

RCH Nursing Competency Workbook

Chapter 3H
Specialty Nursing Competencies
Neonates

The Royal Children's Hospital (RCH) Nursing Competency Workbook is a dynamic document that will provide you with direction and assist you in your professional development as a nurse working at the RCH. The workbook also provides a record of your orientation and competency obtainment.

Chapter 1

- Includes resources for nurses and is complemented by the Royal Children's Hospital (RCH) New Starter Pack, Hospital Orientation and Nursing Orientation day, to provide an introduction to nursing at the RCH.

Chapter 2

- Generic Nursing Competency Assessment Forms

Chapter 3

- Specialty Nursing Competency Assessment Forms

Appendix 1

- Unit / Department Nursing Orientation

Appendix 2

- Index of **ALL** Specialty Nursing Competency Assessment Forms

Appendix 3

- Graduate Nurse Program Workbook

All chapters and appendices are downloadable as pdfs from the Mackinnon Nursing Education and Development Centre Website

http://www.rch.org.au/mcpc/index.cfm?doc_id=11861

The RCH Nursing Competency Workbook developed by the Mackinnon Nursing Education and Development Team with input from specialist nurses at the RCH

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Admission Neonatal Intensive Care (NICU)

Competency Statement:

The nurse is safely and effectively cares for a neonate during admission into the Neonatal Intensive Care Unit (NICU)

Competency elements	Date	Signed
1. Describe 4 potential problems a neonate may experience on admission and outline management		
2. Describe advantages and disadvantages of a. Radiant warmer b. Isolette		
3. Describe 4 procedures / tests that may be performed on a neonate newly admitted including rationales		
4. Demonstrate collect of relevant information about the admission		
5. Describe anticipated needs of the neonate based on admission diagnosis		
6. Demonstrate assembly and preparation of equipment and the bed space for admission		
7. Perform comprehensive and systematic nursing assessment during admission		
8. Describe rationale for specific nursing assessment and care during admission		
9. Demonstrates prioritisation of care and adaptation to changes in the neonate's clinical condition		
10. Demonstrate prioritisation of admission procedures to prevent further complications		
11. Demonstrate delegation of nursing interventions to ensure smooth transition into NICU		
12. Accurately document assessment and care associated with admission to NICU		
13. Demonstrate explanation and confirmation of understanding with parents		
14. Discuss and demonstrate ways in which parents can be involved in the care of their child in NICU		
15. Discuss involvement of members of the multidisciplinary team		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a neonate during admission to the Neonatal Intensive Care Unit. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name..... SignatureDate/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Admission of a Neonate to Special Care Nursery (SCN)

Competency Statement:

The nurse safely and effectively cares for a neonate requiring admission into the special care nursery (SCN)

Competency elements	Date	Signed
1. Collect and prepare equipment and paperwork in preparation for an admission		
2. Correctly sets up bed space in preparation for an admission		
3. Discuss four potential problems that the neonate may experience during admission		
4. Perform comprehensive and systematic nursing assessment during admission		
5. Describe rationale for specific nursing assessment and care during admission		
6. Demonstrate prioritisation of care and adapts to changes in clinical condition stating rationale for the change in care		
7. Demonstrate prioritisation of admission procedures to prevent further complications		
8. State normal observation parameters for the neonate		
9. Delegate nursing interventions to ensure smooth transition into SCN		
10. Describe two procedures / tests that may be performed on the neonate during this admission and prepare equipment to undertake the procedures / tests		
11. Accurately document information related to admission to the SCN		
12. Demonstrate orientation and explanation of unit function to the parents		
13. Demonstrate explanation and confirmation of understanding with parents		
14. Discuss and demonstrate ways in which parents can be involved in the care of their child in the SCN		
15. Discuss involvement of members of the multidisciplinary team		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a patient being admitted into the Special Care Nursery. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name..... SignatureDate/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Arterial and Umbilical Lines (Neonates)

Competency Statement:

The nurse safely and effectively cares for a neonate with a peripheral intra arterial or umbilical arterial catheter (UAC/IAL).

