(Print) Student Name: Unit: Preceptor: From-To Dates:

LVNRN Precepted Clinical Experience Skills Check list

Critical Care Unit: NICU & PICU

Purpose: This inventory of required skills is to be completed during each of the listed precepted clinical rotations and submitted to your assigned aadvisor at the end of each clinical rotation or block.

Introduction: Pre-Self Assessment= Mark an X on each skill that describes your experience.

Preceptorship Clinical Time= Write the date & preceptor's initial that describes your experience while present & observing at all times.

	Student's Pre-Self Assessment						Preceptorship Clinical Time					
Skills	**No Experience**		**CPE**	**Performed Independently**			**Supervised**		**Performed independently**			
I. Assessment												
a. Gestational age												
-EDC/LMP												
- Ballards Scoring												
1.Physical												
2. Neurological												
b. Physical assessment												
- Integumentary												
- HEENT												
- Respiratory												
- Cardiovascular												
- Gastrointestinal												
- Genitourinary												
- Muscoskeletal												
- Neurological												
c. Behavioral Assess't												
- Neonatal												
abstinence												
scoring												
d. Pain Assessment												
- NPASS/FLAC												
- NPASS sedation												
e. Vital signs												
f. Apgar scoring												
II. Medication												
a. Per orem												
b.NGT/OGT												
c.Topical												
d. IM-Vastus lateralis												
e. Rectal												

f.Nasal												
g.Opthalmic												
h. IV/Central line												
i. Calculate dosing												
j. Calculate drips												
k. Emergency drug												
sheet												
III. Care management												
a. IVF/CVL												
1. UVC												
2 UAC												
- Change of fluids												
- Transducer												
maintenace &												
calibration/level												
- Transducer set up												
- Blood collection												
3. PICC												
4. BROVIAC												
5. Peripheral												
arterial line												
- Clave change												
- Dressing change												
- Adm. of TPN												
-Adm. Lipids												
- Assist CVL												
placement												
IV. Chest Tubes Mgt.												
- Check MD orders												
- Set up CT tubes												
- Assist in CT tubes												
placement												
removal												
- CT tube dressing												
change												
- Monitoring												
a. suction level												
b. Drainage level												
c. Air leaks												

V. Enteral Feedings												
- Insertion OGT/NGT												
- Removal of tubes												
- Check placement												
& residual												
- Monitor												
- calculate ml/min												
- Dressing change												
- Care of Ostomy												
- Care of gastric												
decompression												
VI. Tracheostomy Mgt.												
- Check placement												
- Suctioning												
- Dressing change												
- Check for air leak												
site, & O_2												
VII. Laboratory												
- Check MD orders												
- Collection												
a. Heel stick												
b. Blood draw												
-Broviac												
- UC												
c. Tracheal /												
nasal aspirate												
d. Skin swab												
- Diagnostic test												
a. Urinalysis												
b. Blood culture												
c. Glucometer												
d. Urine drug test												
e. LP												
f. Thoracentesis												
- Interpret Lab												
results												
a. CBC												
b. BMP/CMP												
c. ABG												

d. CXR												
VIII. Oxygen MGT.												
- HFJV												
- HFOV												
- NIPPV												
- A/C Mode												
- SIMV-Invasive												
- Bubble CPAP												
- CPAP vent												
- HFNC												
- Nasal Cannula												
- Venti Mask												
- Weaning (ROAR)												
VIIII. NICU age appr't												
equipments												
- Incubator												
- Radiant warmer												
- Phototherapy												
a. Bililight care												
b. Check transcu-												
taneous Bilirubin												
c. Check Bililigth												
distance												
X. Documentation												
- Timely												
- Accurate												
- Correct abrev't												
- Process												
a. Admission												
d. Discharge												
e. Transfer												
f. Teaching												
g. Assessment												
h. Vital signs												
XI. Collaborative												
Communication												
- Referrals												
- SBAR												
- Physician												

- Pharmacy												
- Diagnostic												
- Respiratory												
- Case manager												
- Chaplain												
XII. Adm/Discharge												
a. Admission												
- Routine adm.												
- Small Baby adm												
- Bed Preparation												
- Unit transport												
- Education												
b. Dscharge												
- Newborn screening												
- Hearing screening												
- CHD screening												
- Car seat challenge												
- Education												
XIII. Others												
a. Assist												
- Adm. surfactant												
- Intubation												
- Eye exam												
b. Participate in code												
team												
c. Observe												
- NS Delivery												
- Ceasarian section												
d. Practice Infection												
control protocols												
e. Prep for pre-op												
f. Post op mgt.												
g. Monitoring												
- ICP												
- EVD												