

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

(Signature) Student Name: _____ Preceptor: _____

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 submit to your advisor 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.

Skills	Student's Pre-Self Assessment			Preceptorship Clinical Assessment			
	No Experience	Work Experience	Lab/SIM/CPE	Assisted		Performed independently	
I. Assessment							
a. Gestational age							
-EDC/LMP							
- Ballards Scoring							
1. Physical							
2. Neurological							
b. Physical assessment							
- Integumentary							
- HEENT							
- Respiratory							
- Cardiovascular							
- Gastrointestinal							
- Genitourinary							
- Musculoskeletal							
- Neurological							
c. Behavioral Assess't							
- Neonatal							
abstinence							
scoring							
d. Pain Assessment							
- NPASS/FLAC							
- NPASS sedation							
e. Vital signs							
f. Apgar scoring							
II. Medication							
a. Oral							
b. NGT/OGT							

