



OB/GYN and L&D Nurse Skills Checklist

Name: _____

Date: _____

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (✓) in the appropriate box.

- 1** = No experience; Theory/observed only
2 = Intermittent experience; < 5 times per year; Needs review
3 = Moderate experience; > 5 times per year; May need minimal resource
4 = Competent; Performs on a daily or weekly basis; Proficient

| Skill Level | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Work Related Experience In: | | | | |
| Abdominal Shave | | | | |
| Apgar Scores | | | | |
| Apnea Monitoring | | | | |
| Collecting Cord Samples | | | | |
| Cord and Circumcision Care | | | | |
| Emergency Delivery | | | | |
| Fetal Scalp Blood Sampling | | | | |
| Forceps Vaginal Delivery | | | | |
| Fundal Assessment / Height | | | | |
| High Risk Delivery | | | | |
| Identifying FHR Patterns | | | | |
| Insulin Drips | | | | |
| Internal Monitoring | | | | |
| Interpretation of Fetal Monitoring | | | | |
| Lead Connection and Calibration | | | | |
| Magnesium Sulfate Therapy | | | | |
| Newborn Nursery | | | | |
| Obtaining Specimens from UAC | | | | |
| Obtaining Specimens from UVC | | | | |
| Perineal Prep | | | | |
| Phototherapy | | | | |
| Pitocin | | | | |
| Placement of Intrauterine Pressure Cath. | | | | |
| Post-Op C-Section | | | | |
| Pregnancy Induced Hypertension | | | | |
| Radiant Warmers | | | | |
| Ritodrine | | | | |
| Scrub Prep | | | | |
| Sterile Vaginal Exams | | | | |
| Suctioning | | | | |
| Usage of Fetoscope / Doppler | | | | |
| Vaginal Delivery | | | | |
| Skill Level | 1 | 2 | 3 | 4 |
| Care of Patient With: | | | | |
| Abruptio Placenta | | | | |
| Bladder Distention | | | | |
| Cardiac Disease | | | | |
| Diabetes Mellitus | | | | |
| Drug Addiction | | | | |
| Drug Withdrawal | | | | |
| Episiotomy | | | | |
| Eye Prophylaxis | | | | |
| Fundus Consistency | | | | |
| HIV | | | | |
| Infectious Disease | | | | |
| Lochia | | | | |
| Malpresentations | | | | |
| Multiple Gestation | | | | |
| Neurological Disease | | | | |
| Placenta Previa | | | | |
| Pneumonia | | | | |
| Pre-eclampsia | | | | |
| Premature Labor | | | | |
| RH Incompatibilities | | | | |
| Seizure Activity | | | | |
| Sickle Cell Disease | | | | |
| Tubal Ligation | | | | |
| Additional Experience In: | | | | |
| Circulate for C-Section | | | | |
| Scrub for C-Section | | | | |
| Pain Management | | | | |
| Assessment of: | | | | |
| IV conscious sedation | | | | |
| Pain Level | | | | |
| Pain Tolerance | | | | |
| Patient controlled analgesia | | | | |

| <i>Equipment Usage & Procedure</i> | | | | |
|--|--|--|--|--|
| Ventilators: | | | | |
| Bear I | | | | |
| Bear II | | | | |
| Bear V | | | | |
| Bennett 7200 | | | | |
| CPAP | | | | |
| Emerson | | | | |
| Engstrom / Erica | | | | |
| EMV | | | | |
| MA-I | | | | |
| MA-II | | | | |
| Monihan | | | | |
| Ohio 560 | | | | |
| PEEP | | | | |
| Pressure Pre-Set | | | | |
| Servo 900b | | | | |
| Servo 900c | | | | |
| Servo 900e | | | | |
| Siemens | | | | |
| Cardiac Monitors: | | | | |
| Hewlett-Packard | | | | |
| Spacelab | | | | |
| Siemens | | | | |

| <i>Equipment Usage & Procedure cont...</i> | | | | |
|--|--|--|--|--|
| Cardiac Monitors: | | | | |
| Marquette | | | | |
| Mennen | | | | |
| Lifecare | | | | |
| Nihon-Koder | | | | |
| <i>Wound Management</i> | | | | |
| Assessment of: | | | | |
| Burns / Pressure Sores | | | | |
| Skin for Impending Breakdown | | | | |
| Staged Decubitus Ulcers | | | | |
| Stasis Ulcers | | | | |
| Surgical Wound Healing | | | | |
| Surgical Wounds with Drains | | | | |
| Equipment usage & procedure: | | | | |
| Sterile Dressing Changes | | | | |
| Wound Care / Irrigations | | | | |
| <i>Miscellaneous</i> | | | | |
| Care of the patient with: | | | | |
| Anaphylactic Shock | | | | |
| Hypovolemic Shock | | | | |
| Multi-system Organ Failure | | | | |
| Organ/ Tissue Donation | | | | |
| Septic Shock | | | | |

The preceding information I have checked is **true and correct**.

Signature: _____

Date: _____