Review **Calculations related to medications, Basic Safety and Infection Control, National Patient Safety Goals, Pain Management, and Blood Administration.**

Review **communication and teaching with parents**, including

- Adequate nourishment: regain birth weight by 2 weeks of life; wet 6 of more diapers daily
- Breast feeding: before milk comes in, put the baby to the breast to stimulate milk production and provide colostrum for nourishment
- Cleft palate – use of specially designed bottle
- Post-cranial bleed, change diaper by lifting legs, but not over shoulders
- Digital axillary thermometer – place thermometer and hold arm snugly against the baby’s body
- Need for continuous communication to promote satisfaction
- Pace feeding to prevent choking since baby may continue to suck
- Gavage feeding: continuous, change bag every 24 hours
- SIDS prevention, positioning baby on back for sleep
- Vitamins per NGT, mix vitamin liquid with gavage feeding
- Situations of uncertain prognosis
- Prognosis of disability and ongoing needs for medical care: encourage contact with their infant and encourage them to express and acknowledge their feelings.

Review **action, administration, dosage calculation, observations including laboratory results, toxic symptoms, and special precautions related to medications** commonly administered in Level II NICU, such as:

- Antibiotics, risk of developing fungal infection
- Ampicillin, reconstitute and calculate mL dose given ordered dose and total volume of reconstituted medication
- Furosemide (Lasix®), adverse effect of hypokalemia
- Gentamicin, risk for hearing loss and renal impairment
- Methylxanthine agents such as caffeine, monitor heart rate
- Morphine, toxicity: irregular shallow respirations
- Vitamin D for breastfed baby

Review **assessment, nursing actions and ongoing monitoring related to conditions common in the Level II NICU**, such as:
• Apnea of prematurity, begin with gentle tactile stimulation
• Bacterial sepsis, lab test to identify
• Blood transfusion, identifying reaction and correct action
• Blood glucose of 40 mg/dL: give formula and recheck glucose level
• Cold stress, signs include respiratory distress, hypoglycemia, tachycardia
• Down Syndrome, supporting parents
• IDM receiving oral feedings, monitor blood glucose and continue oral feedings
• Neonatal abstinence syndrome
• Jaundice, cephalocaudal progression: positive Coombs, anticipate beginning phototherapy for stated bili level
• Moro reflex: extend arms then move them back toward the body; index finger and thumb for a “C”
• Oxygen therapy, including:
  o Frequently assess skin beneath the cannula and straps
  o Attempt weaning unless otherwise ordered
• Peripheral IV, assess site every hour
• Weight loss, calculate 10% loss
• Weighing infant, level the bed and zero the scale

Review safety, infection prevention, preventive and protective measures including:

• Infection prevention, including scrubbing with antiseptic scrub before beginning the shift
• Identifiers: name and medical record number
• Matching breast milk to baby, verify label of breast milk bottle with mother’s ID band
• Protective/preventive measures, such as protecting skin integrity
  o Frequently assess skin beneath nasal cannula and straps
  o Use minimal tape

Review monitoring, assessment and interpretation of assessment data, including interpretations of values and monitoring findings, such as:

• Blood culture, blood or CSF to identify bacterial sepsis
• ECG interpretation, rates and rhythms – identify bradycardia
• Serum creatinine, assessment of kidney function
• Serum glucose: Blood glucose of 40 mg/dL: give formula and recheck glucose level