

ARMED FORCES HOSPITAL SOUTHERN REGION KHAMIS MUSHAYT

LABOUR AND DELIVERY SKILLS LIST

(HRS/F093/01)

NAME OF APPLICANT:	DATE:
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LEVELS OF PROFICIENCY:

comfortable performing without supervision)

A = Perform Well (at least one year of current experience, very

 \mathbf{B} = Limited Experience (6-12 months, within the past two years,

HOW TO COMPLETE THIS FORM:

A thorough evaluation of your skill level in various Specialty areas will enable us to locate assignments

that are suitable to your skills and the needs of our

patients. Please place an "X" in the box that most

accurately describes your level of expertise for this would require some assistance) skills listed. \mathbf{C} = Perform Infrequently (less than three months of experience, need more experience and practice, assistance required) \mathbf{D} = No Experience (have never performed this task, willing to learn) В \mathbf{C} SKILL A D **COMMENTS (IF ANY)** NORMAL ANTE-PARTUM, INTRAPARTUM & DELIVERY Abdominal Palpation Application of CTG's Interpretation of CTG's Foetal heart auscultation – Pinnards stethoscope Physiology/ management of the 1st, 2nd and 3rd stage of labour Performing vaginal examinations Antenatal physical assessment: deviations from norm PAIN RELIEF & COMFORT IN LABOUR 1. Nitrous Oxide 2. Pethidine 3. Epidural 4. Spinal 5. Patient controlled Analgesia (PCA) Management/ care of patient with spontaneous rupture of membranes Performing an Episiotomy Performing/ management of a normal vaginal delivery Administration of Oxytocics (IM, IV) Suturing of episiotomies/ perineal tears Assisting/ performing speculum examination- HVS ABNORMAL & HIGH RISK ANTEPARTUM, INTRAPARTUM & DELIVERY Biophysical profile Assisting with removal of a cervical suture Abortions – inevitable Still births Extra – amniotic prostaglandin infusion Grief counseling Sexually transmittable infections

SKILL	A	В	С	D	COMMENTS (IF ANY)
Premature rupture of membranes (PROM)					
Suppression of pre term labour with IV Tocolytics					
Preterm labour/ delivery					
Oligohydramnios					
Polyhydramnios					
Placenta Previa					
Placenta Abruptio					
Blood coagulation failure – (DIC)					
Pregnancy induced hypertension (PIH) / (pre-eclampsia)					
Antihypertensive therapy – IV administration					
Anticonvulsant therapy – IV administration					
Management of an Eclamptic patient/ seizures					
Gestational diabetic, diet/ insulin controlled					
Application of foetal scalp electrode (FSE)					
Foetal Distress					
Trial of labour					
Trial of scar					
Assisting with Forceps delivery					
Assisting with vacuum extraction					
Shoulder dystocia					
Precipitous delivery					
Cord prolapse					
Prolonged pregnancy					
Induction of labour with prostin pessaries					
Induction / Augmentation – ARM. IV Syntocinon					
(Pitocin)					
IUGR					
Prolonged labour					
Inco-ordinate uterine action					
Obstructed labour					
Malpresentations e.g. Breech					
External cephalic version (ECV)					
Malposition of the occiput					
Multiple pregnancy/ labour					
Partial separation of placenta					
Post partum haemorrhage (PPH)					
Retained Placenta					
Uterine rupture Hypovolaemia / shock				\vdash	
Blood transfusions	-	-	-		
Preparation of a patient for emergency caesarian					
amniocentesis MATERNAL DISEASE IN PREGNANCY AND			<u> </u>		
LABOUR					
Sickle cell disease					
Renal disease					
Severe anaemia			<u> </u>		
Essential hypertension			1		
Epilepsy			1		
Insulin dependent diabetes mellitus			1		
Cardiac disease			1		
Carurac disease		<u> </u>	I .		

SKILL	A	В	C	D	COMMENTS (IF ANY)
Hepatitis B & C					
AIDS					
THE NEWBORN – NORMAL & ABNORMAL					
Clearing away with a suction catheter					
Receiving a newborn at the caesarian section					
Initial resuscitation of the newborn with clear liquor					
Initial resuscitation of the newborn with meconium					
stained liquor					
Assessment – apgar scoring					
Initial physical examination: deviations from the norm					
Major congenital abnormalities, e.g. cardiac defects,					
cleft/ lip palate, neural tube defects					
Birth injuries/ detection of					
Gestational age – Dubowitz score					
Premature infant					
IUGR infant					
SGA infant					
Infant of diabetic mother					
Hypoglycemia					
Transient Tachypnoea of the newborn					
Respiratory distress syndrome					
Anemic infant					
Twin to twin transfusion					
ADMINISTRATION OF THE FOLLOWING DRUGS TO THE NEWBORN					
Konakion IMI	1				
Narcain					
Hepatitis B vaccine					
Hepatitis B Immunoglobulin					
Oxygen					
Antibiotics IV					
USE OF THE FOLLOWING EQUIPMENT					
	1			I	T
Portable Sonacaid					
CTG monitors					
Electronic weighing scales					
Vickers airshield/ medical resuscitaires					
Transport incubators					
Patient controlled analgesia pumps					
Infusion pumps					
Foetal blood sampling equipment					
Vacuum extraction equipment					
Forceps	1				
Lithotomy poles/ stirrups					
Varying styles of delivery beds					
Portable ultrasound machines					
Portable oxygen cylinders-changing out	1				
Radiant heaters	1				
Obstetrical Calculation Wheel (EDC)					
Syringe pumps					

SKILL	A	В	C	D	COMMENTS (IF ANY)
Pulse oximeter					
Blood Warmer					
Portable suction units					
Speculums					
Amnicator					
Patella Hammer					

Reviewed January 2010

12. Are you computer literate? _____

UNIT SPECIFIC PAST EXPERIENCE AND SKILLS CHECKLIST

Please complete the following questions: 1. Number of years nursing within Obstetrics: _____ 2. Did this include rotating throughout delivery, antenatal and postnatal? 3. In which area do you have the most experience? 4. Your obstetrical knowledge base is from (tick appropriate space) On the job training _____ Specialist certificate _____ Duration of course _____ Others, please specify _____ 5. Average daily census in your hospital: 6. Number of beds in your delivery unit: Antenatal Unit: _____ Postnatal Unit: 7. Your staffing ratio is 1 nurse to _____ patients in the delivery unit _____ patients in the antenatal unit _____ patients in the postnatal unit 8. Do you have certification in Theater/ OR/ Recovery Room? 9. Length of course: _____ 10. Are you certified in Neonatal Resuscitation? _____ 11. What area within Obstetrics interests you?_____

13. Any further comments:

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

Name of the Applicant:	
Signature of the Applicant:	
Date:	