

**Security Forces Hospital Program
DEPARTMENT OF NURSING**

**RECRUITMENT CHECKLIST
OBSTETRIC & GYNECOLOGY**

To: _____
Name of Candidate

Note: Please complete the skills checklist to ensure your individual experience may be clearly understood.

Tick (/) the appropriate column. The information will be used to ensure best possible placement based on your clinical expertise and our hospital's needs.

I believe that this is an honest and accurate assessment of my skills, abilities and knowledge. I understand that failure to perform and/or meet the checked duties will affect my evaluation and progress.

Please See Checklist Legend Below for Parameters A, B, C:

Applicant's Signature

Nurse: Patient ratio from last position = 1 nurse: _____ Patients

Clinical Skills	A	B	C
• Knowledge of Isolations/Standard Precautions			
• Pain Assessment – Infant & Adult			
• Basic Cardiac Life Support (BCLS) <input type="checkbox"/> Certified			
• Aseptic Technique, i.e. with Dressing Change			
• Blood Extraction Techniques, i.e. Peripheral, Capillary			
• Insertion & Care of IV Cannula			
• Insertion & Care of Urinary Catheter			
• Perform Heel Prick on Newborn			
• Interpretation of Cardiotocographic Tracing (CTG)			
• Removal of Sutures / Clips			
• Assess/Manage Oxygen Needs: Nasal Cannula, Face Mask, Head Box (Newborns)			
• Nebulizer			
• Breast Feeding & Bonding			
• Care of Patient on Epidural Analgesia			
• Care of Patients with Intrauterine Fetal Death			
• Gynecological exams			
• Amniocentesis			

A = Competent, 2+ years recent experience: Independent in skill and knowledgeable of disease process.

B = Novice: Knowledgeable of skill/disease but needs supervision.

C = Unskilled: Lack knowledge/skill to attend to patient/need.

Please (✓) check box if applicable.

Prepare and Assist With Procedures		A	B	C
Preparation Adult / Newborn for Radiology Exams:	• Ultrasound			
	• CT scan			
	• MRI			
• Suprapubic Tap				
Equipment / Instruments Used		A	B	C
• O2 Apparatus				
• Suction Machine				
• IV Pump <input type="checkbox"/> Alaris <input type="checkbox"/> Other				
• Syringe Pump <input type="checkbox"/> Sensor <input type="checkbox"/> Alaris <input type="checkbox"/> Other				
• ECG Machine				
• Fetal Heart Detector (Doppler)				
• Cardiotocographic (CTG) Monitor				
• Glucometer				
• Pneumatic Compression Device (DVT Machine)				
• Pulse Oximeter				
• Overhead Infant Warmers				
Specific Condition Managed		A	B	C
Patients with history of <i>or</i> complications from :	• Pre-Eclampsia			
	• Diabetes			
	• Pre-Existing Conditions			
	• Multiple Pregnancies			
	• Blood Disorder e.g. Sickle Cell Anemia, Thalasemia			
	• Pregnancy-Induced Hypertension			
• Spontaneous Abortion				
• Antepartum Hemorrhage				
• Induction of Labor				
• Post Partum Hemorrhage				
• Termination of Pregnancy for Medical Reasons				
Patients undergoing surgical procedures:	• Cesarean Section			
	• Hysterectomy – Vaginal			
	• Hysterectomy – Abdominal			
	• Laproscopic Procedures			
	• Laparotomy			
	• Dilation & Curettage			
	• Tubal Ligation			

Please (✓) check box if applicable.

Specific Condition Managed	A	B	C
• Hyperemesis Gravidarium			
• Puerperal Pyrexia			
• Normal Newborn Care			
• Chemotherapy			
• Phototherapy			
Special Skills	A	B	C
• Computer Literacy			