

Pan London Neonatal Nurse Competency Document / Band 5



Personal Details

Name	
Hospital	
NMC Number	
Date Document Started	
Date Document Completed	
Date of formal education completion (QIS) : <ul style="list-style-type: none">• Special Care• High Dependency• Intensive Care	

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PURPOSE AND PLACEMENT OF DOCUMENT IN THE NATIONAL PICTURE

Pan London Neonatal Nurse Competency Document / Band 5

This document has been produced as part of a project for band 5 nurses as an innovation and embracement of learning, education and a need for parity; to drive forward consistent delivery of high quality care, patient safety, research based and best practice neonatal nursing care for London's neonatal patients by band 5 nurses working in the neonatal units across the capital.

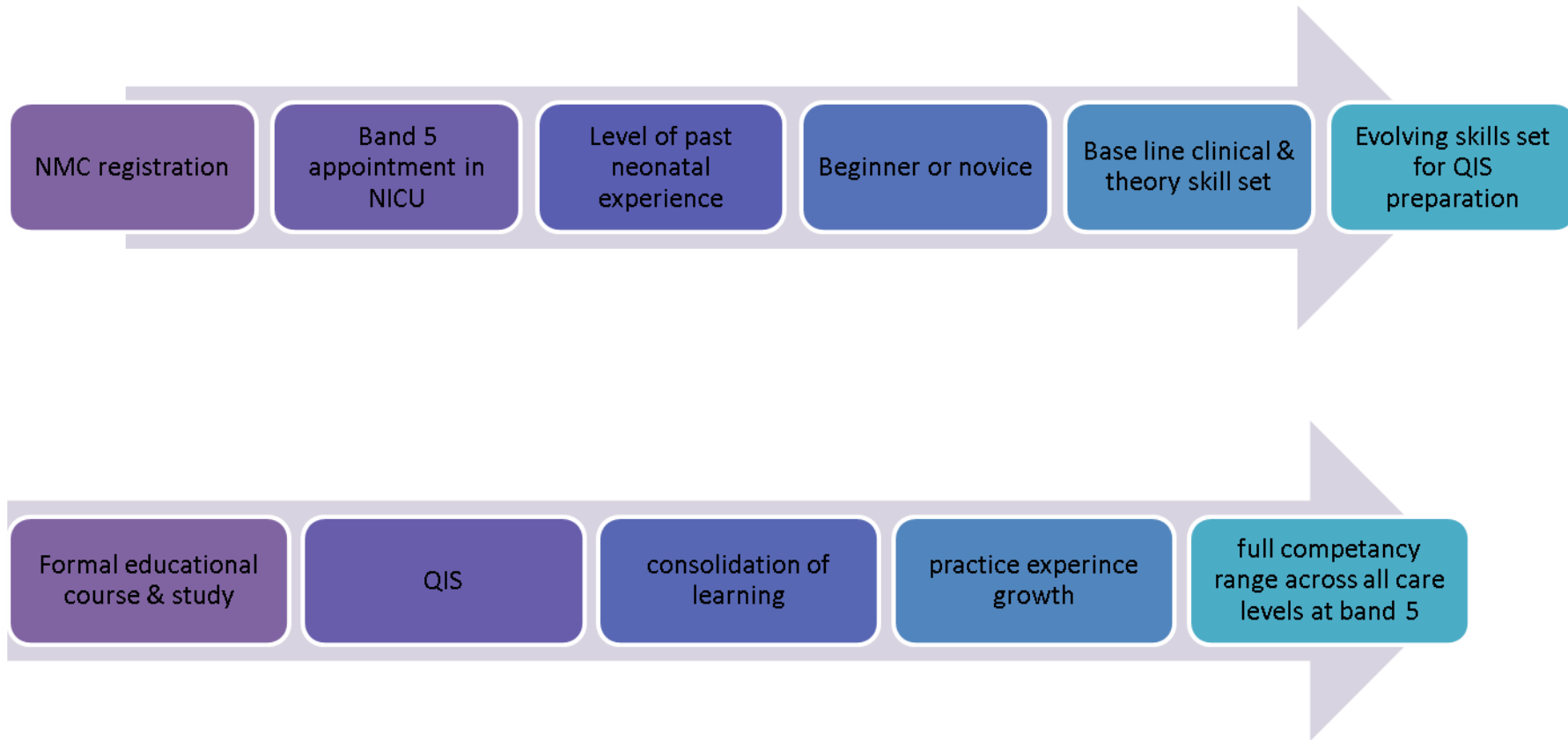
The document provides a work place tool and framework for use in the clinical operational unit setting for NMC registered nurses who are working as band 5 staff nurses. The document is intended to span the variation in skills sets within this banding and support the beginner or novice following their growth, development and experiences in neonatal care. Band 5 nurses joining neonatal teams do so at a variety of stages and experience in their careers, some may come directly from NMC registration with student experience only, and others may join from an adult training focus, from overseas with neonatal practice experience and from children and midwifery backgrounds. Nursing teams in neonatal units are teaching and mentoring their band 5 nurses within an operational and direct clinical setting – this document aims to meet the needs of this setting and span the full breath of the band 5 nurses role in neonatal care. It also strives to bring all the London Operational Delivery Network units together under one umbrella of working that embraces parity, safety, and quality care and transferable skills.