Competency elements	Date	Signed
<ol style="list-style-type: none"> 1. State 2 indications for insertion of a Peripheral intra arterial line (IAL) 2. State when a IAL and umbilical arterial line (UAC) would be used 3. State 3 contraindications for insertion of a IAL 4. State possible sites for IAL 5. State why the brachial artery is not used 6. State 3 indications for removal of an IAL and UAC 7. Describe potential complications of arterial lines and outline management 8. State normal mean arterial pressure (MAP) values for neonates 9. Explain rationale for MAP measurement (as opposed to systolic / diastolic) 10. Prepare equipment for insertion of an IAL 11. Explain specific nursing assessment and care of the neonate (including rationales) during insertion of an IAL 12. Explain and demonstrate specific nursing assessment and care of the neonate (including rationales) when IAL is in situ 13. Describe procedure for removal of an IAL 14. Demonstrate ability to level and zero transducer providing rationale 15. Demonstrate ability to read blood pressure accurately 16. Demonstrate correct technique for blood sampling from IAL and UAC 17. State 4 indications for insertion of an UAC 18. State 3 contraindications for insertion of an UAC 19. State 3 indications for removal of an UAC 20. Describes 5 potential complications of an UAC and outline management 21. Prepare equipment for insertion of UAC 22. Explain specific nursing assessment and care of the neonate (including rationales) during insertion of UAC 23. Demonstrate specific nursing assessment and care of the neonate (including rationales) when UAC in situ 		

24. Describe the correct position of catheter tip and points position out an abdominal x-ray		
25. Distinguish between umbilical entry and vein on x-ray		
26. Describes procedure for removal of UAC		
27. Demonstrate explanation and confirmation of understanding with parents		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a neonate with a peripheral intra arterial or umbilical arterial catheter. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name.....Signature.....Date/...../.....

Assessor (Preceptor or CNE/F)

Name.....Signature.....Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Assessment (neonates)

Competency Statement:

The nurse safely and effectively performs a comprehensive assessment on a neonate

Competency elements	Date	Signed
1. Explain when a neonate assessment should be performed		
2. Describe the maternal history of the neonate being assessed		
3. Describe the labour and delivery of the neonate being assessed		
4. Perform a physical assessment of the neonate explaining the assessment procedure using the following headings <ul style="list-style-type: none"> a. Vital signs b. Integumentary c. Head d. Eyes e. Ears f. Nose g. Mouth and Larynx h. Neck i. Thorax j. Breast and Axilla k. Heart and Peripheral Vasculature l. Abdomen m. Genitalia n. Rectum o. Musculoskeletal p. Neurological 		
5. Accurately document findings from the neonatal assessment		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in performing a neonatal assessment. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name..... SignatureDate/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Blood sampling (Heel Prick)

Competency Statement:

The nurse safely and effectively obtains a blood sample by way of a heel prick

Competency elements	Date	Signed
<ol style="list-style-type: none"> 1. List three commonly ordered blood tests that can be obtained with a heel prick 2. List four potential complications associated with performing a blood collection by heel prick 3. Collect and correctly assemble required equipment 4. Discuss and demonstrate preparation of the neonate/infant for the procedure 5. Select appropriate site on heel for puncture and provides a rationale for this 6. Discuss the rationale for wiping away the first drop of blood when obtaining a blood sample stating reason 7. Demonstrate correct procedure for blood collection from a heel prick <ol style="list-style-type: none"> a. Cleansing b. Holding the foot c. Assisting blood flow d. Collecting blood in tube e. Stopping blood flow when sample collected 8. Correctly labels all specimens and accurately completes all documentation 		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in collecting a blood sample from a heel prick. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name..... SignatureDate/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Brainz monitoring

Competency Statement:

The nurse safely and effectively cares for a child requiring Brainz monitoring

Competency Elements	Date	Signed
<ol style="list-style-type: none"> 1. Explain what aEEG is 2. State two reasons why aEEG is used 3. Demonstrate set up of Brainz monitor 4. Demonstrate correct placement and attachment of Brainz electrodes- both gel and needle electrodes 5. State when needle electrodes should not be used 6. Demonstrate commencement of recording 7. Demonstrate checking signal from electrodes 8. Demonstrate marking events and explain what events should be marked 9. Demonstrate recognition of sleep/wake cycles on Brainz 10. Demonstrate recognition of: <ol style="list-style-type: none"> a. Continuous normal voltage b. Discontinuous normal voltage c. Burst suppression – high burst density d. Burst suppression – low burst density e. Continuous low voltage f. Isoelectric or Flat trace g. Seizures h. Artefact 		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in Brainz monitoring. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Nurse

Name..... Signature Date/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Continuous Positive Airway Pressure (CPAP) in neonates

Competency Statement:

The nurse safely and effectively cares for an infant requiring CPAP.

