

Mother & Baby Skills Checklist

This assessment is for determining your experience in the below outlined clinical areas. This checklist will not be used as a determining factor in accepting your application for employment with ADEX Medical Staffing, LLC.

Proficency Scale:

- 1 = No Experience Theory only
- 2 = Limited Experience Infrequent
- 3 = Moderate Experience Able to perform independently
- 4 = Proficient Able to perform proficiently and instruct

Frequency Scale:

- 1 = Never Observed
- 2 = Less than 6 times a year
- 3 = 1 or 2 Times a Month
- 4 = Daily or Weekly

| Personal Informati | on |
|--------------------|-----------------|
| Name: | |
| Email: | |
| City: | |
| Country: | United States 💠 |
| State/Region: | |
| Send to: | None Specified |

| | Proficiency | | | | Frequency | | | | |
|--------------------------|-------------|---------|---------|---------|-----------|---------|---------|---|--|
| Care of the Newborn | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | |
| Ballard Scale | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Blood Glucose Monitoring | \circ | \circ | \circ | \circ | \circ | \circ | \circ | 0 | |
| Bulb Suction | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | |

| Circumcision Care | 0 | \circ | \circ | 0 | \circ | 0 | 0 | 0 |
|--|-----------------------|---------------------------------|---------------------|-----------------------|---------------|-----------|-------------------|------------------|
| Circumferences | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Collect Heelstick Blood Samples | \circ | \circ | \circ | \circ | \circ | \circ | \circ | \circ |
| Cord Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CPR -Neonate | \circ | \circ | \circ | \circ | \circ | \circ | \circ | \circ |
| Culture Suspect Infectious Neonate | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Discharge Procedures | \circ | \circ | \circ | \circ | \circ | \circ | \circ | \circ |
| Dubowitz Scale | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Eye Prophylaxis | \circ | \circ | \circ | \circ | \circ | \circ | \circ | \circ |
| Identifying Infant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Incubator/Isolettes | \circ | \circ | \circ | \circ | \circ | \circ | \circ | \circ |
| Jaundice/Phototherapy Treatment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Length | \circ | \circ | \circ | \circ | \circ | \circ | \circ | \circ |
| Mother/Baby Skills Self Evaluation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | - | | | | _ | | _ | |
| | P | rofic | cienc | y | F | requ | uenc | y |
| Newborn Assessment | Р 1 | rofic 2 | cienc 3 | y 4 | 1 | requ 2 | uenc 3 | y 4 |
| Newborn Assessment Reflexes | | | | | | | | |
| | | | | | | | | |
| Reflexes | | | | | | | | |
| Reflexes Skin Care -Bathe | | | | | | | | |
| Reflexes Skin Care -Bathe Test Stool for Blood | | | | | | | | |
| Reflexes Skin Care -Bathe Test Stool for Blood ThermoNeutral Environment | | | | | | | | |
| Reflexes Skin Care -Bathe Test Stool for Blood ThermoNeutral Environment Urine Output/Collect Specimens | | | | | | | | |
| Reflexes Skin Care -Bathe Test Stool for Blood ThermoNeutral Environment Urine Output/Collect Specimens Vital Signs | 1 0 0 0 0 0 0 | 2 | 3 0 0 0 0 0 0 0 | 4 | 1 0 0 0 0 0 0 | 2 | 3 0 0 0 0 0 0 0 0 | 4 0 0 0 0 0 0 0 |
| Reflexes Skin Care -Bathe Test Stool for Blood ThermoNeutral Environment Urine Output/Collect Specimens Vital Signs Weight | 1 0 0 0 0 0 0 | | 3 0 0 0 0 0 0 0 | 4 | 1 0 0 0 0 0 0 | 2 | | 4 0 0 0 0 0 0 0 |
| Reflexes Skin Care -Bathe Test Stool for Blood ThermoNeutral Environment Urine Output/Collect Specimens Vital Signs | 1 0 0 0 0 | 2 O O O O O O | 3 O O O O O O O O O | 4 0 0 0 0 | 1 0 0 0 0 0 | 2 O | 3 O O O O uenc | 4 0 0 0 |
| Reflexes Skin Care -Bathe Test Stool for Blood ThermoNeutral Environment Urine Output/Collect Specimens Vital Signs Weight Postpartum Assessment | 1 0 0 0 0 | 2 O O O O O O | 3 O O O O O O O O O | 4 0 0 0 0 | 1 0 0 0 0 0 | 2 O | 3 O O O O uenc | 4 0 0 0 |
| Reflexes Skin Care -Bathe Test Stool for Blood ThermoNeutral Environment Urine Output/Collect Specimens Vital Signs Weight Postpartum Assessment Bladder Distention | 1 0 0 0 0 | 2 O O O O O O | 3 O O O O O O O O O | 4 0 0 0 0 | 1 0 0 0 0 0 | 2 O | 3 O O O O uenc | 4 0 0 0 |