Existing accredited published and evolving national work and projects define the career pathways, developing competency levels and structure within formal education provision that are then translated to clinical services for band 5 nurses (*The Matching knowledge and skills for Qualified In Speciality (QIS) Neonatal Nurses: A core syllabus for clinical competency BAPM (2012)* and *the Competence, Education and Careers in Neonatal Nursing: RCN guidance (2012)*). The working group for this clinical based document have utilised this valuable national work in their design and development. The positive collaboration with senior professionals who are leading the way forward for neonatal nursing in the UK, has provided a facilitation for uplifting the value of this tool's first version document. It is hoped this will support the evolving future work in new and robust approaches to education for qualified in speciality neonatal nurses (QIS).

This document is copyrighted but sharing and embracement of a culture of learning is very important for the working group and the neonatal nurses of London welcome requests for using this tool from the ODNs in the UK. The kind permission for reproduction of existing published work (*The Matching knowledge and skills for Qualified In Speciality (QIS) Neonatal Nurses: A core syllabus for clinical competency BAPM (2012)* and *the Competence, Education and Careers in Neonatal Nursing: RCN guidance (2012)*) has contributed to this approach of sharing resources and adds a very positive dimension to the work and future tools for competence in neonatal nursing roles. The working group envisage the

embedding of this work into neonatal units practice development programs and strategic planning as an exciting and enhancing approach to supporting a growth in patient safety and benefits for the babies and their families in our care.

The flow charts below show the range of use for the tool across the band 5 neonatal nursing role;



Acknowledgements

We would like to acknowledge all the hard work and contributions from Practice Nurse Educators, Senior Nurses and Modern Matrons throughout the London Neonatal Networks. With special acknowledgement to the contribution made by Ijeoma Orunta from Croydon NHS Trust who sadly passed away during the making of this document. We would like to thank our individual neonatal units and Trusts for their support of this work which was undertaken in the true spirit of networks and their philosophy.

Thank you to Sue Turrill for her comments and support of the work with permission for copyright use from BAPM

Working Group Membership

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Contributors:

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Practice Development Nurses from across all London neonatal networks have collaborated together to develop this competency assessment document as described in the purpose of this work national drivers have facilitated the tool creation. Values in delivery of health care are an essential part of practice development. National culture of compassionate care and the vision this presents has been at the core of this work.

Jane Cummings, Chief Nursing Office for England NHS Commissioning Board (DH 2012)

“As Chief Nursing Officer for England, I want to make sure we give our patients the very best care with compassion and clinical skill, ensure pride in our professions and build respect. The response from staff since my appointment has confirmed that nurses, midwives and care staff feel the same. The actions set out in this vision and strategy, which have been developed with you, will change the way we work, transform the care of our patients and ensure we deliver a culture of compassionate care.”

Our Culture of Compassionate Care – Creating a Vision for Nurses, Midwives and Care Staff

Our shared purpose is to maximise our contribution to high quality, compassionate care and to achieve excellent health and well being outcomes

Our values and behaviours are at the heart of the vision and all we do



Care

Care is our core business and that of our organisations and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them consistently throughout every stage of their life.

Compassion

Compassion is how care is given through relationships based on empathy, respect and dignity; it can also be described as intelligent kindness and is central to how people perceive their care.

Competence

Competence means all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

Communication

Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say and do and essential for "no decision about me without me"
Communication is the key to a good workplace with benefits for staff and patients alike.

Courage

Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.

Commitment

A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients to take action to make this vision and strategy a reality for all and meet the health and social care challenges ahead.

Collaboration underpins these values and behaviours in the NHS, in public health and in social care

The range of care provision TEXT ENCLOSED IN HIGHLIGHTED GREEN BOXES IS REPRODUCED WITH KIND PERMISSION OF BAPM *BAPM(2012) The Matching knowledge and skills for Qualified In Speciality (QIS) Neonatal Nurses: A core syllabus for clinical competency BAPM (2012)* ©

Neonatal care exists across a range of maturity, conditions and situations. It is expected, therefore, that achievement of knowledge and skills will encompass the complete range identified below:

Gestational ages of neonates from extremely preterm to post term

Birth weight ranges: extremely low birth weight (<1000g), very low birth weight (<1500g), low birth weight (<2500g), normal birth weight, intrauterine growth restriction, large for gestational age

Physical condition, identification of continuing improvement or deterioration;

Neonates with differing conditions requiring surgery; Neonates with congenital anomalies; Neonates preparing to be discharged home;

Neonates being transferred within and between differing hospital settings. BAPM (2012)

Elements of knowledge that overarch all skill development TEXT ENCLOSED IN HIGHLIGHTED GREEN BOXES IS REPRODUCED WITH KIND PERMISSION OF BAPM *BAPM(2012) The Matching knowledge and skills for Qualified In Speciality (QIS) Neonatal Nurses: A core syllabus for clinical competency BAPM (2012)* ©

All elements of all skills and knowledge reflect and demonstrate current evidence based practice

Skills and knowledge achievement includes demonstration of safe administration of relevant drugs in all situations in accordance with professional policies, and the ability to assess and evaluate responses.

