Skills Checklist – NRS Nurse

Print Name: _____ **Employee#** _____

Unit: _____ **Role:** **Registered Nurse**

APPROVED VALIDATORS FOR THIS SKILLS CHECKLIST: **Preceptor, Clinical Practice Support, Manager**
SKILL ELEMENT Covered in NRS Skills Dats
Procedure
- Checks resuscitation equipment each shift (carts, tanks, warmers, T-piece resuscitator)
- Performs physical assessment & recognizes deviations from normal as it relates to the need for resuscitation or LIP notification
- Is skilled at achieving effective ventilation using:
- MR. SOPA
- T piece resuscitator
- Inserts and verifies placement of LMA
- Coordinates chest compressions and delivery of PPV
- Manages supplemental oxygen administration via:
- Mask
- Bubble CPAP (assists in application and infant positioning and support)
- Inserts indwelling OG tube
- Understands process and need for pH testing for placement
- Demonstrates proper evaluation for delayed cord clamping and when to bypass
- Demonstrates proper ordering for emergent blood products and their administration
- Inserts UVC following appropriate use of clean technique as appropriate
- Places peripheral IV and manages fluid administration, including documentation
- Recognizes signs and symptoms of pneumo and assists in evacuation
- Evaluates for signs of HIE, including recognition of seizure and other signs of encephalopathy
- Prepares for delivery of a small baby utilizing the Golden Hour and pre-brief
- Demonstrates use of cardio/respiratory monitor (ECG)
- Understands the management of administration of morphine and monitoring post administration
- Draws labs via:
- Capillary
- Venipuncture

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- Umbilical cord
- Completes initial exam, gestational age exam, weight measurements, & administers standard newborn medications (can delegate all except initial exam)
- Practices sterile gowning when entering OR to receive baby (as applicable to site)

VALIDATOR ATTESTATION: I have observed this individual perform the above-named procedure(s) and attest that they are competent to practice this/these skill(s) independently.

Initials	Print Name	Title (Educator, Super user)

EMPLOYEE ATTESTATION: I acknowledge my accountability for the consistent performance of this/these skill(s) as outlined in this checklist.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

MANAGER SIGNATURE: _____ **DATE:** _____