Gastrocult				
Gastric PH				
Accucheck				
NG / OG / GT / NJ / GJ				
Insertion				
Placement Verification				
Patient Monitoring				
Intermittent Feedings				
Continuous Feedings				
Monitors Drainage				
Decompression				
Operates Enteral Feeding Pump				
Site Care				
Utilizes GT Securing Device				
GENITOURINARY				
Diaper Weights				
Straight Catheter Insertion				

	NAME				DATE				
	1	2	3	4	1	2	3	4	
PARENTERAL THERAPY					Respiratory Treatment				
Peripheral IV					Nebulizations (Ordering & Expected Outcomes)				
Central Line					CPT/Vibrations (Ordering & Expected Outcomes)				
Assists Physician with insertion/ removal					Oxy-Pneumogram				
Monitors patient.					Suctioning				
Documents placement of Catheter on Kardex					Nasal Pharyngeal (NP)				
Performs Central Line Dressing Change					Endotracheal Tube (ETT)				
Administers Heparin Flush					Chest Tubes				
Percutaneous Central Venous Catheter (PCVC Line)					Needle Aspiration (Assisting)				
Assists Clinician / Physician with insertion / removal					Assisting with Placement				
Monitors Patient / Line					Ongoing Care of Chest Tubes				
Documents Placement of Catheter on Kardex					X-Ray				
Peripherally Inserted Central Catheter (PICC Line)					ABG Interpretation				
Assists Physician with insertion / removal					Apnea & Bradycardia Observation/Documentation				
Monitors patient and clamp					Cardiac Diagnostics				
Documents Placement of Catheter on Kardex					Set Up Wall Suction				
Changes / Reinforces Dressing					Opens & Operates Portable Oxygen Tank				
Changes cap and extension tubing					Respiratory Treatment				
Applies / Maintains heparin lock					Nebulizations)Orders & Expected Outcomes				
Pressure Lines (UAC / UVC)					CPT/Vibrations (Orders & Expected Outcomes)				
Assists Physician with insertion / removal					Oxy-Pneumogram				
Monitors Patient									
Applies / Reinforces Dressing					SUCTIONING				
Dressing Changes per protocol					Bulb Syringe				
Documents placement & Centimeter Mark on Catheters					Meconium aspirator				
					Nasal Pharyngeal (NP)				
FLUID & ELECTROLYTES					Endotracheal Tube (ETT)				
TPN & FAT Emulsion Therapy					In Radiant Warmer				
I&O					Through Incubator Portholes				
Volume Expanders					Open				
					Closed (in-line)				
BLOOD PRODUCTS					Ventilator				
Administers blood & blood products					Conventional				
Recognizes Signs & Symptoms of Transfusion Reaction					Infant Star				
Exchange Transfusion					Sensormedics Oscillator				
Assembles Necessary Equipment					Nitric Oxide				
Monitors Patient & Documents Vital Signs					Monitors Appropriate Parameters				
Recognizes signs & symptoms of Transfusion Reaction					Documents Appropriately				
					Assists with administering Surfactant				
MEDICATIONS					Documents Appropriately				
Adheres to the Nursing Code of Ethics & legal standards									
Performs Necessary Medication Calculations					CHEST TUBES				
Refers to medication reference when necessary					Documents appropriately in chart/kardex				
Administers Medication					Assists Physician with insertion / removal				
*oral					Sets up drainage system				
*IM injections					Monitors Patient / Drainage site / Occlusive Dsg				
*Subcutaneous Injections					Appropriately secures the chest tube				
*Topical					Maintains Emergency Removal kit / Equipment				
*Ear / Eye Drops									
*IV Syringe Pump					CARDIOVASCULAR				
*IV Push					CR (Cardio-Respiratory Monitor)				
*IV piggyback					Lead application, when in use & alarm limits				
*IV continuous medication drip					Arterial Access				
*NG					UAC (Umbilical Artery)				
*GT					Percutaneous Lines				
*NJ					PA Stick for ABG:S				
*Aerosol Nebulizers					Direct B/P Monitoring				
*Intraperitoneal					Cardiac Diagnostics				
*ETT									
					ENDOTRACHEAL TUBES				
RESPIRATORY					Assists with intubation / Extubation/ Reintubation				
Oxygen Administration					Assembles Appropriate Equipment				
Self-Inflating Bag or flow-inflating bag					Assists with taping				
Headhood – Oxygen					Prepares Patient & Family				
Face Mask / Tent Oxygen					Monitors Patency				
Nasal Cannula – Oxygen									
Bag / Mask Ventilation / Flow-Inflating Bag									
Nasal CPAP / Nasopharyngeal CPAP									
Endotracheal CPAP									
Mechanical Ventilation – Stable Infant									
Mechanical Ventilation – Initial Set Up									