Assessed performance of skills across the range of care: TEXT ENCLOSED IN HIGHLIGHTED GREEN BOXES IS REPRODUCED WITH KIND PERMISSION OF BAPM *BAPM(2012) The Matching knowledge and skills for Qualified In Speciality (QIS) Neonatal Nurses: A core syllabus for clinical competency BAPM (2012)* ©

Skills performance assessed by NMC mentor with post-registration specialised neonatal care qualification

Documentation showing progress of practice development within each skill from 'practice under direct supervision' to 'independent practice', signed and dated by mentor and student. The mentor should be assured through observation and questioning, that rationalisation of practice is articulated.

Signature of overall achievement by mentor

SECTION 1 - Admission, Discharge and Transfer

Admission, Discharge and Transfer (1) Demonstration and practice may require more than one episode				
Skill/procedure/knowledge	Observed/ discussed	Demonstrated	Practised with supervision	Competency achieved
	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor
ADMISSION <ul style="list-style-type: none"> Attend labour ward deliveries with supervision/independently Manage the transport of the neonate from the labour ward to the Neonatal unit Manage the transfer of babies to and from other clinical settings e.g. postnatal ward. 				
Resuscitation <ul style="list-style-type: none"> Demonstrate a standard approach to resuscitation of the newborn. (NLS) 				
Admission to NNU <ul style="list-style-type: none"> Set up a cot space for a new admission including documentation Assess, monitor and admit the baby Formulate and document plan of care Welcome and orientate parents and families to the Neonatal unit 				

Discharge and Transfer- Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
DISCHARGE/TRANSFER <ul style="list-style-type: none"> • Initiate and plan the baby’s discharge in collaboration with the Multi-Disciplinary Team (MDT) and family. • Assess & understand what each family individual needs are now & for the future with their baby/babies • Ensure collaborative interfaces for the baby & family across all areas & aspects of care provision, encompassing national frameworks for children & service specification for service delivery. e.g. safeguarding, patient safety, complex care needs 				
<ul style="list-style-type: none"> • Prepare families for taking their baby home and caring for them at home, utilising national tools and guidelines for health education; including feeding, bathing, SIDS information. • Ensure all parent/carer education is complete in advance of discharge • Arrange take home medications and assess parent’s ability to administer medicines to their infants. • Ensure clear communication of future plans are conveyed to the infants family including outpatient appointments • Ensure completion of discharge check list 				
SOCIAL CARE/SAFEGUARDING ISSUES <ul style="list-style-type: none"> • Identifies families at risk of safeguarding issues • Accurate documentation/communication and appropriate reporting of safeguarding issues in accordance with national legislation and local policy • Work with social workers, support workers and the family • Attend and contribute to safeguarding meetings 				

Managing and Supporting Families				
Demonstration and practice may require more than one episode				
TEXT ENCLOSED IN HIGHLIGHTED GREEN BOXES IS REPRODUCED WITH KIND PERMISSION OF BAPM BAPM(2012) The Matching knowledge and skills for Qualified In Speciality (QIS) Neonatal Nurses: A core syllabus for clinical competency BAPM (2012) ©	Observed/ discussed	Demonstrated	Practised with super- vision	Competency achieved
Supporting Families-Skill/procedure/knowledge	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor
<p>FAMILY CENTRED CARE</p> <p>Recognise the impact of the neonatal environment on the family</p> <ul style="list-style-type: none"> Assess the individual needs of the family. Identify support needed by family members. Agree the plan of care with the family and health care practitioners. Actively promote participation in care. Provide memory making for all families from admission Employ strategies that reduce the impact of stress on the <ul style="list-style-type: none"> Direct parents who may need further support to the appropriate available agencies e.g. counselling, chaplain 				
<p>SUPPORTING FAMILIES</p> <ul style="list-style-type: none"> Involve and support families in decisions surrounding care. Support practices which promote families spending time with their baby according to their individual circumstances. Recognise the needs of siblings, grandparents and the extended family network. 				

Supporting Families-Skill/procedure/knowledge	Observed/ discussed	Demonstrated	Practised with super- vision	Competency achieved
TEXT ENCLOSED IN HIGHLIGHTED GREEN BOXES IS REPRODUCED WITH KIND PERMISSION OF BAPM BAPM(2012) <i>The Matching knowledge and skills for Qualified In Speciality (QIS) Neonatal Nurses: A core syllabus for clinical competency BAPM (2012)</i> ©	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor
Uphold the best interest of the baby and partnership working with the family unit at all times				
Recognise and respect Equality and diversity				
<p>SUPPORTING FAMILIES IN DIFFICULT SITUATIONS/BEREAVEMENT</p> <ul style="list-style-type: none"> • Provide support mechanisms for the family following an Emergency/incident • Sensitively care for the family and baby with a life-limiting Condition with support and guidance from senior staff. • Sensitively care for the dying baby and the parents with Support and guidance from senior staff. • Plan in collaboration with the family the place of death of the baby. • Seek support when the situation is outside your level of knowledge and confidence. 				
<ul style="list-style-type: none"> • Access available resources at time of a neonate's death, bereavement nurse, councillor, faith leader, utilise documents and pan London pathways that support palliative care (Mancini et al 2014) • Plan with the family the bereavement pathway and provide practical support 				

