



POSTPARTUM/NURSERY SKILLS CHECKLIST

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ FIRST MIDDLE INITIAL LAST

To Assignment America's Healthcare Professionals:

The purpose of the following checklist is to assist in matching your skills and interests with available assignments, thus meeting your needs and the needs of our clients as much as possible. Your employment is not dependent upon responses given in this checklist.

\*\*Please make sure this Skills Checklist is signed and dated.

The information I have given is true and accurate to the best of my knowledge. In addition, I hereby authorize Assignment America, to release this Skills Checklist to client institutions of Assignment America, in relation to my employment with that institution.

Signature \_\_\_\_\_ Date \_\_\_\_\_

To Assignment America's Client Institution:

Assignment America has developed unique skills checklists for each nursing specialty. This checklist is not necessarily a valid indicator of clinical skills and should not be utilized as the sole measure of the ability of an individual to perform the duties of a registered nurse or therapist in your facility. It is intended to be used only as a guide in your screening procedures and in orientation to procedures within your institution.

PLEASE MARK YOUR LEVEL OF EXPERIENCE [X]

- 1 No Experience: Observed Only
2 Limited Experience: Performs < 6 Times Per Year; Needs Review
3 Moderate Experience: Performs 1-2 Times/Month; May Need Minimal Resource
4 Highly Experienced: Performs on Daily or Weekly Basis; Proficient

A. Medication Administration
1. Stock Medication System
2. Unit Dose System
3. Administration of:
a. IM
b. SC Medications, Including Narcotics
4. Monitor IV Drip Medications:
a. Dilute Oxytocin Infusion
b. Antibiotics
c. Maintain Patient Controlled Analgesia Pumps
5. Administer RhoGAM

B. IV Therapy
1. Start IV Lines
2. Regulate IV Infusions
3. Mix IV Solution Using Additives
4. Discontinue Peripheral IVs
5. Use IV Infusion Pumps
6. Use a Harvard Clamp
7. Use of Heparin Locks

8. Conversion of IV to Heparin Lock
9. Institute and Monitor Blood/Blood Products

C. Isolation Techniques and Precautions
1. Universal Precautions
2. Wound/Skin
3. Respiratory
4. Enteric
5. Isolate Well Baby From Infectious Mother
6. Isolate Suspect Baby in the Nursery

D. Postpartum Care to Women
1. Multiple Births
2. Diabetes Mellitus
3. Cardiac Disease
4. Asthma
5. Pregnancy Induced Hypertension/Preeclampsia
6. Infectious Disease
7. Known Substance Abuse

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- |   |  |
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Applicant's Name \_\_\_\_\_

E. Postpartum Assessment	Mark One			
	1	2	3	4
1. Status in Involution:				
a. Fundus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lochia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Episiotomy/Perineum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Incision (Cesarean Section)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Physiological Adaptation:				
a. Vital Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Intake and Output:				
i. Check Urine for Glucose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Ketones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Protein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Assess Breasts for Engorgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Provide Symptomatic Relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Assess Perineum for:				
i. Hematoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Assess GI Function Post-Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Parental-Infant Interaction/Attachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Postpartum Intervention	Mark One			
	1	2	3	4
1. Care of:				
a. Spontaneous Vaginal Delivery Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cesarean Delivery Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Patient Post Tubal Ligation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Teach/Assist With:				
a. Infant Caretaking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Breastfeeding:				
i. Use of Electric Breastpump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Use of Manual Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Formula Preparation and Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Institute Measures to Help a Patient to Void	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Insert Straight of Foley Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Perform/Teach Peri-Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Apply Ice to Perineum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Observe/Monitor Recovery Post Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mark One			
	1	2	3	4
8. Sitz Bath Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Perform Adult Cardiopulmonary Resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Assess & Intervene in Event of:				
a. Hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Foster Parental-Infant Interaction/Attachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Provide Contraceptive Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Teach/Encourage Use of Infant Care Restraint Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Neonatal Care	Mark One			
	1	2	3	4
1. Complete a Physical Assessment of Newborn:				
a. Using Dubowitz Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Using Ballard Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assess:				
a. Vital Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Circumference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reflexes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provide a Thermo-Neutral Environment to Prevent Cold Stress in Newborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Administer Injections to Newborns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Perform Eye Prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Monitor Bladder and Bowel Patterns:				
a. Obtain Urine Specimens Via Specimen Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Test Stool for Blood, Reducing Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Suction a Mucousy Infant:				
a. Bulb Syringe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. DeLee Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Wall Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Culture Suspect Infectious Neonates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Assist with Circumcision:				
a. Assess Site Post-Op	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Teach Circumcision Care to Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Operate Incubator/Isolettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Bath Infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Mark One

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12. Provide/Teach:

a. Cord Care

b. Eye Care

13. Assess for Neonatal Jaundice

14. Institute Phototherapy

15. Obtain Blood Specimens Via Heelsticks

16. Maintain Asepsis When Working in Nursery

17. Institute & Maintain Proper Infant Identification  
Including Procedure for Discharge

18. Perform Infant Cardiopulmonary Resuscitation

19. Work Within a Family-Centered Maternity  
Care Philosophy Setting

20. Change Surgical Dressings

Mark One

H. Age of Post Partum Patients Cared For:

1  2  3  4

1. Adolescent (12 to 18 Years)

2. Adult (>18 Years)