Competency elements	Date	Signed
<ol style="list-style-type: none"> 1. Able to discuss respiratory physiology of the neonate <ol style="list-style-type: none"> a. Identify 4 factors that will determine whether there will be adequate gas exchange b. Outline the differences between a neonate and an adult's respiratory system using the following headings <ol style="list-style-type: none"> i. Alveoli ii. Lung Tissue iii. Rib cage iv. Respiratory Muscles v. Airway structure and resistance vi. Pulmonary Vascular Resistance vii. Oxygen Consumption viii. Surfactant ix. Respiratory Control 2. Perform an assessment of the infant's respiratory status <ol style="list-style-type: none"> a. Breath sounds b. Respiratory effort c. Pattern and rate of respirations d. Perfusion e. Colour f. Level of consciousness 3. Discuss actions to be taken for abnormal findings from assessment 4. Identify 4 clinical indications for commencing CPAP in the neonate 5. Describe CPAP 6. Describe functional residual capacity (FRC) 7. Discuss 3 methods of delivering CPAP, why each would be used and the equipment required when delivering CPAP via these methods 8. Discuss signs of a partially or fully blocked naso-pharyngeal tube and the action to take if this occurs 9. Outline the equipment needed to change a naso-pharyngeal tube or nasal prong CPAP 10. Discuss why a saline lavage is not recommended when suctioning a naso-pharyngeal tube 11. Discuss complications associated with the various means of administering CPAP 12. Discuss signs of deteriorating respiratory function and the response to these 13. Accurately documents assessment and care associated with CPAP 14. Demonstrate explanation and confirmation of understanding with parents 15. Discuss and demonstrate ways in which parents can be involved in the care of their child on CPAP 		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a neonate requiring CPAP. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name..... SignatureDate/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Extubation (elective neonates)

Competency Statement:

The nurse safely and effectively cares for a neonate during elective extubation

Competency elements	Date	Signed
<ol style="list-style-type: none"> 1. State 2 indications for extubation 2. Describe 4 potential complications and outlines management 3. Describe clinical indications of self extubation 4. Explain nursing assessment and care of the neonate who has self extubated 5. Collect and prepare equipment for extubation 6. Demonstrate correct positioning of the neonate 7. Explain and demonstrate nursing care pertaining to feeding including the rationales 8. Explain and demonstrate specific nursing assessment and care of neonate (including rationales) during extubation 9. Discuss extubation of the neonate to <ol style="list-style-type: none"> a. Hudson Prongs b. INCA Prongs c. Nasopharyngeal tube d. Nasal Prong Oxygen e. Air 10. Demonstrate extubation of the neonate 11. Demonstrate maintenance of adequate oxygenation and cardiac output during and post extubation 12. Explain and demonstrate specific nursing observations and care of neonate (including rationale) after extubation 13. Accurately document assessment and care associated with extubation 14. Demonstrate explanations and confirmation of understanding with parents 15. Discuss and demonstrate ways in which parents can be involved in the care of their child during extubation 		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a neonate being extubated. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name..... SignatureDate/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Fluid Management (Neonates)

Competency Statement:

The nurse is able to safely manage fluid requirements of a neonate

Competency elements	Date	Signed
<ol style="list-style-type: none"> 1. Locate and read the neonatal fluid guidelines 2. Explains neonatal fluid homeostasis <ol style="list-style-type: none"> a. Pre-diuretic phase b. Diuretic phase c. Post – diuretic phase 3. Identify expected fluid requirements for neonates <ol style="list-style-type: none"> a. Day 1 b. Day 2 c. Day 3 d. Beyond Day 3 4. Identify four clinical indications for commencing intravenous therapy 5. State rationale for choice of fluid selected for intravenous therapy 6. Demonstrate a thorough physical assessment of the neonate's hydration status including <ol style="list-style-type: none"> a. Skin Turgor b. Mucous membranes c. Fontanelle d. Urine Output (states normal values) e. Fluid Balance f. Presence of oedema g. Vital Signs (states normal values) h. Electrolytes (states normal values) i. Weight 7. Describe the potential effects intravenous therapy may have on the neonates blood glucose levels and interventions that may need to be taken <ol style="list-style-type: none"> a. Identifies normal ranges for BSL and TBG 8. Identify interventions to minimise the risk of extravasations 9. Describe the physical signs that indicate the cannula is tissue 10. Discuss interventions to be taken if cannula is suspected of having tissue 11. With regards to replacement fluids <ol style="list-style-type: none"> a. Identify which fluid losses can be replaced b. Identify when to commence fluid replacement c. Identify what fluids are used for fluid replacement d. Demonstrate accurate calculation of losses in ml / kg / day e. Demonstrate accurate calculation of required replacement f. Demonstrate setting of intravenous pump to required rate g. Identify when to cease fluid replacement h. Correctly documents fluid losses and replacement 12. Demonstrate explanation and confirms understanding with the parents 		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in fluid management and replacement in neonates. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name..... SignatureDate/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

High Frequency Jet Ventilation (HFJV)

Competency Statement:

The nurse safely and effectively cares for an infant requiring high frequency oscillatory ventilation using the *Life Pulse High Frequency Ventilator*.

