

Nurses with Pride and Promise, Inc.

Nursing Staffing Agency

Labor & Delivery Skills Checklist

*** Denotes required field**

This profile is for use by Labor Delivery nurses with more than one year experience in their discipline and specialty. It will not be a determining factor for employment but it may aid in promoting yourself at the Interview.

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

First name *

Last name *

Social Security number

Date

____ - ____ - ____

___ / ___ / ___

Email: _____

Please indicate your level of experience by checking the applicable box below

A. Theory, no practice

C. One - two years experience

B. Intermittent experience

D. Two plus years experience

A. ANTEPARTUM

1. Assessment

- | | | | | |
|------------------------------------|---|---|---|---|
| a. Assess for comfort | A | B | C | D |
| b. Breathing/relaxation techniques | A | B | C | D |
| c. Coaching | A | B | C | D |
| d. Positioning | A | B | C | D |

2. Equipment & procedures

- | | | | | |
|--------------------------|---|---|---|---|
| a. Catheter insertion | | | | |
| (1) Foley catheter | A | B | C | D |
| (2) Straight catheter | A | B | C | D |
| b. Delivery table set-up | A | B | C | D |
| c. Sonogram | | | | |
| (1) Amniotic fluid index | A | B | C | D |
| (2) Assist with sonogram | A | B | C | D |
| (3) Biophysical profile | A | B | C | D |
| (4) Perform sonogram | A | B | C | D |

B. LABOR ASSESSMENT

1. Fetal assessment
 - a. Auscultate fetal heart rate
 - (1) Doppler | A | B | C | D |
 - (2) Fetoscope | A | B | C | D |
 - b. Determine fetal position | A | B | C | D |
 - c. Document FHR patterns | A | B | C | D |
 - d. Identify normal & treat abnormal FHR patterns
 - (1) Baseline | A | B | C | D |
 - (2) Early decelerations | A | B | C | D |
 - (3) Late decelerations | A | B | C | D |
 - (4) Prolonged decelerations | A | B | C | D |
 - (5) Variability | A | B | C | D |
 - (6) Variable decelerations | A | B | C | D |
2. Maternal assessment
 - a. Deep tendon reflexes (DTRs) | A | B | C | D |
 - b. Edema | A | B | C | D |
 - c. Norms for perinatal vital signs | A | B | C | D |
 - d. Perform admission risk assessment | A | B | C | D |
 - e. Presence of clonus | A | B | C | D |
 - f. Progression of labor
 - (1) Contraction characteristics | A | B | C | D |
 - (2) Dilation | A | B | C | D |
 - (3) Effacement | A | B | C | D |
 - (4) Fetal presentation/position | A | B | C | D |
 - (5) Station | A | B | C | D |
 - (6) Status of membranes | A | B | C | D |
 - (7) Sterile speculum exam | A | B | C | D |
 - (8) Vaginal exam | A | B | C | D |
 - g. Rupture of membranes
 - (1) Fern test | A | B | C | D |
 - (2) Nitrazine | A | B | C | D |
3. Equipment & procedures
 - a. Amnioinfusion (assist or perform)
 - (1) For meconium | A | B | C | D |
 - (2) For variable decelerations | A | B | C | D |
 - b. Artificial rupture of membranes (assist)
 - (1) Prolapsed cord | A | B | C | D |
 - (2) Recognize potential complications | A | B | C | D |
 - (3) Vasa previa | A | B | C | D |
 - c. Collect blood/urine specimens | A | B | C | D |
 - d. Collect vaginal cultures
 - (1) Chlamydia | A | B | C | D |
 - (2) Fluid | A | B | C | D |
 - (3) Group B strep | A | B | C | D |
 - (4) Herpes | A | B | C | D |
 - e. Document labor status/assessment & interventions

(1) Anticonvulsants	A	B	C	D
(2) Labor suppressants	A	B	C	D
f. External fetal monitor application				
(1) Doppler	A	B	C	D
(2) Phono or abdominal, ECG transducer	A	B	C	D
(3) Tocotransducer, ultrasound	A	B	C	D
g. Internal monitoring (assist or perform insertion)				
(1) Intrauterine pressure catheter				
(a) Fluid filled	A	B	C	D
(b) Transducer tipped	A	B	C	D
(2) Spiral electrode	A	B	C	D
h. Perform Leopold's maneuvers	A	B	C	D
i. Toxicology studies	A	B	C	D
4. Medications				
a. Administer IM/SC	A	B	C	D
b. Administer IV meds/monitor IV drips				
(1) Antibiotics	A	B	C	D
(2) Antihypertensives	A	B	C	D
(3) Heparin	A	B	C	D
(4) Magnesium sulfate	A	B	C	D
(5) Narcotics	A	B	C	D
(6) Oxytocin	A	B	C	D
c. Assist with prostin gel	A	B	C	D
d. Cervidil insertion	A	B	C	D
e. Use of Cytotec	A	B	C	D
f. Use of prostin suppositories	A	B	C	D

