



**MOTHER BABY / ANTE-POST PARTUM / NURSERY SKILLS CHECKLIST**

Please enter your full legal name as it appears on your Social Security Card.

**First Name:**

**Last Name:**

**Date:**

**Job Description: Obstetrics (Healthcare -- Nursing)**

Provides direct patient care and activities for assigned patients in the delivery room and birthing units. Education requires a minimum of an associate's degree and is licensed as a registered nurse with at least 2 years of clinical experience. Must be familiar with standard concepts, practices, and procedures within the obstetric nursing field. Performs a variety of tasks and demonstrates critical thinking skills and scientific judgment. Works under general supervision; typically reports to a supervisor and/or manager. A certain degree of creativity and latitude is required.

**KEY: For each criteria**

**Highly Skilled: can function well independently, strong experience**

**Proficient: experienced, may need occasional review/assistance**

**Limited Skill: limited to no experience**

CRITERIA	SCORE		
	Highly Skilled	Proficient	Limited Skill
<b>POST PARTUM INTERVENTION</b>			
Bladder Distention			
Breast Engorgement			
DVT (Deep Vein Thrombosis)			
Episiotomy			
Fluid Balance			
Fundai height			
GI Function Post Anesthesia			
Lochla Amount			
Maternal Vital Signs			
Parenteral / Infant Interaction			
Pertneum			
Hematoma			
Hemomholds			
Check Urine For			
Glucose			
Ketones			
Protein			
Specific Gravity			
Adult CPR			
Contraceptive Counseling			
Discharge Teaching			
Foster Parental-Infant Interaction			
Insert Catheter			
Forey			
Straight			
Post Anesthesia Care			
Epidural			
General			
Local			
Spinal			
Post Cesarean Care			

Breastfeeding / Parent Education	
Latch-on Procedure	
Positioning	
Use of Electric Breast Pump	
Use of Manual Breast Pump	
Formula Preparation and Feeding	
Infant Care Restraint Systems	
Infant Caretaxing Skills	
Pertneal Care	
Sitz Bath	
Administer Medications	
Antibiotics	
Diluted Oxylocin Infusion	
IM Administration	
Rhogam Administration / Teaching	
SC Medications, Narcotics	
Care of Patients With	
Asthma	
Cardiac Disease	
Cesarean Section	
Diabetes Metitus	
Infectious Disease	
Known Substance Abuse	
Multiple Births	
Post Tubal Ligation	
Pregnancy Induced Hypertension	
Pregnancy Induced Preeciampsia	
Spontaneous Vaginal Delivery	
<b>PHILEBOTOMY / IV THERAPY</b>	
Administration Blood/Blood Products	
Packed Red Blood Cells	
Plasma / Albumin	
Whole Blood	
Drawing Blood from Central Line	
Drawing Venous Blood	
Starting IV	
Angiocath	
Butterfly	
Heparin Lock	
Care of Patient With	
Central Line / Catheter / Dressing	
Peripheal Line / Dressing	
<b>NORMAL NEONATAL CARE</b>	
Assessment	
Battard Scale	
Circumference	
Dubowtlz Scale	
Length	
Neonatal Jaundice	
Reflexes	
Vital Signs	
Weight	

Administer Injections to Neonate	
Assist with Circumcision	
Assess Site Post OP	
Teach Circumcision Care	
Bathe Infant	
Culture Suspect Infectious Neonate	
Discharge Procedure	
Incubator / Isolettes	
Infant Identification	
Monitor Bladder and Bowel Patterns	
Obtain Urine Spectmen - Bag	
Test Stool - Blood, Reducing Subs.	
Neonate CPR	
Phototherapy	
Thermo-neutral Environment	
<b>PAIN MANAGEMENT</b>	
Assessment of Pain Level	
Care of Patient With	
Epidural Anesthesia	
IV Conscious Sedation	
Patient Controlled Analgesia	

<b>AGE SPECIFIC CARE</b>				
Please indicate the frequency with which you provide care for each age group inthis specialty area.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Infant (Birth to 1 year)				
Toddler (1-3 years)				
Pre-school (3-6 years)				
School Age (6-12 years)				
Adolescent ( 12-18 years)				
Young Adult ( 18-30 years)				
Mature Adult (30 -60 years)				
Elderly (>60 years)				

**JCAHO:** I acknowledge and understand JCAHO's list of "Do Not Use Abbreviations" :

The information I have given is true and accurate to the best of my knowledge. I have read and fully understand the job description. By signing below or submitting electronically, I attest that the information provided within this skills checklist represents a full and complete disclosure of information, and is true and correct to the best of my knowledge and belief. I hereby authorize Sagent Healthstaff to release this skills checklist to client facilities for employment purposes.

I agree with the above statements. :

Signature: (please type your full name) :

Date: