LABOR & DELIVERY, POST PARTUM, NEWBORN NURSERY, SKILLS CHECKLIST

Name _____ **Date**_____

Level of Experience

A = Able To Teach And Supervise
B = Two Year Consistent Experience
C = One Year Consistent Experience
D = Intermittent Experience
E = No Experience

	A	B	C	D	E
Assist With Vaginal Delivery	❒	❒	❒	❒	❒
Forceps Vaginal Delivery	❒	❒	❒	❒	❒
Emergency Delivery	❒	❒	❒	❒	❒
Assist With High Risk Delivery	❒	❒	❒	❒	❒
Circulate For C-Section	❒	❒	❒	❒	❒
Abdominal Shave/Scrub Prep	❒	❒	❒	❒	❒
Perineal Prep	❒	❒	❒	❒	❒
Internal Monitor/Lead Connect And Calibrate	❒	❒	❒	❒	❒
Assisting Placement of Intrauterine Pressure Catheter	❒	❒	❒	❒	❒
Assisting With Fetal Scalp Blood Sampling	❒	❒	❒	❒	❒
Sterile Vaginal Exams	❒	❒	❒	❒	❒
Fundal Assessment/Height	❒	❒	❒	❒	❒
Use of Fetoscope/Doppler	❒	❒	❒	❒	❒
Interpretation of Fetal Monitoring	❒	❒	❒	❒	❒
Identify FHR Patterns	❒	❒	❒	❒	❒
Pregnancy Induced Hypertension	❒	❒	❒	❒	❒
Preeclampsia	❒	❒	❒	❒	❒
Multiple Gestation	❒	❒	❒	❒	❒
Placenta Previa	❒	❒	❒	❒	❒
Abruptio Placenta	❒	❒	❒	❒	❒
Malpresentations	❒	❒	❒	❒	❒
Premature Labor	❒	❒	❒	❒	❒
Diabetes Mellitus	❒	❒	❒	❒	❒
Infectious Disease	❒	❒	❒	❒	❒
Sickle Cell Disease	❒	❒	❒	❒	❒
RH Incompatibilities	❒	❒	❒	❒	❒
HIV	❒	❒	❒	❒	❒
Drug Addiction/Withdrawal	❒	❒	❒	❒	❒
(Continued)	**A**	**B**	**C**	**D**	**E**
Pitocin	❒	❒	❒	❒	❒
Ritodrine	❒	❒	❒	❒	❒
Magnesium Sulfate Therapy	❒	❒	❒	❒	❒
Insulin Drips	❒	❒	❒	❒	❒
Apgar Scored	❒	❒	❒	❒	❒
Suctioning	❒	❒	❒	❒	❒
Eye Prophylaxis	❒	❒	❒	❒	❒
Collet Cord Samples	❒	❒	❒	❒	❒
Fundus Consistency	❒	❒	❒	❒	❒
Lochia	❒	❒	❒	❒	❒
Bladder Distention	❒	❒	❒	❒	❒
Episiotomy	❒	❒	❒	❒	❒
Post-Op C-Section	❒	❒	❒	❒	❒
Cardiac Disease	❒	❒	❒	❒	❒
Neurological Disease	❒	❒	❒	❒	❒
Tubal Ligation	❒	❒	❒	❒	❒
Newborn Nursery	❒	❒	❒	❒	❒
Obtain Specimens From UAC And UVC	❒	❒	❒	❒	❒
Radiant Warmers	❒	❒	❒	❒	❒
Apnea Monitoring	❒	❒	❒	❒	❒
Phototherapy	❒	❒	❒	❒	❒
Cord And Circumcision Care	❒	❒	❒	❒	❒

Please identify the equipment with which you can work independently.

Ventilators:

- **Bear I** ❒
- **Bear II** ❒
- **Bear V** ❒
- **Bennett 7200** ❒
- **CPAP** ❒
- **Emerson** ❒
- **Engstrom/Erica** ❒
- **EMV** ❒
- **MA-I** ❒
- **MA-II** ❒
- **Monihan** ❒
- **Ohio 560** ❒
- **PEEP** ❒
- **Pressure Pre Set** ❒
- **Servo 900b** ❒
- **Servo 900c** ❒
- **Servo 900e** ❒
- **Siemens** ❒

Cardiac Monitors

- **Hewlett-Packard** ❒
- **Spacelab** ❒
- **Siemens** ❒
- **Marquette** ❒
- **Mennen** ❒
- **Lifecare** ❒
- **Nihon-Koder** ❒

EXPERIENCE / CERTIFICATION

Indicate any specialty in which you have at least one year experience or certification within the past 3 years.

	YEARS	MONTHS
ICU:		
CCU:		
OPEN HEART CRITICAL CARE:		
SICU:		
EMERGENCY ROOM:		
GERIATRICS:		
BURN:		
GYNECOLOGY:		
GU:		
LABOR / DELIVERY:		
POST – PARTUM:		
NURSERY:		
NICU (INDICATE LEVEL):		
PEDIATRICS:		
MEDICAL:		
SURGICAL:		
TELEMETRY:		
CARDIAC STEPDOWN:		
NEURO:		
ORTHO:		
REHABILITATION:		
DIALYSIS:		
DIABETIC:		
PSYCH:		
OPERATING ROOM:		
RECOVERY ROOM:		
HOME HEALTH:		
NURSING MANAGEMENT:		
OTHER (INDICATE):		

Please include copies of any certifications with this form.

I understand that I am legally accountable in the areas I have stated performance ability on the attached Clinical Skills Checklist. I realize that it is my personal responsibility to seek further instruction in areas of deficiency and I will make them known to Quality Medical Staffing.

Signature **Date**