

إدارة مستشفيات القوات المسلحة بالمنطقة الشمالية الغربية المملكة العربية السعه دية

## KING SALMAN ARMED FORCES HOSPITAL - NORTHWESTERN REGION NURSING DEPARTMENT

## **MIDWIFE ASSISTANT SKILLS CHECKLIST**

## **PLEASE MARK LEVEL OF EXPERIENCE:**

1 = NO EXPERIENCE

2 = KNOWLEDGE

3 = PERFORM INFREQUENTLY {WOULD REQUIRE SOME SUPERVISION}

4 = ABLE TO PERFORM WITHOUT ANY SUPERVISION

NURSING SKILLS CHECKLIST	1	2	3	4
Management of patient in first stage of labour				
Management of patient post delivery				
Spontaneous vertex delivery				
Instrumental				
Working knowledge of specialized equipment common to obstetrical area:				
• CTG				
Foetal monitor				
Doppler				
Ultrasound				
Isolette (incubator) Resuscitaire				
Vacuum extractor				
Forceps				
Insert/establish IV				
Perform venepuncture for blood sampling				
Assist doctor during fetal blood sampling				
Assist midwives and doctors during:				
Suturing of episiotomy				
Forceps delivery/vacuum extraction				
Complete head to toe examination of newborn  Weight length head sixtymforence.				
Weight, length, head circumference				
Temperature, heart rate, respiration				
Stool changes				

NURSING SKILLS CHECKLIST	1	2	3	4
Perform admission assessment/care of newborn in nursery				
Care of newborn undergoing phototherapy				
Application/use of infant resuscitaire (ambubag) and oxygen				
Oral/nasal suctioning				
Bath newborn				
Cord care				
Eye care				
Assist and teach mother to breastfeed				
Bottle feed to complement breastfeeding				
Recognize abnormalities such as				
- Jaundice				
- Infection				
- Extensive weight loss				
- Intolerance of feeds				
Perform baby bath demonstration, cord and nappy care				
Knowledge and ability to administer medications given to the newborn e.g. vaccines, Vit. K				
Collection of samples from newborn:				
• Urine				
• Stools				
Blood for SBR				
Swabs				
Principles of rooming in				
Care of newborn undergoing phototherapy				
Use of radiant heater				
Suction apparatus				

BLS ACLS NRP PALS IV THERAPY  The information I have given is true and accurate.	CERTIFICATION	YES	NO	EXPIRY DATE			
NRP PALS IV THERAPY	BLS						
PALS  IV THERAPY	ACLS						
IV THERAPY	NRP						
	PALS						
The information I have given is true and accurate.	IV THERAPY						
The information I have given is true and accurate.							
The information I have given is true and accurate.							
	The information I have given is true and accurate.						

SIGNATURE

DATE

NAME (PLEASE PRINT)