

Nurses with Pride and Promise, Inc.

Nursing Staffing Agency

Post Partum/Nursery Skills Checklist

*** Denotes required field**

This profile is for use by Post Partum/Nursery 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. POST PARTUM INTERVENTIONS

1. Assessment

- | | | | | |
|---|---|---|---|---|
| a. Bladder distention | A | B | C | D |
| b. Breast engorgement | 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. GI function post anesthesia | A | B | C | D |
| h. Lochia amount | A | B | C | D |
| i. Maternal vital signs | A | B | C | D |
| j. Parental/infant interaction/attachment | A | B | C | D |
| k. Perineum | | | | |
| (1) Hematoma | A | B | C | D |

(2) Hemorrhoids	A	B	C	D
2. Interpretation of lab results				
a. Check urine for				
(1) Glucose	A	B	C	D
(2) Ketones	A	B	C	D
(3) Protein	A	B	C	D
(4) Specific gravity	A	B	C	D
3. Equipment & procedures				
a. Adult cardiopulmonary resuscitation	A	B	C	D
b. Contraceptive counseling	A	B	C	D
c. Discharge teaching	A	B	C	D
d. Foster parental-infant interaction/attachment	A	B	C	D
e. Insert catheter				
(1) Foley	A	B	C	D
(2) Straight	A	B	C	D
f. Post anesthesia care				
(1) Epidural	A	B	C	D
(2) General	A	B	C	D
(3) Local	A	B	C	D
(4) Spinal	A	B	C	D
g. Post Cesarean care	A	B	C	D
h. Teach and assist with				
(1) Breastfeeding/parent education				
(a) Latch-on procedures	A	B	C	D
(b) Positioning	A	B	C	D
(c) Use of electric breast pump	A	B	C	D
(d) Use of manual breast pump	A	B	C	D
(2) Formula preparation and feeding	A	B	C	D
(3) Infant care restraint systems	A	B	C	D
(4) Infant caretaking skills	A	B	C	D
(5) Perineal care	A	B	C	D
(6) Sitz bath	A	B	C	D
4. Care of the patient with:				
a. Asthma	A	B	C	D
b. Cardiac disease	A	B	C	D
c. Cesarean section	A	B	C	D
d. Diabetes mellitus	A	B	C	D
e. Infectious disease	A	B	C	D
f. Known substance abuse	A	B	C	D
g. Multiple births	A	B	C	D
h. Post tubal ligation	A	B	C	D
i. Pregnancy induced hypertension/preeclampsia	A	B	C	D

j. Spontaneous vaginal delivery	A	B	C	D
5. Medications				
a. Antibiotics	A	B	C	D
b. Diluted oxytocin infusion	A	B	C	D
c. IM administration	A	B	C	D
d. Rhogam administration/teaching	A	B	C	D
e. SC medications, including narcotics	A	B	C	D

B. NORMAL NEONATAL CARE

1. Assessment				
a. Ballard scale	A	B	C	D
b. Circumference	A	B	C	D
c. Dubowitz scale	A	B	C	D
d. Length	A	B	C	D
e. Neonatal jaundice	A	B	C	D
f. Reflexes	A	B	C	D
g. Vital signs	A	B	C	D
h. Weight	A	B	C	D
2. Equipment & procedures				
a. Administer injections to neonate	A	B	C	D
b. Assist with circumcision				
(1) Assess site post op	A	B	C	D
(2) Teach circumcision care to parents	A	B	C	D
c. Bathe infant	A	B	C	D
d. Culture suspect infectious neonate	A	B	C	D
e. Discharge procedure	A	B	C	D
f. Incubator/isolettes	A	B	C	D
g. Infant identification	A	B	C	D
h. Monitor bladder and bowel patterns				
(1) Obtain urine specimens via specimen bag	A	B	C	D
(2) Test stool for blood, reducing substances	A	B	C	D
i. Neonate cardiopulmonary resuscitation	A	B	C	D
j. Phototherapy	A	B	C	D
k. Thermo-neutral environment to prevent cold stress	A	B	C	D

C. PHLEBOTOMY/IV THERAPY

1. Equipment & procedures				
a. Administration of blood/blood products				

- | | | | | |
|------------------------------------|---|---|---|---|
| (1) Packed red blood cells | A | B | C | D |
| (2) Plasma/albumin | A | B | C | D |
| (3) 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 |

D. PAIN MANAGEMENT

- | | | | | |
|--|---|---|---|---|
| 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 |

Age Specific Practice Criteria

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

- | | |
|--------------------------------------|----------------------------------|
| A. Newborn/Neonate (birth - 30 days) | C. Young adults (18 - 39 years) |
| B. Adolescents (12 - 18 years) | D. Middle adults (39 - 64 years) |

Experience with Age Groups:

- | | A | B | C | D |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Able to adapt care to incorporate normal growth and development. | <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"/> |
| Can ensure a safe environment reflecting specific needs of various age groups. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

My experience is primarily in: (Please indicate number of years.)

- | | |
|--|-------------|
| <input type="checkbox"/> Couplet (mother/baby) | ___ year(s) |
| <input type="checkbox"/> Newborn nursery | ___ year(s) |
| <input type="checkbox"/> Post partum | ___ year(s) |

