

# PA TRAVEL NURSES

(888) 894-2900 (bus) • (888) 894-2073 (fax)

NAME:

## LABOR and DELIVERY POST PARTUM NEWBORN NURSERY SKILLS CHECKLIST

**1** = > 2 years experience

**2** = 1-2 years experience

**3** = < 1 year experience

**4** = theory only

### PREGNANCY COMPLICATIONS

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#### MEDICATIONS

Insulin	<input type="checkbox"/>
Procardia	<input type="checkbox"/>
Terbutaline	<input type="checkbox"/>
Pump	<input type="checkbox"/>
IV	<input type="checkbox"/>
SC	<input type="checkbox"/>
PO	<input type="checkbox"/>
Magnesium sulfate	<input type="checkbox"/>
Indomethacin	<input type="checkbox"/>
Ritodrine	<input type="checkbox"/>

#### PATENT CARE WITH

Hemorrhage	<input type="checkbox"/>
Premature labor	<input type="checkbox"/>
HIV positive	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Asthma	<input type="checkbox"/>
Placenta previa	<input type="checkbox"/>
Infections	<input type="checkbox"/>
Sickle cell disease	<input type="checkbox"/>
HBV	<input type="checkbox"/>
Cardiac disease	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>
RH disease	<input type="checkbox"/>
Eclampsia	<input type="checkbox"/>
Abruption placenta	<input type="checkbox"/>
Preeclampsia	<input type="checkbox"/>
Chorioamnionitis	<input type="checkbox"/>
Pyelonephritis	<input type="checkbox"/>
Hemolytic anemias	<input type="checkbox"/>
Multiple gestation	<input type="checkbox"/>
Chronic hypertension	<input type="checkbox"/>
Collagen vascular disease	<input type="checkbox"/>
Malpresentations	<input type="checkbox"/>
HELLP Syndrome	<input type="checkbox"/>

#### EQUIPMENT and PROCEDURES

Glucose reflectometer	<input type="checkbox"/>
Scrub for Cesarean delivery	<input type="checkbox"/>
Setup for Cesarean delivery	<input type="checkbox"/>
Circulate for Cesarean delivery	<input type="checkbox"/>
Circulate/scrub for bilateral tubal ligation	<input type="checkbox"/>
Draw umbilical blood samples	<input type="checkbox"/>
Assist with external version	<input type="checkbox"/>
Assist with fetal scalp sampling	<input type="checkbox"/>
Assist with percutaneous umbilical sampling	<input type="checkbox"/>
Lines/monitoring	<input type="checkbox"/>
PICC lines	<input type="checkbox"/>
Central venous lines	<input type="checkbox"/>
Pulmonary artery catheters	<input type="checkbox"/>
Invasive hemodynamic monitoring	<input type="checkbox"/>

### DELIVERY

Conduct non-stress test		
Vibroacoustic stimulation	<input type="checkbox"/>	Forceps vaginal delivery <input type="checkbox"/>
Stimulate fetus	<input type="checkbox"/>	Spontaneous vaginal delivery <input type="checkbox"/>
Conduct contraction stress test		
Oxytocin challenge	<input type="checkbox"/>	Cesarean section <input type="checkbox"/>
Breast stimulation	<input type="checkbox"/>	

#### EXPERIENCE WITH ASSESSMENT

Normal cardiac rhythms	<input type="checkbox"/>	Vacuum extraction delivery <input type="checkbox"/>
Identify common arrhythmias	<input type="checkbox"/>	Anesthesia <input type="checkbox"/>

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<u>LABOR ASSESSMENT</u>	<u>LABOR ASSESSMENT</u>
<p><b>EQUIPMENT AND PROCEDURES</b></p> <p>Collect blood/urine specimens <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Toxicology studies <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Perform Leopold's maneuvers <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Amnioinfusion (assist or perform)</p> <p style="padding-left: 20px;">For variable decelerations <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">For meconium <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Document labor status/assessment &amp; interventions</p> <p style="padding-left: 20px;">Labor suppressants <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Anticonvulsants <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Artificial rupture of membranes (assist)</p> <p style="padding-left: 20px;">Prolapsed cord <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Recognize potential complications <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Vasa previa <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Internal monitoring (assist of perform insertion)</p> <p style="padding-left: 20px;">Spiral electrode <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Intrauterine pressure catheter <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Collect vaginal cultures</p> <p style="padding-left: 20px;">Fluid <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Herpes <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Chlamydia <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Group B strep <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>External fetal monitor application <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p><b>MEDICATIONS</b></p> <p>Use of Cytotec <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Administer IM/SC <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Assist with prostin gel <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Use of prostin suppositories <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Administer IV/meds/monitor IV drips</p> <p style="padding-left: 20px;">Narcotics <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Antibiotics <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Heparin <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Oxytocin <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Antihypertensives <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Magnesium sulfate <input style="width: 20px; height: 20px;" type="checkbox"/></p>	<p><b>MATERNAL ASSESSMENT</b></p> <p>Perform admission risk assessment <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Edema <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Deep tendon reflexes (DTRs) <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Norms for perinatal vital signs <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Presence of clonus <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Rupture of membranes</p> <p style="padding-left: 20px;">Nitrazine <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Fern test <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Progression of labor</p> <p style="padding-left: 20px;">Dilation <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Vaginal exam <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Fetal position/presentation <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Contraction characteristics <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Effacement <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Sterile speculum examination <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Status of membranes <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Station <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p><b>FETAL ASSESSMENT</b></p> <p>Document FHR position <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Determine fetal position <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Auscultate fetal heart rate</p> <p style="padding-left: 20px;">Fetoscope <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Doppler <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Identify normal &amp; treat abnormal FHR patterns</p> <p style="padding-left: 20px;">Variability <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Variable decelerations <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Early decelerations <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Late decelerations <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Prolonged decelerations <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">Baseline <input style="width: 20px; height: 20px;" type="checkbox"/></p>

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### POSTPARTUM CARE

EPISIOTOMY

BLADDER DISTENTION

POST-OP C-SECTION

LOCHIA

FUNDUS CONSISTENCY

PATIENT CARE WITH

Tubal Ligation

Cardiac Disease

Diabetes Mellitus

Neurological Disease

Infectious Disease

### NEWBORN/PEDIATRIC CARE

NEWBORN NURSERY

RADIANT WARMERS

PHOTOTHERAPY

APNEA MONITORING

OBTAIN SPECIMENS from UAC/UVC

CORD and CIRCUMCISION CARE

### IMMEDIATE BABY CARE

SUCTIONING

APGAR SCORES

EYE PROPHYLAXIS

COLLECT CORD SAMPLES

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***LABOR and DELIVERY  
POST PARTUM  
NEWBORN NURSERY  
SKILLS CHECKLIST***

I certify that the information I have given in this Labor and Delivery, Post Partum, and Newborn Nursery Skills Checklist is true and accurate to the best of my knowledge. I also authorize PA Travel Nurses to release this Labor and Delivery, Post Partum, and Newborn Nursery Skills Checklist to any PA Travel Nurses client facility, potential PA Travel Nurses client facility, and to any other governmental or regulatory agency at such agency's request. I hereby hold PA Travel Nurses, and any duly accredited representative thereof, harmless and free of liability for any results that may arise from the release of this information by PA Travel Nurses.

*Signature* of Applicant:

Date Signed by Applicant:

Applicant Social Security Number: