



Hudson Staffing

* Denotes required field

This profile is for use by Post Partum/Nursery nurses with more than one year experience in their discipline and specialty. It will not be a determining factor for the Hudson Staffing program.

Please enter your full legal name as it appears on your **Social Security Card**.

First name*

Last name*

Email

Please indicate your level of experience

- A. Theory, no practice C. One - two years experience
B. Intermittent experience D. Two plus years experience

A. POST PARTUM INTERVENTIONS

1. Assessment

- a. Bladder distention A B C D
- b. Breast engorgement A B C D
- c. DVT (deep vein thrombosis) A B C D
- d. Episiotomy A B C D
- e. Fluid balance A B C D
- f. Fundal height A B C D
- g. GI function post anesthesia A B C D
- h. Lochia amount A B C D
- i. Maternal vital signs A B C D
- j. Parental/infant interaction/attachment A B C D
- k. Perineum
 - (1) Hematoma A B C D
 - (2) Hemorrhoids A B C D

2. Interpretation of lab results

- a. Check urine for
 - (1) Glucose A B C D
 - (2) Ketones A B C D
 - (3) Protein A B C D
 - (4) Specific gravity A B C D

3. Equipment & procedures

- a. Adult cardiopulmonary resuscitation A B C D

- b. Contraceptive counseling A B C D
- c. Discharge teaching A B C D
- d. Foster parental-infant interaction/attachment A B C D
- e. Insert catheter
 - (1) Foley A B C D
 - (2) Straight A B C D
- f. Post anesthesia care
 - (1) Epidural A B C D
 - (2) General A B C D
 - (3) Local A B C D
 - (4) Spinal A B C D
- g. Post Cesarean care A B C D
- h. Teach and assist with
 - (1) Breastfeeding/parent education
 - (a) Latch-on procedures A B C D
 - (b) Positioning A B C D
 - (c) Use of electric breast pump A B C D
 - (d) Use of manual breast pump A B C D
 - (2) Formula preparation and feeding A B C D
 - (3) Infant care restraint systems A B C D
 - (4) Infant caretaking skills A B C D
 - (5) Perineal care A B C D
 - (6) Sitz bath A B C D
- 4. Care of the patient with:
 - a. Asthma A B C D
 - b. Cardiac disease A B C D
 - c. Cesarean section A B C D
 - d. Diabetes mellitus A B C D
 - e. Infectious disease A B C D
 - f. Known substance abuse A B C D
 - g. Multiple births A B C D
 - h. Post tubal ligation A B C D
 - i. Pregnancy induced hypertension/preeclampsia A B C D
 - j. Spontaneous vaginal delivery A B C D
- 5. Medications
 - a. Antibiotics A B C D
 - b. Diluted oxytocin infusion A B C D
 - c. IM administration A B C D
 - d. Rhogam administration/teaching A B C D
 - e. SC medications, including narcotics A B C D

B. NORMAL NEONATAL CARE

- 1. Assessment
 - a. Ballard scale A B C D
 - b. Circumference A B C D

- c. Dubowitz scale A B C D
- d. Length A B C D
- e. Neonatal jaundice A B C D
- f. Reflexes A B C D
- g. Vital signs A B C D
- h. Weight A B C D
- 2. Equipment & procedures
 - a. Administer injections to neonate A B C D
 - b. Assist with circumcision
 - (1) Assess site post op A B C D
 - (2) Teach circumcision care to parents A B C D
 - c. Bathe infant A B C D
 - d. Culture suspect infectious neonate A B C D
 - e. Discharge procedure A B C D
 - f. Incubator/isolettes A B C D
 - g. Infant identification A B C D
 - h. Monitor bladder and bowel patterns
 - (1) Obtain urine specimens via specimen bag A B C D
 - (2) Test stool for blood, reducing substances A B C D
 - i. Neonate cardiopulmonary resuscitation A B C D
 - j. Phototherapy A B C D
 - k. Thermo-neutral environment to prevent cold stress A B C D

C. PHLEBOTOMY/IV THERAPY

- 1. Equipment & procedures
 - a. Administration of blood/blood products
 - (1) Packed red blood cells A B C D
 - (2) Plasma/albumin A B C D
 - (3) Whole blood A B C D
 - b. Drawing blood from central line A B C D
 - c. Drawing venous blood A B C D
 - d. Starting IVs
 - (1) Angiocath A B C D
 - (2) Butterfly A B C D
 - (3) Heparin lock A B C D
- 2. Care of the patient with:
 - a. Central line/catheter/dressing A B C D
 - b. Peripheral line/dressing A B C D

D. PAIN MANAGEMENT

- 1. Assessment of pain level/tolerance A B C D
- 2. Care of the patient with:
 - a. Epidural anesthesia/analgesia A B C D
 - b. IV conscious sedation A B C D
 - c. Patient controlled analgesia (PCA pump)

A B C D

Age Specific Practice Criteria

Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.

A. Newborn/Neonate (birth - 30 days)

C. Young adults (18 - 39 years)

B. Adolescents (12 - 18 years)

D. Middle adults (39 - 64 years)

Experience with Age Groups:

A B C D

Able to adapt care to incorporate normal growth and development.

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.

Can ensure a safe environment reflecting specific needs of various age groups.

My experience is primarily in: (Please indicate number of years.)

Couplet (mother/baby) _____ year(s)

Newborn nursery _____ year(s)

Post partum _____ year(s)

Certification:

Please check the boxes below and indicate the expiration date for each certificate that you have. If you do not know the exact date, please use the last date of the specific month (e.g., 08/31/2003).

<input type="checkbox"/> BCLS	Exp. date:	_____	(mm/dd/yyyy)
<input type="checkbox"/> NRP	Exp. date:	_____	(mm/dd/yyyy)
<input type="checkbox"/> RNC	Exp. date:	_____	(mm/dd/yyyy)
<input type="checkbox"/> Other (type):		_____	Exp. date: _____ (mm/dd/yyyy)
<input type="checkbox"/> Computerized charting system:		_____	Exp. date: _____ (mm/dd/yyyy)
<input type="checkbox"/> Medication administration system:		_____	Exp. date: _____ (mm/dd/yyyy)

Please read and agree to the statements below by marking the checkbox.

* I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Post Partum Checklist to the Client facilities in relation to consideration of employment as a Traveler with those facilities.