SECTION 2 - NUTRITION

Nutrition (2) Demonstration and practice may require more than one episode				
Skill/procedure/knowledge	Observed/ discussed	Demonstrated	Practised with supervision	Competency achieved
	Date & sign by assessor	Date & sign by assessor	Date and sign by assessor	Date & sign by assessor
<ul style="list-style-type: none"> Describe the anatomy of the digestive system Explain the function that each part plays in the digestion, absorption and elimination of waste products 				
<ul style="list-style-type: none"> Identify the functional differences between the preterm and term digestive system Discuss the normal process of bowel elimination according to gestational age. Discuss the nutritional needs of the preterm infant/term infants Describe the role of proteins, fats and carbohydrate 				
<ul style="list-style-type: none"> Demonstrate an understanding of intra uterine growth restriction (IUGR) Demonstrate awareness of Doppler studies for example absent end diastolic flow, reversed end diastolic flow Understand method of centile plotting and can identify deviations from normal growth Ability to calculate daily fluid requirements Ability to calculate intravenous fluid therapy and additives Able to identify when to start adding additives. Aware of effects of fluid overload. Recognises the importance of correct fluid balance and able to correctly fill out fluid charts. Able to monitor urine output and calculates normal values 				

Nutrition-Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
<p>Identifies methods of giving enteral feeds</p> <p>Tube size:</p> <ul style="list-style-type: none"> • Size 4 for babies < 650g • Size 5 for babies < 1.500kg. • Size 6 for babies >1.500kg. • Size 8-10 to decompress the stomach and facilitate drainage of gastric contents • Understand the rationale for the use of preterm, term and specialist formula • Understand feed times and feed progression • Understand the requirements of Supplementation, for example fortifiers and vitamins • Ability to pass Naso/ or gastric (NGT) tube as per local policy • Ability to pass a Nasojejunal Tube (NJT) as per local policy • Ability to pass a silk tube as per local policy • Ability to care for a transpyloric tube as per local policy • Ability to care for a replege tube as per local policy 				

Nutrition- Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
<ul style="list-style-type: none"> Identify the causes of reflux Describe the treatment for a baby with reflux and the rationale behind these treatments. 				
<ul style="list-style-type: none"> Discuss the common feeding disorders in the neonate Awareness of the need for Speech and Language Therapist (SALT) and Dietician input. Able to access the referral system (local policy) 				
<p>Breast feeding</p> <ul style="list-style-type: none"> Understand physiology of lactation Demonstrate knowledge of initiating and lactation Support Mothers in breastfeeding and expressing Understand the importance of positioning and attachment Describe suck/swallow pattern of feeding for term, preterm baby's Methods and frequency of expressing breast milk Understand the rationale for the use of donor milk 				

Nutrition-Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
<p>Demonstrate the knowledge of the following</p> <ul style="list-style-type: none"> • Storage of breast milk/donor milk • Defrosting breast milk • Expiry time of fresh expressed milk • Expiry time of defrosted milk • Knowledge of enhancing milk production • Kangaroo cares/skin to skin • Understands normal weight gain • Awareness of baby friendly initiative and hospital status • Able to discuss maternal conditions which may impair breast feeding • Shows appropriate intervention for sore nipples and poor positioning. • Identify medical conditions, medicines that contraindicate breastfeeding 				

Nutrition-Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
<p>Total Parenteral Nutrition (TPN)</p> <ul style="list-style-type: none"> • Provides rationale for TPN therapy and discusses essential nutrients • Demonstrates awareness for insertion of long lines, umbilical venous catheters (UVC) Hickman lines and there optimum position • Demonstrates awareness of where the position of the tip of the central line lies • Demonstrates competence in setting up TPN via peripheral Intravenous line (if applicable) and central line. • Demonstrates safe care and appropriate monitoring of a baby on TPN • Recognises and takes appropriate action to prevent complications when administering TPN. • Able to identify and is competent in using medical equipment required. • Understands the rationale for TPN breaks • Calculates TPN volume over a 20 – 22 hour period • Maintain line patency during TPN breaks • Monitors glucose levels and understand the appropriate actions in the event of a low glucose 				

Nutrition-Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
<p>Necrotising Enterocolitis (NEC)</p> <ul style="list-style-type: none"> • Define Necrotising Enterocolitis • Discuss the risk factors for NEC • Recognises the signs and symptoms of NEC • Appropriately documentation and reporting • Rationale for nursing care required for a baby with NEC • Discuss medical and surgical management of NEC. • Identifies the long term impact of NEC 				
<p>Surgical Consideration</p> <ul style="list-style-type: none"> • Accurately monitors NGT losses • Accurately document volume and colour of aspirates • Manage replacement fluids to ensure electrolyte balance, volume of fluid and potassium replacement • Monitor feed intake • Contribute to the discussion regarding the increase in feeds • Integrates parents into the care and feeding of their baby • Provides support to parents during progress and setbacks in establishing feed. • Ensure parents receive appropriate verbal and written information • Where appropriate ensure the referring hospital is updated regarding baby's progress. 				

