



Post Partum / Nursery Skills Checklist

This profile helps us place you in an assignment suited to your skill level and expertise. This checklist is intended for Post Partum / Newborn Nursery nurses with (1) or more years of experience in their discipline and specialty.

First Name: _____ Last Name: _____

Date: _____ License Number: _____

Please indicate your current level of experience. There are no right/wrong answers.

- 1.) No Experience, Theory Only
- 2.) Limited Experience
- 3.) Moderate Experience
- 4.) Experienced and Competent (2 -3 years)
- 5.) Experienced; Able to teach (3- 5 years)

I. POST PARTUM INTERVENTIONS

1. Assessment

a. Bladder distension	1○	2○	3○	4○	5○
b. Breast engorgement	1○	2○	3○	4○	5○
c. DVT	1○	2○	3○	4○	5○
d. Episiotomy	1○	2○	3○	4○	5○
e. Fluid balance	1○	2○	3○	4○	5○
f. Fundal height	1○	2○	3○	4○	5○
g. GI function post anesthesia	1○	2○	3○	4○	5○
h. Lochia amount	1○	2○	3○	4○	5○
i. Maternal vital signs	1○	2○	3○	4○	5○
j. Parental/infant interaction	1○	2○	3○	4○	5○
k. Perineum					
(1) Hematoma	1○	2○	3○	4○	5○

(2) Hemorrhoids	10	20	30	40	50
2. Interpretation of lab results					
a. Check urine for					
(1) Glucose	10	20	30	40	50
(2) Ketones	10	20	30	40	50
(3) Protein	10	20	30	40	50
(4) Specific gravity	10	20	30	40	50
3. Equipment & procedures					
a. Adult CPR	10	20	30	40	50
b. Contraceptive counseling	10	20	30	40	50
c. Discharge teaching	10	20	30	40	50
d. Insert catheter					
(1) Foley	10	20	30	40	50
(2) Straight	10	20	30	40	50
f. Post anesthesia care					
(1) Epidural	10	20	30	40	50
(2) General	10	20	30	40	50
(3) Local	10	20	30	40	50
(4) Spinal	10	20	30	40	50
g. Post Cesarean care	10	20	30	40	50
h. Teach and assist with	10	20	30	40	50
(1) Breastfeeding	10	20	30	40	50
(a) Latch-on procedures	10	20	30	40	50
(b) Positioning	10	20	30	40	50
(c) Use of electric breast pump	10	20	30	40	50
(2) Formula preparation and feeding	10	20	30	40	50
(3) Infant care restraint systems	10	20	30	40	50
(4) Perineal care	10	20	30	40	50
4. Care of patient with:					
a. Asthma	10	20	30	40	50
b. Cardiac disease	10	20	30	40	50

c. Cesarean section	10	20	30	40	50
d. Diabetes mellitus	10	20	30	40	50
e. Infectious disease	10	20	30	40	50
f. Known substance abuse	10	20	30	40	50
g. Multiple births	10	20	30	40	50
h. Post tubal ligation	10	20	30	40	50
i. Pregnancy induced hypertension	10	20	30	40	50
j. Spontaneous vaginal delivery	10	20	30	40	50

5. Medications

a. Antibiotics	10	20	30	40	50
b. Diluted oxytocin infusion	10	20	30	40	50
c. Rhogam administration / teaching	10	20	30	40	50
d. SC medications, including narcs	10	20	30	40	50
e. IM administration	10	20	30	40	50

II. NORMAL NEONATAL CARE

6. Assessment

a. Ballard scale	10	20	30	40	50
b. Circumference	10	20	30	40	50
c. Dobowitz scale	10	20	30	40	50
d. Length	10	20	30	40	50
e. Neonatal jaundice	10	20	30	40	50
f. Reflexes	10	20	30	40	50
g. Vital signs	10	20	30	40	50
h. Weight	10	20	30	40	50

