



### LABOR & DELIVERY SKILLS CHECKLIST

1 = No Experience  
 2 = Perform infrequently (would require some supervision)  
 3 = Able to perform without any supervision

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

	1	2	3
<b>1. EMERGENCY PROCEDURES</b>			
A. CPR			
B. ACLS			
C. Ambu Bag			
<b>2. MEDICATION ADMINISTRATION</b>			
A. Unit Dose			
B. Oral			
C. Intramuscular			
D. Subcutaneous			
E. Z Track			
F. Intravenous Push			
G. IV Piggyback - Additives			
H. Charting Medications with Results			
<b>3. DIRECT PATIENT CARE &amp; ASSESSMENT</b>			
A. Identify Stages of Labor			
B. Overall Labor Assessment			
C. Vital Signs			
D. Application of Fundal Pressure			
E. Turning & Positioning Patient			
F. Accurate Intake & Out Output			
G. Post-partum Assessment			
H. Assessment & Care of Neonate			
I. One Touch Glucometer			
<b>4. ASEPTIC TECHNIQUE</b>			
A. Urinary Catheters - Insertion			
B. Internal/External Fetal Monitoring			
C. C-Section			
1. Scrub			
2. Circulate			

	1	2	3
D. Assist with Vaginal Delivery			
E. Dressings			
1. Sterile			
2. Unsterile			
F. Infection Control Procedures			
G. Isolation Techniques			
1. Skin & Wound			
2. Strict			
3. Respiratory			
4. Enteric			
5. Reverse			
6. Universal Precautions			
<b>5. MANAGEMENT OF THE PATIENT WITH:</b>			
A. Preeclampsia			
B. Placenta Previa			
C. Abruptio Placenta			
D. Gestational Diabetes			
E. Retained Placenta			
<b>6. ENEMAS, TAP H2O, S.S., FLEETS</b>			
<b>7. NEUROLOGICAL SIGNS</b>			
<b>8. RESPIRATORY</b>			
A. O2 Mask & Prongs			
B. Nebulizers			
C. Suction- Nasotracheal & Endotracheal			
<b>9. INFUSIONS – TYPE &amp; METHOD</b>			
A. Blood			
B. Blood Products			
C. Hyper-alimentation			
D. Butterfly			

**LABOR & DELIVERY SKILLS CHECK LIST**

<b>9. INFUSIONS – TYPE &amp; METHOD</b>	<b>1</b>	<b>2</b>	<b>3</b>
E. Intravenous Catheters			
F. Heparin Locks			
G. Pump/Controller			
H. Care of IV Site			
I. PCA Machines			
<b>10. CARE OF PATIENT ON THE FOLLOWING DRUGS:</b>			
A. Pitocin			
B. Terbutaline			
C. Ritodrine			
D. Methergine			
E. Magnesium Sulfate			
F. Calculation of :			
<b>11. DOCUMENTATION</b>			
A. Focus Charting			
B. Meditech Computer System			
C. 24-Hour Patient Care Record			
D. Nursing Care Plans			
E. Flow Sheets			

**NUMBER OF YEARS EXPERIENCE:**

L&D \_\_\_\_\_ PP \_\_\_\_\_

**CERTIFICATIONS:**

CPR \_\_\_\_\_ EXP DATE: \_\_\_\_\_

NRP \_\_\_\_\_ EXP DATE: \_\_\_\_\_

OTHERS \_\_\_\_\_ EXP DATE: \_\_\_\_\_

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Premier Nursing Service to release this list to its client health care facilities.

\_\_\_\_\_  
Signature Date

Authentication By Agency:

\_\_\_\_\_  
DON Signature Date