Stoma Care - Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
Define what a stoma is and identify the reasons for its formation				
Awareness of the impact of stoma position on fluid and electrolytes losses				
Describe the immediate care of the stoma following surgery				
Describe the care of an established stoma to include <ul style="list-style-type: none"> • Inspection of stoma • Emptying bag • Changing of stoma bag • Skin care issues • Trouble-shooting • High/ watery stoma losses • Limited /uneven abdominal surface • Wound breakdown • Flat or retracted stoma • Prolapsed stoma • Poor application technique: prevention and trouble shooting • Stoma closure and the need for 'bottom prep' • Aware of recycling of stoma losses • Ability to devise a plan of care with stoma nurse and parent 				

Fluid balance disorders - Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
<p>Describe fluid homeostasis in the foetus and neonates to include:</p> <ul style="list-style-type: none"> • Water composition • Intracellular fluid (ICF) • Extracellular fluid (ECF) <p>Describe the following, fluid adjustment after birth:</p> <ul style="list-style-type: none"> • Clearance of lung fluid • Contraction of ECF and associated diuresis 				
<p>Describe fluid homeostasis</p> <ul style="list-style-type: none"> • Prediuretic phase • Diuretic phase • Post diuretic phase 				
<p>Regulation of fluid balance</p> <ul style="list-style-type: none"> • Demonstrate the awareness of the term and preterm renal function • Effects of intra partum events • Effects of circulating volume, low blood pressure and medications • Antenatal diagnosed Renal anomalies • Demonstrates awareness of normal urine output 				
<p>Fluid constituents</p> <ul style="list-style-type: none"> • Discuss the rationale for the choice of fluid and the addition of electrolytes 				
<p>Demonstrate the ability to monitor fluid balance and document</p>				
<p>Discuss the following</p> <ul style="list-style-type: none"> • Specific gravity • Quality of skin turgor, presence of oedema • Discuss the normal/ abnormal values for the following: serum sodium level, Potassium, Chloride, Creatinine, Phosphate 				

Jaundice -Skill/procedure/knowledge	Observed/ discussed	Demonstrated	Practised with supervision	Competency achieved
	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor
<p>Jaundice</p> <p>Discuss the production, transport, metabolism and excretion of bilirubin</p> <p>Discuss the causes of :</p> <ul style="list-style-type: none"> • Physiological jaundice • Pathological jaundice <p>Demonstrate an understanding of the predisposing factors to:</p> <ul style="list-style-type: none"> • Physiological jaundice • Pathological Jaundice 				
Identify the signs and symptoms of jaundice.				
Describe the anatomy of the heel in relation to the correct sampling site and perform a safe sampling technique.				
Accurately plot the SBR on an appropriate gestational chart				
Demonstrate an understanding of the result and take appropriate action. (NICE guidelines)				
Discuss the nursing care of a baby receiving phototherapy treatment and provide a rationale for the choice of equipment required.				
Discuss reasons for an exchange transfusion				
Demonstrate the care of a baby receiving an exchange transfusion				

Core Clinical Skill : Hypoglycaemia, Hyperglycaemia and metabolic bone disease (2)

Demonstration and practice may require more than one episode

Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
<p>Hypoglycaemia</p> <p>Demonstrate an understanding of hypoglycaemia to include:</p> <p>Causes</p> <ul style="list-style-type: none"> • Normal and abnormal blood sugar ranges • Signs and symptoms • Glucose metabolism • Complications of hypoglycaemia 				
<p>Discuss the treatment options of a baby with hypoglycaemia</p>				
<p>Hyperglycaemia</p> <p>Demonstrate an understanding of a baby with hyperglycaemia</p> <ul style="list-style-type: none"> • Definition • Causes • Signs and Symptoms • Complications 				
<p>Demonstrate the care of a baby receiving insulin</p>				

Metabolic bone disease - Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
Demonstrate an understanding of metabolic bone disease to include: <ul style="list-style-type: none"> • Definition • Causes • Sign and symptoms • Complications 				
Discuss the treatment options for a baby with metabolic bone disease				
Newborn Blood Spot Screening <ul style="list-style-type: none"> • Identify reasons for the newborn blood spot screening in accordance to national guidelines • Discuss the conditions being screened 				

