

NAME

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Commented [k1]:

DATE :

: POSITION APPLIED FOR :

## **LABOR & DELIVERY**

## AIM OF CHECKLIST:

When completing the following, please remember that this checklist is used by the reviewer to access your overall competency and suitability to a particular area.

## Experience Key:

- 1 None
- 2 Limited, Needs Practice 3 Competent / Highly Skilled
- (performs skill / procedure only monthly or less often (performs three (3) or more times per week)
- 4 Proficient / Expert
- (performs skill / procedure daily)

|   | EXPERIENCE |   |   |   |         |
|---|------------|---|---|---|---------|
|   | 1          | 2 | 3 | 4 | COMMENT |
| I. CARE OF THE ANTENATAL PATIENT:                           |            | 1 | T |   |         |
| Diabetic Mothers  |            |   |   |   |         |
| Sickle Cell Disease   |            |   |   |   |         |
| Abortions – Incomplete / complete                           |            |   |   |   |         |
| Placenta Previa / Abruptio                                  |            |   |   |   |         |
| Intraurerine Growth Retardation (IURG)                      |            |   |   |   |         |
| Poly – Oligohydramnious                                     |            |   |   |   |         |
| PROM / SROM   |            |   |   |   |         |
| Preterm Labor   |            |   |   |   |         |
| Amniocentesis   |            |   |   |   |         |
| Cordiocentesis  |            |   |   |   |         |
| Induction of Labor  |            |   |   |   |         |
| Non – Stress Testing  |            |   |   |   |         |
| Interpretation of Non – stress Test                         |            |   |   |   |         |
| Anemia  |            |   |   |   |         |
| Multiple Pregnancy  |            |   |   |   |         |
| Cardiac disease   |            |   |   |   |         |
| Incompetent cervix – (Shirodkar suture / Cervical cerclage) |            |   |   |   |         |
| Pre – op Preparation  |            |   |   |   |         |
| Pregnancy Induced Hypertension                              |            |   |   |   |         |
| II. CARE OF THE INTRAPARTUM PATIENT:                        |            |   |   |   |         |
| Uncomplicated Labor   |            |   |   |   |         |
| Care of patient with epidural                               |            |   |   |   |         |
| Complicated labor / delivery                                |            |   |   |   |         |
| Multiple Gestation  |            |   |   |   |         |
| Hypertension  |            |   |   |   |         |
| Diabetes  |            |   |   |   |         |
| Placenta Previa   |            |   |   |   |         |
| Fetal Demise  |            |   |   |   |         |
| Observations of previous C/S in labour for trial of         |            |   |   |   |         |
| scar (VBAC) Vaginal Birth After Caesarian Section           |            |   |   |   |         |
| Episiotomies of tears – suturing of                         |            |   |   |   |         |

|   | E) | (PEF | TFN | ICF         |         |
|---|----|------|-----|-------------|---------|
|   | 1  | 2    | 3   | 4           | COMMENT |
| HELLP Syndrome  | 1  | 2    | 5   | 4           | COMMENT |
| D.I.C.  |    |      |     |             |         |
| Heart Disease   |    |      |     |             |         |
| Asthma  |    |      |     |             |         |
| Sickle Cell Crisis  |    |      |     |             |         |
| Delivery – Precipitous  |    |      |     |             |         |
| Delivery – Complicated  |    |      |     |             |         |
| Assist with Ventouse delivery   |    |      |     |             |         |
| Assist with Ventouse derivery   |    |      |     |             |         |
| Assist with Scalp Ph application  |    |      |     |             |         |
| Ceasarean Section / OR experience:  |    |      |     |             |         |
| - Circulate   |    |      |     |             |         |
| - Scrub   |    |      |     |             |         |
| Recovery of patient after OR  |    |      |     |             |         |
| Performs:   |    |      |     |             |         |
|   |    |      |     | +           |         |
| - Adult Physical Systems Assessment<br>- Obstetrical Assessment                 |    |      |     | +-+         |         |
| Vaginal / Pelvic Exam   |    |      |     | +-+         |         |
| Fetal Heart Rate Monitoring (CTG Monitoring)                                    |    |      |     |             |         |
| Interpretation of CTG strips  |    |      |     | +-+         |         |
| Phlebotomy  |    |      |     | +-+         |         |
| IV insertion  |    |      |     |             |         |
|   |    |      |     |             |         |
| Fleets / Soap Suds enema administration<br>Foley Cathether (Insert and Care of) |    |      |     |             |         |
|   |    |      |     |             |         |
| III. MEDICATION ADMINISTRATION:   |    |      |     | · · · · · · |         |
|   |    |      |     |             |         |
| Calculates medication dosages by weight   |    |      |     |             |         |
| Calculates total intake and output by weight                                    |    |      |     |             |         |
| Calculates IV fluid rates   |    |      |     |             |         |
| - Intramuscular route (adult and neonate)                                       |    |      |     |             |         |
| - Intravenous Infusions (tiltrated)   |    |      |     |             |         |
| - IV Piggyback route  |    |      |     |             |         |
| - IV Push route   |    |      |     |             |         |
| - Buretrol / Soluset use  |    |      |     |             |         |
| - Heprin lock and saline flush  |    |      |     |             |         |
|   |    |      |     |             |         |
| Blood and Blood Product Administration  |    |      |     |             |         |
|   |    |      |     |             |         |
| ADMINISTERS SPECIAL DRUGS AND   |    |      |     |             |         |
| MONITORS REACTIONS OF:  |    |      |     |             |         |
|   |    |      |     |             |         |
| TPN and lipid Administration  |    |      |     |             |         |
| Syntocinon  |    |      |     |             |         |
| Methergin   |    |      |     |             |         |
| Narcotic / Control Drugs  |    |      |     |             |         |
| Insulin SQ  |    | 1    | 1   |             |         |
| Insulin Infusions   |    | 1    | 1   |             |         |
| Heparin SQ  |    |      |     |             |         |
| Heparin Infusions   |    |      |     |             |         |
| Indomethacin  |    |      |     |             |         |
| Apresoline  |    |      |     |             |         |
| Magnesium Sulfate   |    |      |     |             |         |
| Ritodrine   |    |      |     |             |         |
| Rubella Vaccine   |    |      |     |             |         |
| Rhogam  |    |      |     |             |         |
|   | L  | L    | L   | I           | L       |

