

**The University of Arizona Pediatric Residency Program  
Neonatal ICU**
**Performance Expectations by Level of Training**

	Rarely (0- 25%) Beginning	Sometimes (26-50%) Developing	Often (51-75%) Accomplished	Nearly Always (76-100%) Competent
	Description of identifiable performance characteristics reflecting <b>beginning level</b> of performance	Description of identifiable performance characteristics reflecting <b>development and movement toward mastery</b> of performance	Description of identifiable performance characteristics reflecting <b>near mastery</b> of performance	Description of identifiable performance characteristics reflecting <b>highest level</b> of performance
<b>Medical Knowledge</b>	PL1	PL1, PL2	PL2, PL3	PL3
<b>Patient Care</b>	PL1	PL1, PL2	PL2, PL3	PL3
<b>Interpersonal and Communication Skills</b>	PL1	PL1, PL2	PL2, PL3	PL3
<b>Professionalism</b>		PL1	PL2, PL3	PL3
<b>Practice-Based Learning and Improvement</b>	PL1	PL1, PL2	PL2, PL3	PL3
<b>Systems-Based Practice</b>	PL1	PL1, PL2	PL2, PL3	PL3

**Primary Goals for this Rotation**
**4.19 GOAL: Perinatal Prevention. Understand the pediatrician's role in and become an active advocate for programs to reduce morbidity and mortality from high-risk pregnancies.**

4.19.1 : Identify and describe strategies to reduce fetal and neonatal mortality, including use of group B strep prophylaxis, perinatal steroids.

4.19.2 : Understand and know how to access:

4.19.2.1 :Basic vital statistics that apply to newborns (neonatal and perinatal mortality, etc)

4.19.2.2 :Prenatal services available in one's region

4.19.2.3 :Tests commonly used by obstetricians to measure fetal well-being

4.19.2.4 :Neonatal transport systems

<p>4.19.3 : Describe effective intervention programs for teens and other high-risk mothers.</p>	
<p>4.19.4 : Recognize potential adverse outcomes for the fetus and neonate of common prenatal and perinatal conditions, and demonstrate the pediatrician's role in assessment and management strategies to minimize the risk to the fetus and/or newborn in the following situations:</p> <ol style="list-style-type: none"> <li>1. Maternal infections/exposure to infection during pregnancy</li> <li>2. Fetal exposure to harmful substances (alcohol, tobacco, environmental toxins, medications, street drugs)</li> <li>3. Maternal insulin-dependent diabetes and pregnancy-induced glucose intolerance</li> <li>4. Multiple gestation</li> <li>5. Placental abnormalities (placenta previa, abruption, abnormal size, function)</li> <li>6. Pre-eclampsia, eclampsia</li> <li>7. Chorioamnionitis</li> <li>8. Polyhydramnios</li> <li>9. Oligohydramnios</li> <li>10. Premature labor, premature ruptured membranes</li> <li>11. Complications of anesthesia and common delivery practices (e.g., Caesarian, vacuum, forceps assisted, epidural, induction of labor)</li> <li>12. Fetal distress during delivery</li> <li>13. Postpartum maternal fever or infection</li> <li>14. Maternal blood group incompatibilities</li> <li>15. Other common maternal conditions having implications for the infant's health such as lupus, HELLP syndrome, maternal thrombocytopenia</li> </ol>	
<p><b>4.20 GOAL: Resuscitation and Stabilization (NICU). Assess, resuscitate and stabilize critically ill neonates.</b></p>	
<p>4.20.1 : Explain and perform steps in resuscitation and stabilization, particularly airway management, vascular access, volume resuscitation, indications for and techniques of chest compressions, resuscitative pharmacology and management of meconium deliveries.</p>	
<p>4.20.2 : Describe the common causes of acute deterioration in previously stable NICU patients.</p>	
<p>4.20.3 : Function appropriately in codes and neonatal resuscitations as part of the NICU team by:</p> <ol style="list-style-type: none"> <li>1. Participating in resuscitations</li> <li>2. Completing Neonatal Resuscitation Program (NRP) or comparable training</li> <li>3. Using neonatal resuscitation drugs appropriately</li> </ol>	
<p><b>4.21 GOAL: Common Signs and Symptoms (NICU). Evaluate and manage, under the supervision of a neonatologist, common signs and symptoms of disease in premature and ill newborns.</b></p>	
<p>4.21.1 : Under supervision, evaluate and manage patients with the signs and symptoms that present commonly in the NICU (examples below).</p>	
<p>4.21.1.1 :General: feeding problems, history of maternal infection or exposure, hyperthermia, hypothermia, intrauterine growth failure, irritability, jitteriness, large for gestational age, lethargy, poor post-natal weight gain, prematurity (various gestational ages)</p>	