SECTION 3 - RESPIRATORY

Core Clinical Skill : Respiratory (3)				
Demonstration and practice may require more than one episode				
Skill/procedure/knowledge	Observed/ discussed	Demonstrated	Practised with supervision	Competency achieved
	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor
Describe the anatomy and physiology of the respiratory system differentiating between term and preterm babies.				
Demonstrate an understanding of surfactant production and its function				
Discuss and demonstrate the nursing care of a baby who has received surfactant therapy				
Discuss and demonstrate competency in taking and recording non invasive observations for term and preterm babies, including normal parameters for: <ul style="list-style-type: none"> • Respiration rate • Chest Movement • Colour • Auscultation • Oxygen saturation monitoring 				

Respiratory - Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
Identify signs of abnormal respiratory function: apnoeas, desaturations				
<p>Demonstrate an understanding of the causes, signs and symptoms for the following conditions:</p> <ul style="list-style-type: none"> • Transient Tachypnoea of the newborn (TTN) • Respiratory distress syndrome (RDS) • Infection • Congenital • Meconium Aspiration • Pneumothorax 				
<p>Discuss and demonstrate the nursing care of a baby receiving oxygen therapy via:</p> <ul style="list-style-type: none"> • Nasal Cannulae • Ambient oxygen 				
Discuss and demonstrate the nursing care of a baby receiving non-invasive high flow oxygen therapy				

Respiratory - Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
<p>Discuss and demonstrate the nursing care of a baby receiving respiratory support via:</p> <ul style="list-style-type: none"> • Nasal continuous airway pressure(NCPAP) • Sipap • Biphasic CPAP 				
<p>Discuss and demonstrate the nursing care of a baby receiving invasive Ventilation:</p> <ul style="list-style-type: none"> • Modes of ventilation • Respiratory assessment • Care of the airway • Positioning • Monitoring • Medication/sedation/paralysis 				
<p>Demonstrate ability to assist in the intubation of a baby, Including:</p> <ul style="list-style-type: none"> • Intubation medication • Preparation of Endo-tracheal tube • Suction 				

Respiratory - Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
Discuss and demonstrate the nursing care of a baby receiving High Frequency Oscillation (HFOV)				
Suctioning <ul style="list-style-type: none"> • Discuss rationale for suctioning a baby • Demonstrate ability to use the appropriate size suction catheter and equipment • Discuss the complications of suctioning • Demonstrate the ability to suction via ETT • Demonstrate the ability to prepare a baby for suctioning 				
Blood gas <ul style="list-style-type: none"> • Discuss Rational for requiring a blood gas • Discuss the different methods of taking a blood gas and their limitations • Demonstrate the ability to interpret a blood gas in relation to the condition of the baby 				

Respiratory - Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
<p>Chronic Lung Disease (CLD)</p> <ul style="list-style-type: none"> Discuss the causes of CLD and impact on the physiology of the baby <p>Discuss and demonstrate the nursing care of a baby with CLD including:</p> <ul style="list-style-type: none"> Respiratory support Nutrition and feeding Medication Long term outcomes and home care 				
<p>Tracheostomy care</p> <ul style="list-style-type: none"> Discuss the reasons for the insertion of a tracheostomy <p>Discuss and demonstrate the nursing care of a baby with tracheostomy including:</p> <ul style="list-style-type: none"> Daily care of the tracheostomy including tube tie change and stoma care Elective change of the tracheostomy tube Ability to follow the emergency algorithm Educate and supervise parents in tracheostomy care 				

SECTION 4 - CIRCULATION

Core Clinical Skill: Circulation				
Demonstration and practice may require more than one episode				
	Observed/ discussed	Demonstrated	Practised with supervision	Competency achieved
Circulation - Skill/procedure/knowledge	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor
Demonstrate understanding of the following <ul style="list-style-type: none"> • Foetal circulation • Anatomy and physiology of the normal heart • Transition into uterine life 				
Demonstrate competency in taking and recording observations including normal parameters for: <ul style="list-style-type: none"> • Apex Beat • Blood pressure- non-invasive and invasive • Pulse oximetry- Pre and post ductal Saturations • Capillary refill 				
Identify signs of deviation from the normal function of the heart.				
Develop an understanding of cardiac abnormalities including the signs and symptoms of: <ul style="list-style-type: none"> • Patent Ductus Arteriosus (PDA) • Atrial Septal Defect • Ventricular Septal Defect 				

Circulation - Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
Discuss and demonstrate competence in caring for a baby with an arterial line <ul style="list-style-type: none"> • Peripheral • Umbilical arterial Catheter (UAC) • Awareness of the complications of a UAC 				
Demonstrate an Understanding of the causes and effects of <ul style="list-style-type: none"> • Hypotension • Hypertension 				
Demonstrate an understanding in the administration of Inotropes				
Demonstrate an awareness of medications that can affect blood pressure				
Demonstrate an understanding of fluid balance on the cardiac function				
Demonstrate the differences between colloids and crystalloids and their uses in supporting circulation				