|   | E | EXPERIENCE |   |   |         |
|---|---|------------|---|---|---------|
|   | 1 | 2          | 3 | 4 | COMMENT |
| IV. CARE OF THE POST PARTUM PATIENT AND NEONATE:          | 7 |            |   |   |         |
| Initial care of the newborn                               |   |            |   |   |         |
| Apgar scoring   |   |            |   |   |         |
| Newborn Physical Assessment                               |   |            |   |   |         |
| Neonatal Resuscitation                                    |   |            |   |   |         |
| Post Partum Assessment / Care                             |   |            |   |   |         |
| Post – Operative Assessment / Care                        |   |            |   |   |         |
| Post Partum Hemorrhage                                    |   |            |   |   |         |
| V. OTHER RESPONSIBILITIES:                                | ] |            |   |   |         |
| Charge Nurse Duties                                       |   |            |   |   |         |
| Patient / Family Education                                |   |            |   |   |         |
| In service Presentations                                  |   |            |   |   |         |
| Precepting new employees                                  |   |            |   |   |         |
| VI. FAMILIARITY OF EQUIPMENT:                             | ] |            |   |   |         |
| CTG   |   |            |   |   |         |
| Fetal Heart Rate – Doppler                                |   |            |   |   |         |
| Glucometer  |   |            |   |   |         |
| Overhead Warmers  |   |            |   |   |         |
| Transport Isolettes                                       |   |            |   |   |         |
| Resuscitation Table                                       |   |            |   |   |         |
| Blood Warmers   |   |            |   |   |         |
| Non – Invasive Blood Pressure machine                     |   |            |   |   |         |
| IV Infusion & PCA pumps                                   |   |            |   |   |         |
| Cardiac monitor   |   |            |   |   |         |
| Computer Skills: Basic – Intermediate – Advanced (circle) |   |            |   |   |         |

## VII. OTHER:

1. Average daily census of hospital you currently work in?

2. Average daily census of unit you currently work on?

3. How many deliveries are done in your unit per month?

4. Does the unit you currently work in have self – contained OR and Recovery areas?

5. How many patients are you responsible for at any on time?

6. Have you ever experiences an unattended delivery?

7. List titles and dates of In-services or Continuing Education Programs attended within the last twelve months.

DATE

TITLES

8. List other areas of Nursing you have experience in:

| 9. Are you currently BCLS certified? | Yes ( ) | No ( ) |
|--------------------------------------|---------|--------|
| 10. Are you currently NRP Certified? | Yes ( ) | No ( ) |

11. How do you keep up to date with current L & D practices and research?

12. What involvement have you had with Quality Improvement?

13. When would you use Pitocin (Syntocinon)?

14. When would you use Methergin?

15. What is DIC and nursing responsibilities in caring for the patient with DIC?

16. What is HELLP Syndrome and nursing responsibilities in caring for patients with HELLP?

17. Explain the uses of Magnesium Sulfate and nursing responsibilities in caring for patients with MGSO4 infusions?

18. What is pre-eclampsia / eclampsia and nursing responsibilities in caring for the patient with the same?

Thank you for completing the above. Demonstration of skills will be expected during your 90 days probationary period. <u>Inability to demonstrate skills stated, may result in termination during the probationary period.</u>

Name / Signature
License Number : \_\_\_\_\_