C. COMPLICATIONS OF PREGNANCY

1. Assessment				
a. Identify common arrhythmias	A	B	C	D
b. Normal cardiac rhythms	A	B	C	D
c. Patient education - fetal movement counts	A	B	C	D
2. Equipment & procedures				
a. Assist with external version	A	B	C	D
b. Assist with fetal scalp sampling	A	B	C	D
c. Assist with percutaneous umbilical sampling	A	B	C	D
d. Assist with umbilical blood sampling	A	B	C	D
e. Circulate for Cesarean delivery	A	B	C	D
f. Circulate, scrub for bilateral tubal ligation	A	B	C	D
g. Conduct contraction stress test				
(1) Breast stimulation	A	B	C	D
(2) Oxytocin challenge	A	B	C	D
h. Conduct non-stress test				
(1) Stimulate fetus	A	B	C	D
(2) Vibroacoustic stimulation	A	B	C	D
i. Draw umbilical blood samples	A	B	C	D
j. Glucose reflectometer	A	B	C	D

k. Lines/monitoring				
(1) Central venous lines	A	B	C	D
(2) Invasive hemodynamic monitoring	A	B	C	D
(3) PICC lines	A	B	C	D
(4) Pulmonary artery catheters	A	B	C	D
l. Scrub for Cesarean delivery	A	B	C	D
m. Set up Cesarean delivery	A	B	C	D
3. Care of the patient with:				
a. Abruptio placenta	A	B	C	D
b. Asthma	A	B	C	D
c. Cardiac disease	A	B	C	D
d. Chorioamnionitis	A	B	C	D
e. Chronic hypertension	A	B	C	D
f. Collagen vascular disease	A	B	C	D
g. Diabetes	A	B	C	D
h. Eclampsia	A	B	C	D
i. HBV	A	B	C	D
j. HELLP syndrome	A	B	C	D
k. Hemolytic anemias	A	B	C	D
l. Hemorrhage	A	B	C	D
m. HIV positive	A	B	C	D
n. Hypertension	A	B	C	D
o. Malpresentations	A	B	C	D
p. Multiple gestation	A	B	C	D
q. Other infections	A	B	C	D
r. Placenta previa	A	B	C	D
s. Preeclampsia	A	B	C	D
t. Premature labor	A	B	C	D
u. Pyelonephritis	A	B	C	D
v. RH disease	A	B	C	D
w. Sickle cell disease	A	B	C	D
4. Medications				
a. Indomethacin	A	B	C	D
b. Insulin	A	B	C	D
c. Magnesium sulfate	A	B	C	D
d. Procardia	A	B	C	D
e. Ritodrine	A	B	C	D
f. Terbutaline				
(1) IV	A	B	C	D
(2) PO	A	B	C	D
(3) Pump	A	B	C	D
(4) SC	A	B	C	D

D. INTERVENTIONS DURING PREGNANCY

1. Cesarean section	A	B	C	D
2. Forceps vaginal delivery	A	B	C	D
3. Monitor patients with anesthesia				

a. General anesthesia	A	B	C	D
b. Regional anesthesia				
(1) Epidural	A	B	C	D
(2) Local infiltration	A	B	C	D
(3) Spinal	A	B	C	D
4. Spontaneous vaginal delivery	A	B	C	D
5. Vacuum extraction delivery	A	B	C	D