SECTION 5 - NEUROLOGICAL, PAIN MANAGEMENT and DEVELOPMENTAL CARE

Neurological, Pain management and Developmental Care (5)				
Demonstration and practice may require more than one episode				
Skill/procedure/knowledge	Observed/ discussed	Demonstrated	Practised with supervision	Competency achieved
	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor
<p>Neurological</p> <ul style="list-style-type: none"> • Discuss the anatomy and physiology of the stages of brain development in the preterm/term baby • Describe the physiological and behavioural responses of the preterm / term infant • Identify the normal reflexes and behaviour responses of babies according to gestational age, including awake/ sleep states. 				
<p>Demonstrate an understanding of the causes and treatment of the following:</p> <ul style="list-style-type: none"> • Intraventricular haemorrhage (IVH) • Periventricular leukomalacia (PVL) • Hypoxic Ischemic encephalopathy • Hydrocephalus • Seizures 				

Neurology - Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
Neonatal Abstinence Syndrome (Drug withdrawal) <ul style="list-style-type: none"> • Define neonatal abstinence syndrome(NAS) and discuss causative factors • Record and interpret the Neonatal Abstinence Scoring system (e.g. Finnegan Neonatal Abstinence Score Sheet) • Identify strategies that minimise the adverse effects of NAS • Facilitates the involvement of both parents in the care of their baby • Provide support and guidance for staff/ carers involved in the care 				
Pain Management <ul style="list-style-type: none"> • Demonstrate knowledge and understanding of the physiology of pain and its impact on the neonate. • Assess baby's pain score according to relevant pain tool • Plan of care according to outcome: Comfort measures pharmacological. • Evaluate care given according to the pain tool used. 				

Neurology - Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
Developmental Care and family centred care Explain the following concepts and how these influence the brain development of the newborn: <ul style="list-style-type: none"> • Attachment Theory • Individualised developmental and family centred care • Impact of the neonatal environment on baby and family 				
Explain the 6 behavioural states: deep sleep, active sleep, drowsy, alert, active alert and crying.				
Demonstrate awareness and understanding of developmental care strategies in relation to the following: <ul style="list-style-type: none"> • Appropriate environment: light, noise, activity, positioning. • Skin to skin holding (kangaroo care) • Family involvement, planning the baby’s day with the family • Transition from incubator to a cot • Co- bedding multiple births: twins Triplets. • Individualised developmental care strategies that protect neurological and musco-skeletal development (positioning, environmental modifications, reduction of stress and pain, handling • Baby’s behavioural and physiological cues • Gestational age • Medical condition 				

SECTION 6 - THERMOREGULATION

Thermoregulation (6)				
Demonstration and practice may require more than one episode				
Skill/procedure/knowledge	Observed/ discussed	Demonstrated	Practised with supervision	Competency achieved
	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor	Date & sign by assessor
Demonstrate knowledge of thermoregulation in relation to: <ul style="list-style-type: none"> • Term baby • Preterm baby 				
Neutral Thermal Environment (NTE) <ul style="list-style-type: none"> • Explains the significance of a neutral thermal environment (NTE) for optimal survival and growth of preterm babies. • Discuss the variables that predispose the premature infant to cold stress / heat stress • Discuss and formulate a plan of care for a baby with: <ul style="list-style-type: none"> • Cold stress • Heat Stress 				
Discuss the four mechanisms of heat loss and state two strategies to prevent heat loss for each of the mechanisms.				
Demonstrates the ability to identify appropriate equipment to maintain the NTE in accordance with the baby's needs.				

Skin Care(6)				
Demonstration and practice may require more than one episode				
Skin care - Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
Anatomy & Physiology of the Skin. <ul style="list-style-type: none"> Describe the structure & functions of the skin. Describe the differences between term and preterm skin. 				
Skin Care. <ul style="list-style-type: none"> Ability to provide basic hygiene needs. Ability to teach parents the necessary skills to provide basic hygiene needs. 				
Potential Risks to Skin Integrity due to Interventions. <ul style="list-style-type: none"> Discuss rationale for pressure area care & identify susceptible areas. Discuss rationale for procedural cleansing agent, chosen adhesives & fixings. Able to identify strategies to prevent and minimise skin breakdown in the term/preterm baby. Able to monitor an intravenous line (IV) Long Line (LL), umbilical sites using a scoring system and report signs of extravasation injury. 				

Skin Care- Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
Skin Breakdown. <ul style="list-style-type: none"> • Ability to recognise and report signs of skin irritation, skin breakdown and identify potential causes. • Ability to implement appropriate treatment. 				
Wound Healing. <ul style="list-style-type: none"> • Demonstrate an understanding of the process of wound healing. • Identify factors which may inhibit wound healing • Understand the role of the tissue viability team 				
Mouth Care. <ul style="list-style-type: none"> • Discuss Rationale for the use of mouth care • Identify potential oral problems and appropriate cause of action • Perform safe and appropriate mouth care 				

Infection Control (6)

Demonstration and practice may require more than one episode

Infection- Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
<p>Infection Prevention</p> <ul style="list-style-type: none"> • Demonstrate awareness of the Trusts hand hygiene policy and it's Implementation • Demonstrate the ability to educate all visitors in the principles of hand hygiene • Demonstrate the knowledge and ability to perform universal precautions • Demonstrate the safe disposal of sharps and waste at the point of use. • Demonstrate the ability to maintain a clean working environment • Identify reasons for barrier nursing and formulate a plan of care for baby and family • Demonstrate an understanding of Aseptic Non Touch Technique (ANTT) • Able to perform ANTT effectively • Demonstrate knowledge of local Multi resistant staphylococcus aureus (MRSA) screening policy • Demonstrate awareness of the prevention and treatment of MRSA and other gram negative resistant organisms 				

