



*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 to become an employee of Freedom HCS.*

**PROFICIENCY SCALE**

1. No Experience      2. Need Training  
3. Able to perform with supervision      4. Able to perform independently

| Proficiency Scale                  | 1 | 2 | 3 | 4 | Proficiency Scale                       | 1 | 2 | 3 | 4 |
|------------------------------------|---|---|---|---|---|---|---|---|---|
| <b>Care of the Newborn</b>         |   |   |   |   | <b>Meds/IV Therapy (Mother)</b>         |   |   |   |   |
| Ballard Scale                      |   |   |   |   | Administer IM & SQ Meds                 |   |   |   |   |
| Blood Glucose Monitoring           |   |   |   |   | Administer IV Medications               |   |   |   |   |
| Bulb Suction                       |   |   |   |   | Administer PO Medications               |   |   |   |   |
| Circumcision Care                  |   |   |   |   | Administer RhoGAM                       |   |   |   |   |
| Circumferences                     |   |   |   |   | Mix IV Infusion w/ Additives            |   |   |   |   |
| Collect Heelstick Blood Samples    |   |   |   |   | Needle-Less Systems                     |   |   |   |   |
| Cord Care                          |   |   |   |   | Neonatal Injections                     |   |   |   |   |
| CPR - Neonate                      |   |   |   |   | Peripheral IV Insertion                 |   |   |   |   |
| Culture Suspect Infectious Neonate |   |   |   |   | Use of Heparin/Saline Locks             |   |   |   |   |
| Discharge Procedures               |   |   |   |   |   |   |   |   |   |
| Dubowitz Scale                     |   |   |   |   | <b>Administer/Monitor IV Infusions:</b> |   |   |   |   |
| Eye Prophylaxis                    |   |   |   |   | Administer Blood/PRBC's                 |   |   |   |   |
| Identifying Infant                 |   |   |   |   | Administer Plasma/Albumin               |   |   |   |   |
| Incubator/Isolettes                |   |   |   |   | Antibiotics                             |   |   |   |   |
| Jaundice/Phototherapy Treatment    |   |   |   |   | Assess Pain Level                       |   |   |   |   |
| Length                             |   |   |   |   | Care of Central Line                    |   |   |   |   |
| Mother/Baby Skills Self Evaluation |   |   |   |   | Discontinue Peripheral IV's             |   |   |   |   |
| Newborn Assessment:                |   |   |   |   | Draw Blood From Central Line            |   |   |   |   |
| Reflexes                           |   |   |   |   | Draw Perip. Blood for Labs              |   |   |   |   |
| Skin Care - Bathe                  |   |   |   |   | Heparin                                 |   |   |   |   |
| Test Stool for Blood               |   |   |   |   | Oxytocin induction/augmentation         |   |   |   |   |
| ThermoNeutral Environment          |   |   |   |   |   |   |   |   |   |
| Urine Output/Collect Specimens     |   |   |   |   | <b>Care of Patient with:</b>            |   |   |   |   |
| Vital Signs                        |   |   |   |   | Conscious Sedation                      |   |   |   |   |
| Weight                             |   |   |   |   | Epidural Anesthesia                     |   |   |   |   |
|                                    |   |   |   |   | Patient Controlled Anesthesia (PCA)     |   |   |   |   |
| <b>Postpartum Assessment:</b>      |   |   |   |   |   |   |   |   |   |
| Bladder Distention                 |   |   |   |   | <b>Postpartum Care</b>                  |   |   |   |   |
| Breast Engorgement                 |   |   |   |   | Maternal History                        |   |   |   |   |
| Deep Vein Thrombosis               |   |   |   |   | Maternal Vital Signs                    |   |   |   |   |
| Edema                              |   |   |   |   |   |   |   |   |   |
| Fundus Consistency/Location        |   |   |   |   | :                                       |   |   |   |   |

| Proficiency Scale                     | 1 | 2 | 3 | 4 | Proficiency Scale                   | 1 | 2 | 3 | 4 |
|---------------------------------------|---|---|---|---|-------------------------------------|---|---|---|---|
| Lochia                                |   |   |   |   | Care of the Patient with            |   |   |   |   |
| Manage Postpartum Pain                |   |   |   |   | Assist/Instruct Bottlefeeding       |   |   |   |   |
| Perineum                              |   |   |   |   | Assist/Instruct Breastfeeding       |   |   |   |   |
|                                       |   |   |   |   | Assist/Instruct Use of Breast Pumps |   |   |   |   |
| <b>Initiate Post-Anesthesia Care:</b> |   |   |   |   | Asthma                              |   |   |   |   |
| Adult CPR / Assist with Code          |   |   |   |   | Cardiac Disease                     |   |   |   |   |
| Apply Ice to Perineum                 |   |   |   |   | Contraceptive Counseling            |   |   |   |   |
| Blood Glucose Monitoring              |   |   |   |   | Diabetes                            |   |   |   |   |
| C-Section Incision Care               |   |   |   |   | Discharge Teaching                  |   |   |   |   |
| Epidural                              |   |   |   |   | Family-Centered Maternity Care      |   |   |   |   |
| Episiotomy Care                       |   |   |   |   | Infant Safety / Car Seats           |   |   |   |   |
| General                               |   |   |   |   | Infectious Disease                  |   |   |   |   |
| Insert Straight/Foley Catheter        |   |   |   |   | Known Substance Abuse               |   |   |   |   |
| Intake and Output                     |   |   |   |   | Multiple Births                     |   |   |   |   |
| Provide/Instruct Perineal Care        |   |   |   |   | Parent/Infant Bond                  |   |   |   |   |
| Pulse Oximetry Setup/Monitoring       |   |   |   |   | Post-Tubal Ligation                 |   |   |   |   |
| Sitz Baths                            |   |   |   |   | Pregnancy Induced HTN/Preeclampsia  |   |   |   |   |
| Spinal                                |   |   |   |   |                                     |   |   |   |   |
| Urine Dipstick                        |   |   |   |   |                                     |   |   |   |   |
| Vital Sign Monitoring                 |   |   |   |   |                                     |   |   |   |   |

### Age Specific Competency

Able to ensure a safe and caring environment for the specific age groups indicated below; able to communicate and instruct patients from various age groups; able to evaluate age-appropriate behavior and skills.

| PROFICIENCY SCALE         | 1 | 2 | 3 | 4 |
|---------------------------|---|---|---|---|
| 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 +)   |   |   |   |   |

The information represented above is true and correct to the best of my knowledge. I also authorize **Freedom** Healthcare Staffing to share the above skills checklist with its hospital clients.

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

Name (Printed) \_\_\_\_\_