

Name: _____ Date: _____

Please complete this checklist as completely and as accurately as possible. In the box provided beside each item, please enter the number corresponding to your skill level according to the key below. Fax completed checklist to (866) 868-0546.

1-No Experience 2-Some Experience 3- Can perform independently 4- Proficient/can supervise and teach

Neonatal Level II		Pulmonary Edema	
Neonatal Level III		Trach Care	
Neonatal Level IV		Oral Suctioning	
Newborn Nursery Level I		Nasotracheal Suctioning	
CARDIAC:		NEURO:	
Assessment of Heart Sounds		Assess Neuro Signs	
Congenital Heart Disease		Neural Tube Defects	
Tachycardia		Meningitis	
SVT		CNS infections	
Patent Ductus Arteriosus		Hydrocephalus	
Cardiac Surgery		Neuromuscular Disease	
Thoracic Surgery		VP shunt	
Tetralogy of Fallot		Brain Death Criteria	
Renal Failure		Intracranial Hemorrhage	
EKG interpretation		Seizure Activity	
Cardiac Tamponade			
Hemodynamic Monitoring		GASTROINTESTINAL:	
Cardiac Arrest/CPR			
Respiratory Arrest		Assessment of GI sounds	
Intubation		Bowel Obstruction	
Extubation		Bowel Surgery	
Defibrillator/Cardioversion		Colostomy Care	
Cardiorespiratory Monitor			
Central Line		VASCULAR/OTHER:	
A-line			
PICC Line		Peripheral	
		Scalp	
RESPIRATORY:		Hypothermia	
		TPN administration	
Assessment of Breath Sounds		IV access	
Arterial Stick		Heelsticks	
Interpretation of ABG's		Circumcision Care	
Nasal CPAP		Low Birth Weight	
RDS		Cord Care	
Cystic Fibrosis		Blood Glucose Monitoring	
Asthma		Scalp Sticks	
Bronco-pulmonary		Normal Lab Values	

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