E. INFANT INTERVENTIONS POST DELIVERY

1. Assessment				
a. Apgar scoring	A	B	C	D
b. Initial vital signs	A	B	C	D
c. Intervention/risk factors for				
(1) IDM	A	B	C	D
(2) LGA, SGA, IUGR	A	B	C	D
d. Newborn physical assessment				
(1) Ballard	A	B	C	D
(2) Dubowitz	A	B	C	D
(3) Finnegan scoring	A	B	C	D
2. Equipment & procedures				
a. Assist with initial breast feeding	A	B	C	D
b. Assist with interventions for meconium staining	A	B	C	D
c. Bath-perform and teach	A	B	C	D
d. Cardiac-respiratory monitor placement	A	B	C	D
e. Circumcision care	A	B	C	D
f. Cord care	A	B	C	D
g. Discharge teaching	A	B	C	D
h. Heelstick glucose determination	A	B	C	D
i. Infant identification	A	B	C	D
j. Neonatal resuscitation	A	B	C	D
k. Obtain hematocrit	A	B	C	D
l. Obtain neonatal toxicology screen	A	B	C	D
m. Phototherapy	A	B	C	D
n. Promote bonding behaviors	A	B	C	D
o. Suctioning				
(1) Bulb	A	B	C	D
(2) Delee	A	B	C	D
(3) Wall	A	B	C	D
3. Medications				
a. Eye prophylaxis	A	B	C	D
b. Vitamin K	A	B	C	D

F. POST PARTUM INTERVENTIONS

1. Assessment

a. Bladder distention	A	B	C	D
b. Breast feeding				
(1) Latch-on	A	B	C	D
(2) Positioning	A	B	C	D
c. DVT (Deep vein thrombosis)	A	B	C	D
d. Episiotomy	A	B	C	D
e. Fluid balance	A	B	C	D
f. Fundal height	A	B	C	D
g. Fundal massage	A	B	C	D
h. Lochia amount	A	B	C	D
i. Maternal vital signs	A	B	C	D

G. PHLEBOTOMY/IV THERAPY

1. Equipment & procedures				
a. Administration of blood/blood products				
(1) Cryoprecipitate	A	B	C	D
(2) Packed red blood cells	A	B	C	D
(3) Plasma/albumin	A	B	C	D
(4) Whole blood	A	B	C	D
b. Drawing blood from central line	A	B	C	D
c. Drawing venous blood	A	B	C	D
d. Starting IVs				
(1) Angiocath	A	B	C	D
(2) Butterfly	A	B	C	D
(3) Heparin lock	A	B	C	D
2. Care of the patient with:				
a. Central line/catheter/dressing	A	B	C	D
b. Peripheral line/dressing	A	B	C	D

H. PAIN MANAGEMENT & ANESTHESIA

1. Assessment of pain level/tolerance	A	B	C	D
2. Care of the patient with:				
a. Epidural anesthesia/analgesia	A	B	C	D
b. IV conscious sedation	A	B	C	D
c. Patient controlled analgesia (PCA pump)	A	B	C	D
3. Assist with delivery of anesthesia				
a. Anesthesia toxicity	A	B	C	D
b. Coaching patient	A	B	C	D
c. Epidural block	A	B	C	D
d. Fluid challenge	A	B	C	D
e. Hypotension	A	B	C	D
f. Intrathecal narcotics	A	B	C	D
g. Intravascular injection	A	B	C	D
h. Positioning patient	A	B	C	D

- i. Signs/symptoms of dural puncture | A | | B | | C | | D |
- j. Spinal anesthesia | A | | B | | C | | D |
- 4. Documentation of anesthesia
- a. Computer | A | | B | | C | | D |
- b. Flowchart | A | | B | | C | | D |

Age Specific Practice Criteria

Please below for each age group for which you have expertise in providing age-appropriate nursing care.

A. Newborn/Neonate (birth - 30 days)	D. Young adults (18 - 39 years)
B. School age children (5 - 12 years)	E. Middle adults (39 - 64 years)
C. Adolescents (12 - 18 years)	F. Older adults (64+)

Experience with Age Groups:

	A	B	C	D	E	F
Able to adapt care to incorporate normal growth and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can ensure a safe environment reflecting specific needs of various age groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My experience is primarily in: (Please check the boxes below that are applicable and indicate number of years.)

- Labor & delivery _____ year(s)
- LDR _____ year(s)
- LDRP _____ year(s)
- Community hospital _____ year(s)
- _____ year(s)
- Teaching hospital _____ year(s)
- _____ # of births/month

Certification:

Please check the boxes below and indicate the expiration date for each certificate that you have. If you do not know the exact date, please use the last date of the specific month (e.g., 08/31/2003).

- BCLS Exp. date: _____ (mm/dd/yyyy)
- RNC Exp. date: _____ (mm/dd/yyyy)

- NRP Exp. date: _____ (mm/dd/yyyy)
 - Other (type): _____ Exp. date: _____ (mm/dd/yyyy)
 - Computerized charting system: _____ Date: _____ (mm/dd/yyyy)
 - Medication administration system: _____ Date: _____ (mm/dd/yyyy)
-

The information I have given is true and accurate to the best of my knowledge.

Signature: _____ Date: _____