Competency elements	Date	Signed
<ol style="list-style-type: none"> 1. Discuss the differences between the function of HFJV as opposed to HFOV 2. State three neonatal conditions which may require HFJV 3. Explain the function of each of the following jet controls <ol style="list-style-type: none"> a. Power on/off b. PIP c. Rate d. On-time e. Enter f. Standby g. Test h. Silence i. Reset 4. Explain how the following initial settings are usually determined <ol style="list-style-type: none"> a. HFJV Pip b. HFJV Rate c. CMV Peep d. CMV Pip e. CMV Rate f. FIO2 5. Explain the concept of servo pressure 6. Discuss and demonstrate Internal Diagnostics Check <ol style="list-style-type: none"> a. Perform check b. State rationale c. State 2 faults which may occur during this check d. State 2 possible actions if the jet does not pass this check 7. Evaluate the need for HFJV in a neonate 8. Demonstrate correct positioning and taping of the neonate's ETT and provides a rationale 9. Discuss the monitoring requirements for a neonate on HFJV 10. Demonstrate set up of monitoring for a neonate on HFJV 11. Demonstrate correct set up of a conventional ventilator at bedside and provide a rationale for doing so 12. Demonstrate correct set up and function of a Neopuff 13. Demonstrate correct placement of emergency pneumothorax equipment and provides a rationale 14. Demonstrate change of an ETT adapter to appropriately sized Life Pulse adapter 		

15. Demonstrate safe placement of a neonate onto HFJV		
16. Demonstrate correct attachment of the jet tubing to the neonate's ETT		
17. Evaluate condition of the neonate after HFJV commenced		
18. Demonstrate secure positioning of the whisperjet box in the bed		
19. Demonstrate alignment of the jet circuit and provide a rationale <ul style="list-style-type: none"> a. Pressure monitoring tube should be positioned at 12 o'clock 		
20. Accurately document assessment and care associated with HFJV		
21. Demonstrate explanations and confirmation of understanding with parents		
22. Discuss and demonstrate ways in which parents can be involved in the care of their on HFJV		
23. Demonstrate effective liaison with members of the multidisciplinary team		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a neonate on HFJV. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name..... SignatureDate/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

High Frequency Oscillatory Ventilation (HFOV)

Competency Statement:

The nurse is able to safely and effectively care for infant requiring high frequency oscillatory ventilation (HFOV) using the Sensormedics ventilator.

Competency elements	Date	Signed
<ol style="list-style-type: none"> 1. Describe the differences between the function of HFOV as opposed to conventional mechanical ventilation (CMV) 2. Identify the respiratory conditions which may require HFOV 3. Differentiate between the Sensormedics 3100A and Sensormedics 3100B and their indications for use 4. Identify and explain the function of each of the following oscillator components <ol style="list-style-type: none"> a. Bellows b. Pressure limit (which colour diaphragm) c. Dump (which colour diaphragm) d. Mean pressure adjust e. Water Trap 5. Identify and explain the function of each of the following oscillator controls <ol style="list-style-type: none"> a. Power On /Off b. Bias flow c. Mean pressure adjust d. Amplitude (Power) e. Frequency f. % inspiratory time g. FiO2 h. Start / Stop i. Reset j. Alarm silence k. Piston Centring l. Mean Pressure alarms (upper and lower) 6. Demonstrate the pre use Circuit Check <ol style="list-style-type: none"> a. State rationale for check b. Demonstrate the circuit check c. State 2 reasons why the circuit may not pressurise d. State 2 possible actions if the circuit does not pressurise e. State the procedure to be followed if circuit check fails 7. Explain how the following initial settings are usually determined <ol style="list-style-type: none"> a. Mean airway pressure (MAP) b. Amplitude c. Frequency d. Inspiratory time e. FiO2 8. Identify the nursing care required for the child receiving HFOV discussing <ol style="list-style-type: none"> a. Respiratory and adequacy of ventilation assessment b. Assessment for complications on initiating therapy c. Imaging and laboratory test required when commencing d. Maintaining the patency and position of the endotracheal tube <ol style="list-style-type: none"> i. head and tubing position 		

<ul style="list-style-type: none"> ii. ventilator security iii. suction procedure, additional connections, precautions iv. emergency ventilation: Neopuff / Hand ventilation safe use v. humidification e. Monitoring and maintaining haemodynamic stability f. Assessment of skin, providing pressure area care and patient positioning g. Appropriate alarm settings on HFOV and causes of activation <ul style="list-style-type: none"> i. pressure limit ii. dump valve <p>9. Outline the possible complications of HFOV, including prevention and appropriate management</p> <p>10. Discuss preparation for discontinuing HFOV <ul style="list-style-type: none"> a. assessing patient readiness to discontinue b. prepared conventional ventilator at bedside and rationale </p> <p>11. Accurately document assessment and care associated with HFOV</p> <p>12. Demonstrate explanations and confirmation of understanding with parents</p> <p>13. Discuss and demonstrate ways in which parents can be involved in the care of their child on HFOV</p>		
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I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a neonate requiring high frequency oscillatory ventilation. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name..... SignatureDate/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Hypothermia (Therapeutic in neonates)