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	1	2	3	4	1	2	3	4	
COMMUNICATION					Recognizes and Provides Breaks as Needed				
Clearly and Concisely relays information to patient and family in terms that they can understand					Provides Appropriate Supportive Technique and Verbilizes Rationale for use				
Preserves Pt's Rights, Privacy, Modesty & Confidentiality					Recognizes Need to DC Oral Feeding Attempt				
Enforces visitation protocol per policy					Provides Developmental Support During Tube Fed				
Provides thorough report to incoming shift									
Utilizes kardex, Chart and / or Flowsheet					NUTRITION / FLUID INTAKE				
*Utilizes MAR					Recognizes Special Formulas				
*Performs Chart Check per protocol					Recognizes Special Restriction				
Updates Charge Nurse of Changes in Patient Status					Calculates Fluid / Caloric Requirement by Weight				
Contacts appropriate Physician Service when Appropriate					Calculates Urine Output cc/hr				
Documents Reponses to Intervention									
					BREASTFEEDING				
ADMISSION / TRANSFER / DISCHARGE / RETURN TRANSPORT					Obtains Breastfeeding Kit for Patent				
Admitting Patients					Instructs / Assists Parent on use of Pump				
Prepares Bedside Room					Instructs Parent on Principles on Storage				
Orients Patient & Family to the room and unit					Assists Parent with Breastfeeding (If applicable)				
Initiates / Transcribes Physician Orders					Refer to Lactation Consultant as needed				
Completes Admission Database					Document Appropriately				
Initiates Plan of Care (POC)									
Documents Appropriately					EQUIPMENT, USE & CLEANING OF:				
Transferring Patients					Air Oxygen Mixer (Blender)				
Utilizes Appropriate Equipment					Oxyhood				
Completes / Prints / Gives copy of Transfer Note to RN					Ventilator Sehrst				
Prepares Patient & Family					Biliblanket				
Utilizes Appropriate Emergency Equipment and Monitors patient during transfer					Phototherapy Radiometer				
Documents Appropriately with use of COBRA forms					Phototherapy Unit (Billights)				
Discharging Patient					CR (Cardio-Respiratory Monitor)				
Ensures Parent Competency					Lead application, when in use & alarm limits				
Teaching Completed and documented					Doppler for Flow Detector in infants				
Completes Discharge Planning Summary					Incubator Humidifier-Dewette				
Obtains Discharge Orders									
Administers Immunizations (if appropriate)					NEUROLOGICAL				
Prints Flowsheet & includes in Chart					Minimal Stress				
Observes Parents Place Patient in Car Seat					Ultrasound (Ordering and Assisting)				
Accompanies Patient and Family to the Lobby					CT Scan (Ordering and Assisting)				
Documents Appropriately					Lumbar Puncture (Ordering, Set-up and Assisting)				
					BSER (Basal Stem Evoking Response)				
					Extraventricular				
					GASTROINTESTINAL				
PHOTOTHERATY					Lavage				
Applies eye and genital shields					Gavage Feeding				
Maximizes skin exposure					Preterm Breast-Feeding				
Obtains appropriate light source					Preterm Bottle Feeding				
Phototherapy Blanket					Clintest Stool				
Spot Lights					NG / OG Drainage				
Maintains Intensity of Phototherapy Lights with Bilirubin Meter					Straight				
Maintains Axillary Temperature Per Protocol					With Suction				
Protects Intralipids Per Protocol					Guaiac Stool				
					Nutritional Needs				
DEVELOPMENTAL ASSISTANCE					INTEGUMENTARY				
Maintains Developmentally Supportive Environment					Sheepskin				
Noise					Tegaderm				
Light					Repositioning				
Stimulation					Tape				
Maintains Appropriate Developmental Positioning									
Provides "CUE" Based on Care					THERMOREGULATION				
Recognizes Infant Cues					Isolette (Use & Weaning)				
Cues of Organization					Infant Care Center				
Cues of Disorganization									
Directs Care and Responds to Infant Based on Cues (infant LED)					SEPTIC				
Utilizes Kangaroo Care (Feeding) when appropriate					Infections in the Newborn				
Recognizes Hunger Cues					Isolation				
Attempts to Bring Infant to Quiet Alert State									
Proper Positioning of Infant During Feeding					MISCELLANEOUS				
					Dialysis				
					Pre/Post Op Care				
					Lab Values and Resources				
					SIDS – Previous Loss				
					Attendance at High Risk Births				
					Ostomy / rectal care				
					Tracheostomy				
Form #1013A (REVISED 1-2003)					Suprapubic Tap (Assist)				