4.21.1.2 :Cardiorespiratory: apnea, bradycardia, cyanosis, dehydration, heart murmur, hypertension, hypotension, hypovolemia, poor pulses, respiratory distress (flaring, grunting, tachypnea), shock	
4.21.1.3 :Dermatologic: birthmarks, common skin rashes/conditions, discharge and/or inflammation of the umbilicus, hyper- and hypopigmented lesions, proper skin care for extreme prematures	
4.21.1.4 :GI/surgical: abdominal mass, bloody stools, diarrhea, distended abdomen, failure to pass stool, gastric retention or reflux, hepatosplenomegaly, vomiting	
4.21.1.5 :Genetic/metabolic: apparent congenital defect or dysmorphic syndrome, metabolic derangements (glucose, calcium, acid-base, urea, amino acids, etc.)	
4.21.1.6 :Hematologic: abnormal bleeding, anemia, jaundice in a premature or seriously ill neonate, neutropenia, petechiae, polycythemia, thrombocytopenia	
4.21.1.7 :Musculoskeletal: birth defects and deformities, birth trauma and related fractures and soft tissue injuries, dislocations	
4.21.1.8 :Neurologic: birth trauma related nerve damage, early signs of neurologic impairment, hypotonia, macrocephaly, microcephaly, seizures, spina bifida	
4.21.1.9 :Parental stress and dysfunction: anxiety disorders, child abuse and neglect, poor attachment, postpartum depression, substance abuse, teen parent	
4.21.1.10 :Renal/urologic: abnormal genitalia, edema, hematuria, oliguria, proteinuria, renal mass, urinary retention	
<b>4.22 GOAL: Common Conditions (NICU). Recognize and manage, under the supervision of a neonatologist, the common conditions in patients encountered in the NICU.</b>	
<p>4.22.1 : Under supervision, evaluate and manage patients with conditions that present commonly in the NICU (examples below):</p> <ol style="list-style-type: none"> <li>1. General: congenital malformations</li> <li>2. Cardiovascular: cardiomyopathy, congenital heart disease (cyanotic and acyanotic--e.g., common disorders such as patent ductus arteriosus, ventricular septal defect, tetralogy of Fallot, transposition of the great arteries), congestive heart failure, dysrhythmias (e.g. supraventricular tachyarrhythmia, complete heart block), pericarditis</li> <li>3. Genetic, endocrine disorders: abnormalities discovered from neonatal screening programs as they affect the premature infant, common chromosomal anomalies (Trisomy 13, 18, 21, Turner's), inborn errors of metabolism, infant of a diabetic mother, infant of a mother with thyroid disease (e.g. maternal Graves Disease), uncommon conditions such as congenital adrenal hyperplasia, hypothyroidism, hyperthyroidism</li> <li>4. GI/nutrition: biliary atresia, breast feeding support for mothers and infants with special needs (high risk premature, maternal illness, multiple birth, etc.), complications of umbilical catheterization, gastroesophageal reflux, growth retardation, hepatitis, hyperbilirubinemia, meconium plug, necrotizing enterocolitis, nutritional management of high risk neonates or those with special needs (cleft lip/palate, other facial anomalies, etc.)</li> <li>5. Hematologic conditions: coagulopathy of the newborn, erythroblastosis fetalis, hemophilia, hydrops fetalis, hyperbilirubinemia, splenomegaly</li> </ol>	

