



Post Partum Skills Assessment Checklist

Name: _____

Date: _____

Please indicate your level of experience

A. Theory, no practice	C. One - two years experience
B. Intermittent experience	D. Two plus years experience

1. Post Partum Interventions

a. Assessment

i. Bladder distention	A	B	C	D
ii. Breast engorgement	A	B	C	D
iii. DVT (deep vein thrombosis)	A	B	C	D
iv. Episiotomy	A	B	C	D
v. Fluid balance	A	B	C	D
vi. Fundal height	A	B	C	D
vii. GI function post anesthesia	A	B	C	D
viii. Lochia amount	A	B	C	D
ix. Maternal vital signs	A	B	C	D
x. Parental/infant interaction	A	B	C	D
xi. Perineum				
1. Hematoma	A	B	C	D
2. Hemorrhoids	A	B	C	D

b. Interpretation of lab results

1. Glucose	A	B	C	D
2. Ketones	A	B	C	D
3. Protein	A	B	C	D
4. Specific gravity	A	B	C	D

c. Equipment & procedures

i. Adult cardiopulmonary resuscitation	A	B	C	D
ii. Contraceptive counseling	A	B	C	D
iii. Discharge teaching	A	B	C	D
iv. Foster parental-infant attachment	A	B	C	D
v. Insert catheter				
1. Foley	A	B	C	D
2. Straight	A	B	C	D
3.				
vi. Post anesthesia care	A	B	C	D



1.	General	A	B	C	D
2.	Local	A	B	C	D
3.	Spinal	A	B	C	D
vii.	Post Cesarean care	A	B	C	D
viii.	Teach and assist with				
	1. Breastfeeding/parent education				
	a. Latch-on procedures	A	B	C	D
	b. Positioning	A	B	C	D
	c. Use of electric breast pump	A	B	C	D
	d. Use of manual breast pump	A	B	C	D
	2. Formula preparation and feeding	A	B	C	D
	3. Infant care restraint systems	A	B	C	D
	4. Infant caretaking skills	A	B	C	D
	5. Perineal care	A	B	C	D
	6. Sitz bath	A	B	C	D
d.	Care of the patient with:				
	i. Asthma	A	B	C	D
	ii. Cardiac disease	A	B	C	D
	iii. Cesarean section	A	B	C	D
	iv. Diabetes mellitus	A	B	C	D
	v. Infectious disease	A	B	C	D
	vi. Known substance abuse	A	B	C	D
	vii. Multiple births	A	B	C	D
	viii. Post tubal ligation	A	B	C	D
	ix. Pregnancy induced hypertension	A	B	C	D
	x. Spontaneous vaginal delivery	A	B	C	D
e.	Medications				
	i. Antibiotics	A	B	C	D
	ii. Diluted oxytocin infusion	A	B	C	D
	iii. IM administration	A	B	C	D
	iv. Rhogam administration/teaching	A	B	C	D
	v. SC medications, including narcotics	A	B	C	D

2. Normal Neonatal Care

a.	Assessment				
	i. Ballard scale	A	B	C	D
	ii. Circumference	A	B	C	D
	iii. Dubowitz scale	A	B	C	D
	iv. Length	A	B	C	D
	v. Neonatal jaundice	A	B	C	D
	vi. Reflexes	A	B	C	D



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|--|---|---|---|---|
| ii. IV conscious sedation | A | B | C | D |
| iii. Patient controlled analgesia (PCA pump) | A | B | C | D |

Certification:

Please read and agree to the statements below by signing and dating the bottom of this form.

I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize RN Exclusive to release this Skills Checklist to the Client facilities in relation to consideration of employment with those facilities.

Signature: _____ Date: _____