

# MATRIX PERSONNEL SERVICE, INC.

## RN PROFICIENCY RECORD (SKILLS CHECKLIST)

### ANTEPARTUM/LABOR AND DELIVERY/POSTPARTUM

Name: \_\_\_\_\_  
Last
First
Middle

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

LEVEL OF PROFICIENCY		
1 - Theory – No Experience	2 - Some Experience (May require some assistance or practice)	3 - Competent and Experienced

PLEASE CHECK THE APPROPRIATE COLUMN FOR FAMILIARITY WITH, OR USAGE OF THE FOLLOWING:

SKILLS	1	2	3
<b>CARE OF THE ANTEPARTUM PARTIENT</b>			
Substance Abuse			
Asthma			
Cardiac Disease			
Pre-Eclampsia			
Abruptio Placenta			
Placenta Previa			
PIH			
Premature Labor			
Malpresentation			
Diabetes Mellitus			
Infectious Disease			
<b>CARE OF THE LABORING PATIENT</b>			
Emergency Delivery			
Assist with High-Risk Delivery			
Vaginal Exams			
Assist with Vaginal Delivery			
<b>CARE OF THE DELIVERING PATIENT</b>			
Forceps Vaginal Delivery			
Circulate for C-Section			
Scrub for C-Section			
Abdominal Shave/Scrub Prep			
Perineal Prep			
Internal Monitor/Lead Connection and Calibration			
Assist with Placement of Intrauterine Pressure Catheter			
Assist with Fetal Scalp Blood Sampling			
Fundal Assessment/Height			
Use of Fetoscope/Doppler			
Interpretation of Fetal Monitoring			
Identify FHR Patterns			
Pregnancy Induced Hypertension			
Pre-eclampsia			
Multi Gestation			
Placenta Previa			
Abruptio Placenta			
Malpresentations			
Premature Labor			

SKILLS	1	2	3
<b>CARE OF THE DELIVERING PATIENT (cont.)</b>			
Diabetes Mellitus			
Infectious Disease			
Sickle Cell Disease			
RH Incompatibilities			
HIV			
Drug Addition/Withdrawal			
Pitocin			
Ritodrine			
Magnesium Sulfate Therapy			
Insulin Drips			
<b>CARE OF THE NEWBORN</b>			
Suctioning			
Physical Exam			
APGAR			
Eye Prophylaxis			
Collect Cord Specimens			
Vitamin K Administration			
Radiant Warmers			
Weight			
Apnea Monitoring			
Phototherapy			
Cord and Circumcision Care			
<b>POST-DELIVERY PATIENT</b>			
Fundus Consistency			
Lochia			
Perineal Care			
Bladder Distention			
Episiotomy			
Post-Op C-Section			
PAC Pump			
Cardiac Disease			
Neurological Disease			
Tubal Ligation			
Breast Feeding Teaching			

<b>Certification</b>	<b>Expiration Date</b>	<b>Certification</b>	<b>Expiration Date</b>
ACLS		Other:	
BLS		Other:	
NRP			

Notes: (Please enter information you feel is important or necessary to give further explanation for information provided above):

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Employee Signature: \_\_\_\_\_

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

Reviewed By: \_\_\_\_\_

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

Matrix Representative Signature