Competency Statement:

The nurse will safely and effectively care for a neonate requiring therapeutic hypothermia

Competency elements	Date	Signed
<ol style="list-style-type: none"> 1. Discuss the rationale and indications for inducing hypothermia in the neonate 2. Identify correct timeframes for inducing hypothermia 3. Identify what temperature range the neonate is cooled to 4. Assemble and demonstrate the correct use of the cooling blanket 5. Demonstrate the correct procedure for inducing cooling if the cooling blanket is not available 6. Outline the required nursing care for a cooled neonate in regards to the following <ol style="list-style-type: none"> a. Sedation and/or paralysis b. Recognition of arrhythmia c. Fluid and electrolyte imbalance d. Temperature monitoring e. Feeding and nutrition management f. Pressure area care requirements 7. Discuss the regime for re-warming <ol style="list-style-type: none"> a. Time frame b. Detection of haemodynamic instability 8. Discuss 5 complications of induced hypothermia 		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a neonate with therapeutic hypothermia. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Nurse

Name.....Signature.....Date/...../.....

Assessor (Preceptor or CNE/F)

Name.....Signature.....Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Inotropes and Prostin in neonates

Competency Statement:

The nurse safely and effectively cares for the neonate receiving Inotropes or Prostin

Competency Elements	Date	Signed
<ol style="list-style-type: none"> 1. State the action, usual dose, side effects and nursing responsibilities during administration of <ol style="list-style-type: none"> a. Dobutamine b. Dopamine c. Adrenaline d. Noradrenaline e. Milrinone f. Prostin 2. Demonstrate calculation of an infusion in <ol style="list-style-type: none"> g. mcg/kg/min h. nanograms/kg/min 3. Demonstrate safe changing of inotropic infusions using the double pumping method 4. Discuss potential complications of inotropic infusions 5. Discuss potential complications of prostin infusions 		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a neonate receiving inotropes or prostin. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Nurse

Name..... Signature Date/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Inter-Costal Catheters (Neonates)

Competency Statement:

The nurse safely and effectively cares for a neonate with an ICC

Performance Criteria	Date	Signed
28. Describe <ul style="list-style-type: none"> a. spontaneous pneumothorax b. tension pneumothorax 29. Discuss risk factors for pneumothorax in neonates 30. Identify signs of <ul style="list-style-type: none"> a. spontaneous pneumothorax b. tension pneumothorax 31. Describe the use of transilluminator and appearance of pneumothorax when transilluminated 32. Describe the appearance of pneumothorax on Chest X-Ray 33. Identify pneumothorax on CXR 34. Describe nursing responsibilities during needle aspiration of pneumothorax 35. Describe nursing responsibilities and care (including rationale) of the neonate during and immediately post ICC insertion 36. Discuss nursing assessment and care (including rationales) of the neonate with an ICC in situ 37. Discuss the procedure for transporting the neonate with an ICC to theatre or X-Ray or in emergency evacuation 38. Discuss procedure for removal of ICC 39. Discuss specific nursing assessment and care (including rationales) post removal of ICC 40. State potential complications during ICC insertion 41. State potential complications and special cautions that may be required of nursing a neonate with an ICC in situ 42. Discuss procedure for managing accidental disconnection of drainage tubes 43. Collect and prepare equipment required for needle aspiration of pneumothorax 44. Demonstrate preparation and assembly of under water seal drainage units, both water and dry sets explaining rationale for use of each set 45. Demonstrate preparation and assembly of equipment for suction of ICC if required		

46. Accurately documents assessment and care associated with ICC		
47. Demonstrate explanation and confirmation of understanding with parents		
48. Discuss and demonstrate ways in which parents can be involved in the care of their child with an ICC		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a neonate with an intercostal catheter. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name.....Signature.....Date/...../.....