7. Equipment & procedures

a. Administer injections to neonates	10	20	30	40	50
b. Assist with circumcision	10	20	30	40	50
(1) Assess site post op	10	20	30	40	50
(2) Teach care to parents	10	20	30	40	50
c. Bathe infant	10	20	30	40	50
d. Culture suspect infectious neonate	10	20	30	40	50

e. Discharge procedures	10	20	30	40	50
f. Incubator / isolettes	10	20	30	40	50
g. Infant identification	10	20	30	40	50
h. Monitor bladder and bowel patterns					
(1) obtain urine specimen					
via specimen bag	10	20	30	40	50
(2) Test stool for blood	10	20	30	40	50
i. Neonate cardiopulmonary resuscitation	10	20	30	40	50
j. Phototherapy	10	20	30	40	50
k. Thermo-neutral environment to prevent cold stress	10	20	30	40	50

III. PHLEBOTOMY / IV THERAPY

8. Equipment & procedures					
a. Administration of blood/blood products	10	20	30	40	50
(1) Packed RBC's	10	20	30	40	50
(2) Plasma/albumin	10	20	30	40	50
(3) Whole blood	10	20	30	40	50
b. Drawing blood from central line	10	20	30	40	50
c. Drawing venous blood	10	20	30	40	50
d. Starting IV's					
(1) Angiocath	10	20	30	40	50
(2) Butterfly	10	20	30	40	50
(3) Heparin lock	10	20	30	40	50
9. Care of patient with:					
a. Central line/catheter	10	20	30	40	50
b. Peripheral line/dressing	10	20	30	40	50

IV. PAIN MANAGEMENT

1. Assessment of pain level/tolerance	10	20	30	40	50
2. Care of patient with:					
a. Epidural anesthesia/analgesia	10	20	30	40	50
b. IV conscious sedation	10	20	30	40	50
c. PCA pump	10	20	30	40	50

AGE SPECIFIC CRITERIA

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

- A. Newborn/Neonate (birth – 30 days)
- B. Infant (30 days – 1 year)
- C. Toddler (1 – 3 years)
- D. Preschooler (3 – 5 years)
- E. School age children (5 – 12 years)
- F. Adolescents (12 – 18 years)
- G. Young Adults (18 – 39 years)
- H. Middle adults (39 – 64 years)
- I. Older adults (64 + years)

Able to adapt care to incorporate normal growth and development:
Please circle if you have experience in the following:

- A. Newborn/Neonate (birth – 30 days)
- B. Infant (30 days – 1 year)
- C. Toddler (1 – 3 years)
- D. Preschooler (3 – 5 years)
- E. School age children (5 – 12 years)
- F. Adolescents (12 – 18 years)
- G. Young Adults (18 – 39 years)
- H. Middle adults (39 – 64 years)
- I. Older adults (64 + years)

Able to adapt method/terminology of patient instruction to comprehension:
Please circle if you have experience in the following:

- A. Newborn/Neonate (birth – 30 days)
- B. Infant (30 days – 1 year)
- C. Toddler (1 – 3 years)
- D. Preschooler (3 – 5 years)
- E. School age children (5 – 12 years)
- F. Adolescents (12 – 18 years)
- G. Young Adults (18 – 39 years)
- H. Middle adults (39 – 64 years)
- I. Older adults (64 + years)

Can ensure a safe environment reflecting the special needs of various age groups:

- A. Newborn/Neonate (birth – 30 days)
- B. Infant (30 days – 1 year)
- C. Toddler (1 – 3 years)

- D. Preschooler (3 – 5 years)
- E. School age children (5 – 12 years)
- F. Adolescents (12 – 18 years)
- G. Young Adults (18 – 39 years)
- H. Middle adults (39 – 64 years)
- I. Older adults (64 + years)

Please read and agree to the statements below by signing and dating the bottom

I attest that the information and statements made in this checklist are true and accurate to the best of my knowledge. I am the individual completing this form. I understand that any falsification will be the basis for disqualification of employment. I authorize Signature Healthcare to verify the information I have provided and to contact past employers and references concerning my ability, character and employment record. I release all such persons from liability for furnishing said information. I hereby authorize Signature Healthcare to release this Post Partum / Newborn Nursery Skills Checklist to client facilities in relation to consideration of employment as a Traveler, Contract or Per-diem worker with those facilities.

Signature

Date



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