<ol style="list-style-type: none"> <li>6. Infectious disease: central line infections, Group B Streptococcal infections, hepatitis, herpes simplex, immunization of the premature neonate, infant of mother with HIV, intrauterine viral infections, neonatal sepsis and meningitis, nosocomial infections in the NICU, syphilis, ureaplasma, varicella exposure</li> <li>7. Neurologic disorders: central apnea, CNS malformations (e.g. encephalocele, porencephaly, holoprosencephaly), drug withdrawal, hearing loss in high risk newborns (prevention and screening), hydrocephalus, hypoxic-ischemic encephalopathy, intraventricular hemorrhage, retinopathy of prematurity, seizures, spina bifida</li> <li>8. Pulmonary disorders: atelectasis, bronchopulmonary dysplasia, meconium aspiration, persistent pulmonary hypertension of the newborn, pneumonia, pneumothorax, respiratory distress syndrome, transient tachypnea of the newborn</li> <li>9. Renal: acute and chronic renal failure, hematuria, hydronephrosis, oliguria, proteinuria</li> <li>10. Surgery [assess and participate in management under supervision of a pediatric surgeon or cardiac surgeon]: congenital heart disease, (cyanotic, patent ductus arteriosus, obstructive left-sided cardiac lesions, pre- and post-operative care), diaphragmatic hernia, esophageal or gut atresia, gastroschisis, omphalocele, intestinal obstruction, necrotizing enterocolitis, perforated viscus, Pierre Robin syndrome, volvulus</li> </ol>	
<p><b>4.23 GOAL: Diagnostic Testing (NICU). Under the supervision of a neonatologist, order and understand the indications for, limitations of, and interpretation of laboratory and imaging studies unique to the NICU setting.</b></p>	
<p>4.23.1 : Demonstrate understanding of common diagnostic tests and imaging studies used in the NICU by being able to:</p>	
<p>4.23.1.1 :Explain the indications for and limitations of each study.</p>	
<p>4.23.1.2 :Know or be able to locate readily gestational age-appropriate normal ranges (lab studies).</p>	
<p>4.23.1.3 :Apply knowledge of diagnostic test properties, including the use of sensitivity, specificity, positive predictive value, negative predictive value, likelihood ratios, and receiver operating characteristic curves, to assess the utility of tests in various clinical settings.</p>	
<p>4.23.1.4 :Recognize cost and utilization issues.</p>	
<p>4.23.1.5 :Interpret the results in the context of the specific patient.</p>	
<p>4.23.1.6 :Discuss therapeutic options for correction of abnormalities.</p>	
<p>4.23.2 : Use appropriately the following evaluations that may have specific application to neonatal care:</p> <ol style="list-style-type: none"> <li>1. Serologic and other studies for transplacental infection</li> <li>2. Direct and indirect Coomb's tests</li> <li>3. Neonatal drug screening</li> <li>4. Cranial ultrasound for intraventricular hemorrhage</li> <li>5. Abdominal X-rays for placement of umbilical catheter</li> <li>6. Chest X-rays for endotracheal tube placement, air leak, heart size, and vascularity</li> </ol>	
<p>4.23.3 : Use appropriately the following laboratory tests when indicated for patients</p>	

in the neonatal intensive care setting:

1. CBC with differential, platelet count, RBC indices
2. Blood chemistries: electrolytes, glucose, calcium, magnesium, phosphate
3. Renal function tests
4. Tests of hepatic function (PT, albumin) and damage (liver enzymes, bilirubin)
5. Serologic tests for infection (e.g., hepatitis, HIV)
6. CRP, ESR
7. Therapeutic drug concentrations
8. Coagulation studies: platelets, PT/PTT, fibrinogen, fibrin split products, D-dimers, DIC screen
9. Arterial, capillary, and venous blood gases
10. Detection of bacterial, viral, and fungal pathogens
11. Urinalysis
12. CSF analysis
13. Gram stain
14. Stool studies
15. Toxicologic screens/drug levels
16. Other fluid studies (e.g., pleural fluid, joint fluid)
17. Newborn screening tests

4.23.4 : Appropriately use the following imaging or radiographic or other studies when indicated for patients in the NICU setting:

1. Chest X-ray
2. Abdominal series
3. Skeletal survey
4. CT scans
5. MRI
6. Nuclear medicine scans
7. Electrocardiogram and echocardiogram
8. Cranial ultrasonography

**4.24 GOAL: Monitoring and Therapeutic Modalities (NICU). Understand how to use the physiologic monitoring, special technology and therapeutic modalities used commonly in the care of the fetus and newborn.**

4.24.1 : Demonstrate understanding of the monitoring techniques and special treatments commonly used in the NICU by being able to:

1. Discuss the indications, contraindications and complications.
2. Describe the general technique for use in infants.
3. Interpret the results of monitoring.

4.24.2 : Use appropriately the following monitoring and therapeutic techniques in NICU.

1. Physiologic monitoring of temperature, pulse, respiration, blood pressure
2. Pulse oximetry
3. Neonatal pain and drug withdrawal scales

4.24.3 : Demonstrate understanding of the following techniques and procedures used

<p>by obstetricians and perinatal specialists:</p> <ol style="list-style-type: none"> <li>1. Fetal ultrasound for size and anatomy</li> <li>2. Fetal heart rate monitors</li> <li>3. Scalp and cord blood sampling</li> <li>4. Amniocentesis</li> <li>5. Cardiocentesis</li> <li>6. Intrauterine transfusion including exchange transfusions</li> <li>7. Chorionic villus sampling</li> </ol>	
<p>4.24.4 : Use appropriately the following treatments and techniques in the neonatal intensive care unit under supervision by the attending neonatologist, monitoring effects and anticipating potential complications specific to each procedure. (The degree of supervision should take into consideration the skill required, acuity of the patient, and relative risk of the procedure.)</p> <ol style="list-style-type: none"> <li>1. Oxygen administration by hood, CPAP or assisted ventilation</li> <li>2. Endotracheal intubation</li> <li>3. Administration of surfactant therapy</li> <li>4. Positive pressure ventilation and basic ventilator management</li> <li>5. Extracorporeal membrane oxygenation/nitric oxide therapy</li> <li>6. Phototherapy</li> <li>7. Umbilical arterial and venous catheterization</li> <li>8. Central hyperalimentation and parenteral nutrition</li> <li>9. Enteral nutrition</li> <li>10. Analgesic, sedatives and paralytics</li> <li>11. Blood and blood product transfusions, including exchange transfusion</li> <li>12. Vasoactive drugs (pressors and inotropes)</li> <li>13. Judicious use of antibiotics</li> <li>14. Administration of medications specific to the needs of the newborn (e.g., Vitamin K)</li> <li>15. Arterial puncture</li> <li>16. Venous access by peripheral vein</li> <li>17. Umbilical artery and vein catheterization</li> <li>18. Chest tube placement</li> <li>19. Paracentesis</li> </ol>	
<p>4.24.5 : Describe home medical equipment and services needed for oxygen-dependent and technology-dependent graduates of the NICU (oxygen, apnea monitor, ventilator, home hyperalimentation, etc.).</p>	
<p>4.24.6 : Use appropriate resources to facilitate the transition to home of the technology-dependent neonate.</p>	
<p>4.24.7 : Guide mothers in the use of electric and manual breast pumps.</p>	
<p><b>4.25 GOAL: Pediatric Competencies in Brief (NICU): Demonstrate high standards of professional competence while working with patients in the Neonatal Intensive Care Unit. [For details see Pediatric Competencies.]</b></p>	
<p>4.25.1 : Competency 1: Patient Care. Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.</p>	
<p>4.25.1.1 :Use a logical and appropriate approach to the assessment and daily management of seriously ill neonates and their families, under</p>	