| Fundus Consistency/Location | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---------------------------------|---------|---------|---------|---------|------------|---------|------------|---------------|
| | P | rofic | ienc | у | F | requ | lenc | у |
| Meds/IV Therapy (Mother) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Administer IM & SQ Meds | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administer IV Medications | \circ | \circ | \circ | \circ | \bigcirc | \circ | \bigcirc | 0 |
| Administer PO Medications | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administer RhoGAM | \circ | \circ | \circ | \circ | \circ | \circ | \circ | 0 |
| Mix IV Infusion w/ Additives | 0 | 0 | \circ | 0 | 0 | 0 | 0 | 0 |
| Needle-Less Systems | 0 | \circ | \circ | 0 | 0 | 0 | 0 | 0 |
| Neonatal Injections | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Peripheral IV Insertion | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Use of Heparin/Saline Locks | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | P | rofic | ienc | у | ī | requ | lenc | у |
| Administer/Monitor IV Infusions | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Administer Blood/PRBC's | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administer Plasma/Albumin | \circ | \circ | \circ | \circ | \circ | \circ | \circ | 0 |
| Antibiotics | 0 | 0 | \circ | 0 | 0 | 0 | 0 | 0 |
| Assess Pain Level | \circ | \circ | \circ | \circ | \circ | \circ | \circ | 0 |
| Care of Central Line | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Discontinue Peripheral IV's | 0 | 0 | \circ | 0 | 0 | 0 | 0 | 0 |
| Draw Blood From Central Line | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Draw Perip. Blood for Labs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Heparin | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Oxytocin induction/augmentation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | F | rofic | ienc | у | | requ | ienc | y |
| Postpartum Care | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Maternal History | | | | | _ | _ | _ | $\overline{}$ |
| Maternal History | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Maternal Vital Signs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Lochia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------------------------------|------------|------------|------------|------------|------------|------------|------------|----------|
| Manage Postpartum Pain | \bigcirc | \circ | \circ | \circ | \circ | \circ | \bigcirc | 0 |
| Perineum | 0 | 0 | \circ | \circ | 0 | 0 | 0 | 0 |
| | P | rofic | ienc | y | F | requ | iency | <i>y</i> |
| Initiate Post-Anesthesia Care | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Adult CPR / Assist with Code | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Apply Ice to Perineum | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Blood Glucose Monitoring | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C-Section Incision Care | \circ | \circ | \bigcirc | \bigcirc | \circ | \circ | \circ | 0 |
| Epidural | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Episiotomy Care | \bigcirc | \circ | \bigcirc | \circ | \circ | \bigcirc | \circ | 0 |
| General | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Insert Straight/Foley Catheter | \circ | \circ | \bigcirc | \circ | \bigcirc | \bigcirc | \circ | 0 |
| Intake and Output | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Provide/Instruct Perineal Care | \circ | \circ | \bigcirc | \bigcirc | \circ | \circ | \circ | 0 |
| Pulse Oximetry Setup/Monitoring | 0 | 0 | 0 | 0 | 0 | 0 | \circ | 0 |
| Sitz Baths | \circ | 0 |
| Spinal | 0 | 0 | 0 | 0 | 0 | 0 | \circ | 0 |
| Urine Dipstick | \circ | \circ | \bigcirc | \bigcirc | \circ | \circ | \circ | 0 |
| Vital Sign Monitoring | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Р | rofic | ienc | y | Ī | requ | iency | , |
| Care of Patient with | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Assist/Instruct Bottlefeeding | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Assist/Instruct Breastfeeding | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Assist/Instruct Use of Breast Pumps | 0 | 0 | \bigcirc | \circ | 0 | 0 | 0 | 0 |
| Asthma | \bigcirc | \circ | \bigcirc | \circ | \circ | \bigcirc | \circ | 0 |
| Cardiac Disease | 0 | 0 | \bigcirc | 0 | 0 | 0 | 0 | 0 |
| Contraceptive Counseling | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \circ | 0 |
| Diabetes | 0 | 0 | \bigcirc | \bigcirc | 0 | \bigcirc | \bigcirc | 0 |