Infection- Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
Infection Management <ul style="list-style-type: none"> • Ability to recognise the signs and symptoms of infection • Ability to take appropriate actions and aware of who to report and refer to • Demonstrates ability to formulate a plan of care for the baby 				

SECTION 7 - PROFESSIONAL VALUES and CONDUCT

Professional values and conduct (7)				
Demonstration and practice may require more than one episode				
Skill/procedure/knowledge	Observed/ discussed	Demonstrated	Practised with supervision	Competency achieved
	Date & sign by assessor	Date & sign by assessor	Date sign by assessor	Date & sign by assessor
<p>Acts in accordance with NMC 2015, 'The Code'. This includes:</p> <ul style="list-style-type: none"> • Maintaining confidentiality • Always acting in the infants best interest • Recognise and include parental contribution to their infants care • Able to practice verbal and nonverbal communication skills • Competent in written communication • Can communicate effectively with parents about the care of their infant. • Can communicate effectively with the Multi Disciplinary Team (MDT) • Aware of which treatments require consent • Support parents in informed decision making 				

Professional conduct and values- Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date sign by assessor	Competency achieved Date & sign by assessor
<ul style="list-style-type: none"> • Maintain professional boundaries with parents • Understanding responsibilities around social networking • Work collaboratively in a MDT with clear understanding of each Person's roles and responsibilities. • Able to manage and facilitate resolution in conflict situations • Work within limitations of personal knowledge and scope of practice. • Awareness of accountability of yourself and others • Is aware of the need to act professionally at all times on social networking sites 				
Acts in a professional manner at all times, including timekeeping, communication and general attitude towards colleagues and parents				
<ul style="list-style-type: none"> • Must attend training session of management of conflict during induction. • Must be familiar with Trust complaints procedure and be able to pass this information on to a complainant. • Must maintain calm professional manner when dealing with complaints. • Must act in a transparent and honest manner when dealing with complaints. 				

SECTION 8 – MANAGEMENT of SELF and SUPPORT of OTHERS

Management of Self and support of others				
Demonstration and practice may require more than one episode				
Skill/procedure/knowledge	Observed/ discussed Date & sign by assessor	Demonstrated Date & sign by assessor	Practised with supervision Date & sign by assessor	Competency achieved Date & sign by assessor
Managing self <ul style="list-style-type: none"> • Is able to manage own patient workload, prioritising care. • Demonstrates working collaboratively with shift leaders 				
Supporting others <ul style="list-style-type: none"> • Is able to mentor students and new members of staff, understanding their level of learning and allocates patients accordingly • Is able to identify learning and development opportunities for students, junior staff and supervise appropriately 				
Managing others <ul style="list-style-type: none"> • Is able to allocate appropriate workload to junior members of the team ensuring the nurses skills match the babies allocated to them • Is able to lead and support when appropriate the nursing team • Is able to contribute to ward rounds and disseminate information to the rest of the team 				

Section 9 – GLOSSARY TERMS

ANTT	Aseptic Non Touch Technique
ECF	Extracellular Fluid
HFOV	High Frequency Oscillation Ventilation
IUGR	Intra Uterine Growth Retardation
ICF	Intracellular Fluid
IVH	Intra-Ventricular Haemorrhage
MDT	Multi-Disciplinary Team
MRSA	Methicillin Resistant Staphylococcus Aureus
NAS	Neonatal Abstinence Syndrome
NCAP	Nasal Continuous Airway pressure
NEC	Necrotising Enterocolitis NLS: Neonatal Life Support
NGT	Nasogastric Tube
NICE	National Institute for Health and Clinical Excellence
NLS	Neonatal Life Support
NTE	Neutral Thermal Environment

PDA	Patent Ductus Arterious
PVL	Periventricular Leukomalcia
RDS	Respiratory Distress Syndrome
SALT	Speech and Language Therapist
SIDS	Sudden Infant Death Syndrome
TPN	Total Parental Nutrition
TTN	Transient Tachypnoea Of the Newborn
UAC	Umbilical Arterial Catheter
UVC	Umbilical Venous Catheter

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NICE Quality Standards for Neonatal Care (2010) at:<http://www.nice.org.uk/media/17A/A8/SpecialistNeonatalQualityStandardRevisedOct10.pdf>

E-Learning Links

www.abtaelearning.com/courses

www.cetl.org.uk click learning click Neonatal nursing

<http://newbornphysical.screening.nhs.uk/elearning>

<http://newbornbloodspot.screening.nhs.uk/professionals>

<http://cpd.screening.nhs.uk/elearning>

www.scie.org.uk

Mentors

Name	Hospital	Mentorship Qualification	Signature

Name	Hospital	Mentorship Qualification	Signature

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