Assessor (Preceptor or CNE/F)

Name.....Signature.....Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Intubation (Neonatal endotracheal)

Competency Statement:

The nurse safely and effectively cares for a Neonate requiring Endotracheal Intubation

Competency elements	Date	Signed
1. States 3 indications for intubation in neonates		
2. Describe 8 potential complications of intubation and outline management		
3. Demonstrate collection and preparation of equipment		
4. demonstrate preparation and administration of medication if ordered		
5. Demonstrate correct positioning of the neonate		
6. Demonstrate activation of the QRS tone on monitor and provide rationale		
7. Explain required oxygenation and cardiac output during intubation		
8. Demonstrate nursing assessment and care of neonate during intubation and provide rationale		
9. Explain the use of cricoid pressure		
10. Explain and demonstrates nursing assessment and care of neonate immediately after intubation and provide rationale		
11. Demonstrate correct taping of oral tube		
12. Demonstrate correct taping of nasal tube		
13. Describe correct position of ETT and points out position of chest X-Ray		
14. Demonstrate auscultation of the neonate's chest and describe difference on auscultation between – right main bronchus intubation, oesophageal intubation and correctly positioned ETT		
15. Accurately documents assessment and care associated with CPAP		
16. Demonstrate explanation and confirmation of understanding with parents		
17. Discuss and demonstrate ways in which parents can be involved in the care of their child during intubation		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a neonate being intubated. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name..... SignatureDate/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Neopuff and Anaesthetic Bagging Circuit in Neonates

Competency Statement:

The nurse safely and effectively uses a Neopuff and Anaesthetic Bagging Circuit on Neonates

Competency elements	Date	Signed
1. Demonstrate correct set up of neopuff circuit		
2. Discuss settings of neopuff for non-ventilated and ventilated neonate		
3. Demonstrate how to set and adjust PIP, PEEP, and High PIP limit		
4. Discuss when an anaesthetic bagging circuit may be used		
5. Demonstrate correct set up of anaesthetic bagging circuit		
6. Demonstrate correct use of anaesthetic bagging circuit		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in using a neopuff and anaesthetic bagging circuit with a neonate. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name..... SignatureDate/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Nitric Oxide Therapy

Competency Statement:

The nurse safely and effectively cares for the child receiving Nitric Oxide (NO) therapy

Competency elements	Date	Signed
<ol style="list-style-type: none"> 1. Identify the indications for the application of NO therapy 2. Describe the pathophysiology Pulmonary Hypertension <ol style="list-style-type: none"> a. Primary b. Secondary 3. Explain NO under the following headings <ol style="list-style-type: none"> a. Action b. Dose c. Route 4. Outline the correct unit processes required prior to initiation of NO therapy 5. Demonstrate the technical set up for Nitric Oxide <ol style="list-style-type: none"> a. Positive pressure ventilators b. High Frequency Ventilators c. Hand ventilation circuit and scavenging 6. State how to set and check the NO gas flow on the hand ventilation circuit and the NO cylinder using the <ol style="list-style-type: none"> a. gas flow chart b. flow calculation 7. Describe the inline monitoring required and discuss <ol style="list-style-type: none"> a. calibration b. setting alarm limits c. values measured 8. Describe specific nursing assessment and care requirements for the child receiving NO 9. Identify the haematological complication of NO therapy and discuss <ol style="list-style-type: none"> a. prevention b. monitoring blood levels <ol style="list-style-type: none"> i. acceptable ranges ii. frequency c. drug to counteract 10. Describe other potential complications of NO therapy and identify management 11. Outline management for weaning NO therapy and preventions of further complications 12. Accurately document assessment and care associated with NO therapy 13. Demonstrate explanations of NO therapy to parents and confirmation of their understanding 		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a neonate requiring nitric oxide therapy. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name..... SignatureDate/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Phototherapy

Competency Statement:

The nurse safely and effectively cares for an infant requiring phototherapy

Competency elements	Date	Signed
1. Identify 4 risk factors for or causes of neonatal jaundice		
2. State the difference in bilirubin levels <ul style="list-style-type: none"> a. conjugated b. unconjugated 		
2. Correctly assess the indication for phototherapy based on acceptable SBR range for infant's gestation and postnatal age, and correctly plots SBR on chart		
3. Discuss the action of phototherapy light in reducing serum bilirubin levels		
3. Identify the major complication of hyperbilirubinaemia and state the signs and symptoms		
4. State 2 methods available to deliver phototherapy		
5. Assemble and operate phototherapy lights safely and effectively <ul style="list-style-type: none"> a. position lights correct height and provides rationale b. positioning of infant to maximise light exposure 		
6 Discuss nursing care required including <ul style="list-style-type: none"> a. assessment of jaundice and effect of blue light therapy b. response to therapy and specifics of blood specimen collection to monitor bilirubin levels c. temperature assessment and control under radiant warmer or isolette d. hydration status assessment and altered fluid requirements e. stooling pattern alteration and associated hygiene needs f. comfort and developmental needs of the infant receiving phototherapy 		
6. Accurately documents assessment and care associated with phototherapy		
7. Discuss and demonstrate ways in which parents can be involved in the care of their child receiving phototherapy		
8. Demonstrate explanations and confirmation of understanding with parents		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a patient requiring phototherapy. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name..... SignatureDate/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Pierre Robin Sequence

