

Print

Name: _____ **Date:** _____

Registered Nurse, Labor and Delivery

ANNUAL COMPETENCY ASSESSMENT TOOL

Proficiency Level: Indicated exp. for each task

- 1-No experience/knowledge
- 2-Minimal experience, need supervision
- 3-Can perform without supervision
- 4-Perform well and can act as resource person
- NA: Not Applicable to area or no exp. Required

Skills	1	2	3	4	NA
1. General Obstetrical Management:					
a. Assessment of Labor:					
1) Assess for risk factors.					
2) Cervical dilation/effacement and Changes.					
3) Duration/frequency/quality of Contractions.					
4) Identity of fetal part.					
5) Obtain OB history.					
6) Psychological/behavioral status of Patient.					
7) Station of presenting part.					
b. Assist with:					
1) Amnioinfusion					
2) Collection of cultures.					
3) Epidural catheter placement.					
2. Antepartum Care					
a. Preterm labor.					
b. Premature rupture of membranes					
c. Pyelonephritis.					
d. Hyperemesis gravidarum					
3. Assist with Interventions During Labor:					
a. Assist/monitor those requiring anesthesia: General, Regional (epidural, local infiltration, spinal).					
b. Cesarean section					
c. Forceps vaginal delivery/vacuum Extraction delivery.					
d. Initiate emergency measures.					
e. Knowledgeable of s/s of infant distress.					
f. Labor room delivery.					
g. Spontaneous vaginal delivery.					
4. Interventions During Labor:					
a. Administer analgesics.					
b. Change patient's position PRN					

	1	2	3	4	NA
Skills continued					
c. Coach in relaxation techniques and psychoprophylactic breathing.					
d. Perform a perineal prep.					
e. Guide and support labor coach.					
f. Initiate emergency protocols.					
g. Monitor fluid status.					
h. Provide care and monitor after rupture of Membranes (spontaneous or artificial).					
i. Provide emotional support.					
j. Provide physical comfort measures.					
5. Intrapartum Care of Women With:					
a. Abruptio placenta.					
b. Asthma.					
c. Cardiac disease.					
d. Cystitis.					
e. Diabetes mellitus					
f. Drug/substance abuse.					
g. Eclampsia (seizures).					
h. Hemorrhage.					
i. Hypotension from regional anesthesia.					
j. Infectious diseases: Group Beta Strep, Hepatitis B & C, Herpes, HIV.					
k. Malpresentations.					
l. Multiple gestation.					
m. Pregnancy-induced hypertension.					
n. Preeclampsia.					
o. Placenta previa.					
p. Premature labor.					
q. Prolapsed cord.					
r. Rh Incompatibilities.					
s. Sickle cell crisis.					
6. Medication Administration:					
a. Administer IM and SC medications,					
b. Monitor I.V. infusions:					
1) Cervical ripening agents: Cervidil, cytatec, and Prostaglandin.					
2) Insulin.					
3) Labor suppressants: MgSO4, Ritodrine, & Terbutalene.					
4) MgSO4 for pre-eclampsia					
5) Oxytocin induction/augmentation Prostaglandin.					
6) Induction.					
7. Intravenous Fluid Administration:					

Skills continued	1	2	3	4	NA
a. Peripheral access: Angiocath, Butterfly / and I.V. lock.					
b. Administration/maintenance: Peripheral.					
c. Tubing changes: Peripheral and central.					
d. Site care: Peripheral and central					
8. Blood/Blood Products Administration:					
a. Consent.					
b. Administration: PC, FFP, and albumin.					
c. Discontinuation/transfusion reactions.					
9. Postpartum Assessment:					
a. Accurate assessment and documentation of:					
1) Amount and character of lochia.					
2) Bladder status					
3) Cesarean section.					
4) Episiotomy.					
5) Fundal consistency and height.					
6) Incision.					
7) Aldrete Score.					
10. Postpartum Intervention:					
a. Assess/foster parent-infant bonding.					
b. Assist with initial attempts with breast feeding at/after delivery.					
c. Bladder and bowel care.					
d. Breast care.					
e. Fundal massage.					
f. Implement measures to initiate voiding if distention occurs.					
g. Interventions for post cesarean sections.					
h. Post-anesthesia recovery care (epidural,general, spinal).					
i. Provide perineal care.					
11. Use of Medical Equipment:					
a. I.V., PCA and epidural pumps.					
b. Oxygen tank and regulator.					
c. Capillary glucose monitor.					
d. Suction apparatus: Wall and portable.					
e. Oxygen therapy: Wall and portable.					
f. Pulse oximeter.					
g. Fetone.					
h. Fetal monitor (internal/external cables).					
i. Birthing bed.Electrosurgical device.					
j. Non-invasive blood pressure monitor.					
k. Infant warmer.					
m. Vacuum extractor.					

Skills continued	1	2	3	4	NA
n. Sitz bath.					
o. Transfer board.					
p. Computer and printer.					
r. Reports defective equipment.					
LEGAL ASPECTS					
Knowledge of patient's rights					
Confidentiality					
Voluntary & Involuntary Commitment					
Discharge AMA from hospital setting					
DOCUMENTATION					
Familiar with Problem oriented charting					
Use of Nursing diagnosis					
Initiating treatment plans					
Defining goals and objectives					
Complete Nursing assessment including biological, psychological, spiritual & intellectual functions					
GENERAL L & D NURSING					
Knowledge of responses, collection of data, development of impression planning & implementation					
Knowledge of L & D therapies					
SUBSTANCE ABUSE NURSING					
Knowledge of major categories of abused substances in terms of usual route of administration, experimental behavioral responses, behavior related to syndrome					
Formulate Nursing diagnosis that incorporate the substance abused, relevant stressors and behaviors observed					
Knowledge of common themes and appropriate nursing intervention					
ISOLATION PRECAUTIONS					
Regular Isolation					
Reverse Isolation					
Enteric Isolation					
Respiratory Isolation					
Wound and Skin Isolation					
Sterile Dressing Changes					

Signature: _____

Date: _____

