

## POST PARTUM / NURSERY SKILLS COMPETENCY CHECKLIST

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

Total years of Post Partum / Nursery nursing experience: \_\_\_\_\_

**Please rate your Skill Level:**

<p><b>0</b> – No Experience. Theory Only.</p> <p><b>1</b> – Limited competency / proficiency. Supervision Required.</p>	<p><b>2</b> – Acceptable competency / proficiency.</p> <p><b>3</b> – Competent / proficient. Performed frequently and independently during the past 2 years.</p>
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SKILL	0	1	2	3
<b>I. POST PARTUM INTERVENTION / ASSESSMENT:</b>				
Bladder distention				
Breast engorgement				
DVT				
Episiotomy				
Fluid balance				
Fundal height				
Lochia amount				
Vital signs				
Perineal hematoma				
Hemorrhoids				
Interpretation of lab results				
Contraceptive counseling				
Insertion of catheter (foley or straight)				
Post Cesarean section care				
RH Incompatibility				
Pain assessment & intervention				
<b>II. POST ANESTHESIA CARE:</b>				
Epidural				
General				
Local				
Spinal				
<b>III. FAMILY TEACHING:</b>				
Breast feeding				
Latch-on procedures				
Positioning				
Use of electric breast pump				
Use of manual breast pump				
Formula preparation & feeding				
Infant care restraint				
Infant care skills				
Daily hygiene				
Feeding				
Bathing				
Bulb suctioning				
Circumcision care				
<b>IV. NORMAL NEONATAL CARE:</b>				
APGAR scoring				
Ballard scale				
Circumference (head)				
Dubowitz scale				

SKILL	0	1	2	3
<b>IV. NORMAL NEONATAL CARE (contd):</b>				
Infant length & weight				
Neonatal physical assessment				
Neonatal jaundice				
Infection control precautions				
Oro-pharyngeal suctioning				
Nasal suctioning				
Reflexes				
Vital signs				
Administer injections to neonate				
Assist with circumcision				
Assist with heelstick for lab tests				
Assess post op circumcision				
Culture suspect infectious neonate				
Incubator / Isolettes				
Infant identification & documentation				
Monitor bladder & bowel patterns				
Neonatal CPR				
Phototherapy				
Thermal-neutral environment				
Isolette				
Radiant warmer				
Umbilical cord care				
Discharge procedures for Mom & Baby				
<b>V. CARE OF PATIENT WITH:</b>				
Asthma				
Cardiac disease				
Diabetes				
Substance abuse				
Infectious disease				
Multiple births				
Tubal ligation				
Preeclampsia				
Infant demise				
Post partum depression				
<b>VI. MEDICATION / MEDICATION MGMT:</b>				
Antibiotics				
Cardiac / Code drugs				
Oxytocin infusion				
Rhogam administration				
Admin. of blood / blood products				

SKILL	0	1	2	3
<b>VI. MEDICATION / MEDICATION MGMT (contd):</b>				
Administration of TPN / Lipids				
Drawing blood from central line				
Drawing venous blood				
IV Administration				
Care of patient with central line				

SKILL	0	1	2	3
<b>VI. MEDICATION / MEDICATION MGMT (contd):</b>				
Care of patient with peripheral line				
PCA				
Calculation of neonatal doses				
PO, IM, SQ Infections				
Medication Admixture				

Do you speak any other language(s) besides English? Yes / No If YES, please list other language(s): \_\_\_\_\_

Are you familiar with computer charting? Yes / No If YES, what system(s) have you used: \_\_\_\_\_

Comments:

I hereby certify that all information I have provided to RNS Incorporated on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RNS, Inc. Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_