Competency Statement:

The nurse will safely and effectively look after a neonate with Pierre Robin Sequence

Competency elements	Date	Signed
1. Explain the pathophysiology of Pierre Robin Sequence		
2. Demonstrate positioning of an infant with Pierre Robin Sequence stating rationale for choice of positioning		
3. Explain specific nursing management required for Pierre Robin Sequence		
4. Discuss what procedures need to be implemented if the baby desaturates		
5. Demonstrate modification of a nasopharyngeal tube for an infant with Pierre Robin Sequence		
6. Demonstrate preparation for insertion of the modified nasopharyngeal tube in an infant with Pierre Robin Sequence		
7. Demonstrate insertion of a modified nasopharyngeal tube		
8. Demonstrate suction of a modified nasopharyngeal tube		
9. Explain when a modified nasopharyngeal tube should be changed		
10. Demonstrate use of downloadable overnight oximetry		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a patient with Pierre Robin Sequence. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name..... SignatureDate/...../.....

Assessor (Preceptor or CNE/F)

Name..... Signature Date/...../.....

Competency Feedback and reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Sepsis suspected (Neonates)

Competency Statement:

The nurse safely and effectively cares for a neonate with suspected sepsis.

Performance Criteria	Date	Signed
1. Describe specific and non-specific signs that may indicate sepsis in the neonate		
2. Identify risk factors that may make an individual neonate more vulnerable to sepsis including <ul style="list-style-type: none"> a. Relevant antenatal and material factors b. Postnatal history c. Invasive instrumentation and / or procedures 		
3. Identify risk factors for pneumothorax in neonates		
4. State 5 tests commonly used to diagnose / exclude sepsis		
5. Explain how each test assists in making a diagnosis of sepsis		
6. Discuss 2 complications which may occur from each of the 5 tests commonly used		
7. Assemble the equipment required to perform each of the tests		
8. Discuss and demonstrate maintenance of patient safety during septic work up		
9. Discuss and demonstrate implementation of effective patient comfort measures during septic work up		
10. Demonstrate collection of specimens according to guidelines		
11. Accurately labels samples and completes documentation		
12. Demonstrates explanation and confirmation of understanding with the parents		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a neonate with suspected sepsis. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name.....Signature.....Date/...../.....

Assessor (Preceptor or CNE/F)

Name.....Signature.....Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Surgery in Neonatal Intensive Care

Competency Statement:

The nurse safely and effectively cares for a neonate requiring surgery in Neonatal Intensive Care

Competency elements	Date	Signed
1. Outline the pathophysiology of 5 neonatal conditions that require surgery <ul style="list-style-type: none"> a. Congenital diaphragmatic hernia (CDH) b. Abdominal wall defect – gastroschis, exomphalus etc c. Tracho-oesophageal fistula and oesophageal atresia d. Necrotising Enterocolitis e. Intestinal Atresia / stenosis 		
2. Discuss the circumstances in which a neonate might undergo surgery within the neonatal intensive care unit as opposed to being transported to theatre?		
3. Describe procedures that may be required to stabilise neonates prior to surgery		
4. Describe 4 potential complications of surgery and outline management		
5. Demonstrate nursing assessment and care of the neonate (including rationales) pre – operatively		
6. Demonstrate nursing assessment and care of the neonate (including rationales) post – operatively		
7. Discuss medications that are used post – operatively (action, dose, route, side effects, nursing considerations)		
8. Demonstrate explanation and confirmation of understanding with parents		
9. Discuss involvement of members of the multidisciplinary team		

I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in caring for a neonate undergoing surgery in neonatal intensive care. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name.....Signature.....Date/...../.....

Assessor (Preceptor or CNE/F)

Name.....Signature.....Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Thermoregulation (Neonates & Infants)

Competency Statement:

The nurse provides safe and effective thermoregulation nursing care for neonates and infants.

Competency elements	Date	Signed
<p>THERMOREGULATION OVERVIEW</p> <ol style="list-style-type: none"> 1. State the normal range for axilla and rectal temperatures in a neonate or infant 2. State to correct technique for obtaining a rectal temperature in children under 3 months of age 3. Define neutral thermal environment (NTE) 4. Explain the four mechanisms of heat loss and state two strategies to prevent heat loss for each of the four mechanisms 5. State risk factors for temperature imbalance in neonates/infants 6. Discuss cold stress and impact this has on the critically ill neonate/infant 7. Outlines the nursing management for hypothermia 8. Define hyperthermia and describe the assessment findings in the neonate/infant 9. Outlines the nursing management for hyperthermia 10. For Neonatal unit nurses only <ol style="list-style-type: none"> a. explain how nursing an extremely low birth weight neonate is humidity affects temperature balance <p>RADIANT WARMERS</p> <ol style="list-style-type: none"> 11. Explain the mechanism of servo control 12. Demonstrate the functions of a radiant warmer 13. Collect and prepare equipment to pre-warm the radiant heater 14. Position the infant correctly on the radiant warmer 15. Demonstrate correct application of the skin probe and <ol style="list-style-type: none"> a. discuss factors that can interfere with probe function b. discuss nursing interventions to rectify probe problems 16. State how often the temperature should be monitored when neonates/infants are nursed on a radiant warmer <ol style="list-style-type: none"> a. identify how to manage the radiant warmer when hypothermic b. identify how to manage the radiant warmer when hyperthermic. 17. Describe and demonstrate specific nursing assessment and care required of the neonate/infant on a radiant warmer 18. State when it is appropriate to transfer a neonate/infant to <ol style="list-style-type: none"> a. an isolette b. open cot 		

<p>19. Describe the specific nursing care to maintain thermoregulation stability when transferring to an open cot.</p> <p>ISOLETTES</p> <p>20. Demonstrate how to set the NTE for two neonates of different gestation and weights in isolettes</p> <p>21. State how often neonates temperature should be monitored when in an isolette and the procedure for increasing isolette temperature if needed</p> <p>22. State why an isolette should not be turned off while a neonate is still being nursed in it</p> <p>23. State the factors to be considered in weaning a neonate from an isolette to an open cot</p> <p>24. Describes procedure for weaning a neonate from an isolette to an open cot</p> <p>25. For neonatal unit / PICU nurses only</p> <p>a. Explain the mechanism of servo control in the isolette stating two reasons why this mode would be used</p> <p>b. Demonstrate how to set up servo control and what needs to be documented if the neonate is on servo control in the isolette explaining the rationale for this documentation</p> <p>26. Accurately documents information related to thermoregulation of the neonate</p>		
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I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in thermoregulation of neonates. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse
 Name..... SignatureDate/...../.....

Assessor (Preceptor or CNE/F)
 Name..... Signature Date/...../.....

Competency Feedback

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign

Ventilation (Basic Principles in Neonates)

Competency Statement:

The nurse safely and effectively cares for an infant requiring basic ventilation

Competency elements	Date	Signed
<ol style="list-style-type: none"> 1. Discuss types of ventilators used on neonatal unit 2. Discuss the common modes of ventilation used in NNU <ol style="list-style-type: none"> a. IMV b. SIMV c. PS d. PTV/AC e. TTV+/VG 3. Explain the different ventilator settings used to provide the above modes of ventilation 4. Outline trouble shooting for ventilator and humidifier malfunction 5. State relevant hospital infection control policy relating to ventilator circuits 6. States 3 reasons for humidification of inspired gases during ventilation 7. State the humidifier settings utilised for CMV <p>VENTILATOR SET UP</p> <ol style="list-style-type: none"> 8. Correctly prepare and assemble all ventilator components 9. Correctly perform ventilator and circuit check prior to connection to neonate and provide rationale for doing so 10. Describe nursing assessment and care (including rationales) of the neonate during circuit change 11. Demonstrate nursing care of the neonate during circuit change <p>SUCTION</p> <ol style="list-style-type: none"> 12. State 6 indications for ETT suction 13. Discuss 2 potential complications of suctioning and outline management 14. State when it is appropriate for ETT suction to be a 1 person procedure 15. State when it is appropriate to use 0.9% saline lavage with suctioning 16. Identify rationale for oral and nasopharyngeal suctioning post ETT suctioning 17. State 2 occasions when medical staff should be informed of the outcome of suctioning 18. Correctly prepare equipment needed prior to suctioning 19. Gives rationale for assessment to be undertaken of the neonate before, during and after suctioning 		

20. Performs suction procedure using correct suction pressure and in an accepted time frame stating rationale for these		
21. Maintain infection control precautions throughout the procedure		
22. Discuss ventilation strategies that can be used with suctioning		
23. Accurately documents information related to ventilation and suctioning		
24. Demonstrate explanation and confirmation of understanding with parents		
25. Demonstrate liaison with members of the multidisciplinary team		

I the undersigned demonstrated the necessary knowledge, skills, attitudes, values and / or abilities to be deemed competent in Ventilation (Basic principles in neonates). I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio

Nurse

Name.....Signature.....Date/...../.....

Assessor (Preceptor or CNE/F)

Name.....Signature.....Date/...../.....

Competency Feedback and Reflections

Element number	Feedback and Reflections	Date	Assessor sign	Nurse sign