| Discharge Teaching | \circ | \circ | \circ | \circ | \circ | \cup | \cup | 0 |
|--|-------------|------------|-------------|---------------------------------------|-----------------------|-------------|---|-------------|
| Family-Centered Maternity Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Infant Safety / Car Seats | \circ | \bigcirc | \bigcirc | \circ | \bigcirc | \bigcirc | \bigcirc | \circ |
| Infectious Disease | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Known Substance Abuse | \circ | \bigcirc | \circ | \circ | \bigcirc | \bigcirc | \bigcirc | \circ |
| Multiple Births | \circ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Parent/Infant Bond | \circ | \circ | \bigcirc | \circ | \circ | \circ | \circ | \circ |
| Post-Tubal Ligation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pregnancy Induced HTN/Preeclampsia | \circ | \circ | \circ | \circ | \circ | \circ | \circ | \circ |
| Conscious Sedation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Epidural Anesthesia | \circ | 0 | 0 | 0 | 0 | \circ | \circ | \circ |
| Patient Controlled Anesthesia (PCA) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | P | rofic | ienc | y : | F | requ | ienc | у |
| Age Specific Competency | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| - 190 opening competency | | | | | | | | |
| Newborn (birth-30 days) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Newborn (birth-30 days) | 0 | 0 0 | 0 0 | 0 0 | 0 0 0 | 0 0 0 | 0 0 0 | 0 0 0 |
| Newborn (birth-30 days) Infant (30 days-1 yrs) | 0 0 0 | 0 0 0 | 0 0 0 | 0 0 0 | 0 0 0 | 0 0 0 | 0 0 0 | 0 0 0 |
| Newborn (birth-30 days) Infant (30 days-1 yrs) Toddler (1-3 yrs) | 0 0 0 0 | 0 0 0 0 | 0 0 0 0 | 0 0 0 0 | 0 0 0 0 | 0 0 0 0 | 0 0 0 0 | 0 0 0 0 |
| Newborn (birth-30 days) Infant (30 days-1 yrs) Toddler (1-3 yrs) Preschooler (3-5 yrs) | 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 |
| Newborn (birth-30 days) Infant (30 days-1 yrs) Toddler (1-3 yrs) Preschooler (3-5 yrs) School Age (5-12 yrs) | 0 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 | | 0 0 0 0 0 0 |
| Newborn (birth-30 days) Infant (30 days-1 yrs) Toddler (1-3 yrs) Preschooler (3-5 yrs) School Age (5-12 yrs) Adolescents (12-18 yrs) | 0 0 0 0 0 0 | | 0 0 0 0 0 0 | 0 0 0 0 0 0 | | | | 0 0 0 0 0 0 |
| Newborn (birth-30 days) Infant (30 days-1 yrs) Toddler (1-3 yrs) Preschooler (3-5 yrs) School Age (5-12 yrs) Adolescents (12-18 yrs) Young Adults (18-39 yrs) | | | | | | | | 00000000 |
| Newborn (birth-30 days) Infant (30 days-1 yrs) Toddler (1-3 yrs) Preschooler (3-5 yrs) School Age (5-12 yrs) Adolescents (12-18 yrs) Young Adults (18-39 yrs) Middle Adults (39-64 yrs) | | | 0 0 0 0 0 0 | 0 0 0 0 0 0 | 0 0 0 0 0 0 | 0 0 0 0 0 0 | 0 0 0 0 0 0 0 | 0 0 0 0 0 0 |
| Newborn (birth-30 days) Infant (30 days-1 yrs) Toddler (1-3 yrs) Preschooler (3-5 yrs) School Age (5-12 yrs) Adolescents (12-18 yrs) Young Adults (18-39 yrs) Middle Adults (39-64 yrs) Older Adults (64 yrs +) Signature The information represented above is true and correct to the best of the second of | | • | | 0 0 0 0 0 | 0 0 0 0 0 | | OOOOOOIze | |
| Newborn (birth-30 days) Infant (30 days-1 yrs) Toddler (1-3 yrs) Preschooler (3-5 yrs) School Age (5-12 yrs) Adolescents (12-18 yrs) Young Adults (18-39 yrs) Middle Adults (39-64 yrs) Older Adults (64 yrs +) | | • | | 0 0 0 0 0 | 0 0 0 0 0 | | OOOOOOIze | |
| Newborn (birth-30 days) Infant (30 days-1 yrs) Toddler (1-3 yrs) Preschooler (3-5 yrs) School Age (5-12 yrs) Adolescents (12-18 yrs) Young Adults (18-39 yrs) Middle Adults (39-64 yrs) Older Adults (64 yrs +) Signature The information represented above is true and correct to the best of the second of | | • | | O O O O O O O O O O O O O O O O O O O | | | 0 0 0 0 0 | |