the guidance of a neonatologist, using evidence-based decision-making and problem-solving skills.	
4.25.1.2 :Provide emotional, social, and culturally sensitive support to families of NICU infants, including those at home.	
4.25.2 : Competency 2: Medical Knowledge. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.	
4.25.2.1 :Demonstrate a commitment to acquiring the knowledge base expected of general pediatricians caring for seriously ill neonates under the guidance of a neonatologist.	
4.25.2.2 :Know and/or access medical information efficiently, evaluate it critically, and apply it appropriately to the care of ill newborns	
4.25.3 : Competency 3: Interpersonal Skills and Communication. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.	
4.25.3.1 :Provide effective and sensitive communication with families of infants in the NICU setting.	
4.25.3.2 :Function effectively as part of an interdisciplinary team member in the NICU to create and sustain information exchange and teamwork for patient care.	
4.25.3.3 :Maintain accurate, timely, and legally appropriate medical records in the critical care setting of the NICU.	
4.25.4 : Competency 4: Practice-based Learning and Improvement. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.	
4.25.4.1 :Use scientific methods and evidence to investigate, evaluate, and improve one's patient care practice in NICU setting.	
4.25.4.2 :Identify personal learning needs, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.	
4.25.5 : Competency 5: Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diversity.	
4.25.5.1 :Demonstrate a commitment to carrying out professional responsibilities while providing care in the NICU setting.	
4.25.5.2 :Adhere to ethical and legal principles, and be sensitive to diversity in caring for critically ill newborns.	
4.25.6 : Competency 6: Systems-Based Practice. Understand how to practice high-quality health care and advocate for patients within the context of the health care system.	
4.25.6.1 :Identify key aspects of health care systems, cost control and mechanisms for payment in the NICU setting.	
4.25.6.2 :Recognize the limits of one's knowledge and expertise and take steps to avoid medical errors.	
<b>Procedures</b>	
<b>7.1. GOAL: Technical and therapeutic procedures.</b> Describe the following procedures, including	

how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.	
Arterial puncture	
Breast pump use	
Chest tube placement	
Endotracheal intubation	
Exchange transfusion: newborn	
Gastric tube placement (OG/NG)	
Lumbar puncture	
Medication delivery: endotracheal	
Pulse oximeter: placement	
Suctioning: nares	
Suctioning: oral pharynx	
Suctioning: trachea (newborn)	
Umbilical artery and vein catheter placement	
Ventilation: bag-valve-mask	
Ventilation support: initiation	
<b>7.2. GOAL: Diagnostic and screening procedures.</b> Describe the following tests or procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.	
ECG: emergency interpretation	
Hearing screening	
Monitoring interpretation: cardiac	
Monitoring interpretation: pulse oximetry	
Monitoring interpretation: respiratory	
Monitoring interpretation: Capnometry/end-tidal CO2	
Radiologic interpretation: abdominal ultrasound	
Radiologic interpretation: abdominal X-ray	
Radiologic interpretation: chest X-ray	
Radiologic interpretation: cranial US	
Radiologic interpretation: CT of head	
Radiologic interpretation: extremity X-ray	
Radiologic interpretation: GI contrast study	
<b>Source</b>	
Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: <a href="http://www.ambpeds.org/egweb">www.ambpeds.org/egweb</a> . [Accessed 03/26/2008]. Project to develop this website was funded by the Josiah Macy, Jr. Foundation 2002-2005.	