

## LDR RE-DEPLOYMENT ORIENTATION CHECKLIST

Employee Name \_\_\_\_\_

Deployment Start Date \_\_\_\_\_

Deployment Completion Date \_\_\_\_\_

Employee and preceptor will review checklist on a weekly basis. Weekly check-ins will occur with employee, preceptor, educator and or CNL, manager.

General Orientation and Unit Specific Items	Date Reviewed or Completed	Preceptor Signature and comments
General review of unit, scheduling, assignments, unit communication, physician schedule, white board/on call		

Admission Routine/Procedure	Reviewed Concept	Observed/ Assisted by Preceptor	Performs Independent	Preceptor Comments
1. Discusses history, labor plans, and learning needs assessment, input labs and immunizations Triage navigator- EMTALA Admission navigator <ul style="list-style-type: none"> <li>• Admission orders, charges, labs</li> <li>• Evaluate Maternal Status:</li> <li>• Evaluate/ Assess Fetal Status</li> <li>• Implements interventions if indicated</li> <li>• Assists with informed consent</li> </ul>				
2. Visitor Policy During Pandemic				
3. Complete individualized care plans <ul style="list-style-type: none"> <li>• Include end dates</li> </ul>				
EFM monitoring	Reviewed Concept	Observed/ Assisted by Preceptor	Performs Independent	Preceptor Comments

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<p>Correctly Identifies and interprets EFM tracing and fetal well-being. Able to correctly define and tracing per the three category EFM interpretation and AWHONN guidelines</p> <p><b>Category I</b>  <b>Category II</b>  <b>Cat II Algorithm</b>  <b>Category III</b></p>				
<p>Assess uterine contraction pattern:</p> <ul style="list-style-type: none"> <li>• Frequency, duration, intensity and resting tone, tachysystole, intermittent vs. continuous monitoring</li> </ul>				
<b>Labor/ Induction</b>	<b>Reviewed Concept</b>	<b>Observed/ Assisted by Preceptor</b>	<b>Performs Independent</b>	<b>Preceptor Comments</b>
<p>Assess labor status during 1<sup>st</sup> stage:</p> <ul style="list-style-type: none"> <li>• Cervical dilation</li> <li>• Cervical Effacement</li> <li>• Station</li> </ul> <p>Able to efficiently manage induction as per orders.</p> <p>Manages pain, comfort measures, non-pharmacologic pain control measures</p>				
<p>Care of Patient receiving anesthesia/ analgesia:</p> <ul style="list-style-type: none"> <li>• Manages epidural per policy <ul style="list-style-type: none"> <li>• Evaluate maternal and fetal status before and after analgesia, take appropriate action/ interventions</li> <li>• Evaluate effectiveness of pain management; pain re assessment</li> </ul> </li> </ul>				
<p>Care of patient: VBAC:</p> <ul style="list-style-type: none"> <li>• Follows protocol for fetal monitoring</li> <li>• Describes contraindications to</li> <li>• Notifies Physician of patient arrival</li> <li>• Monitors maternal/fetal tolerance to labor, appropriate interventions</li> <li>• VBAC consent</li> <li>• Review policy</li> </ul>				

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<b>2nd/ 3rd Stage of Labor</b>	<b>Reviewed Concept</b>	<b>Observed/ Assisted by Preceptor</b>	<b>Performs Independent</b>	<b>Preceptor Comments</b>
1. Notifies MD and prepare and educate patient. 2. Prepares equipment, instruments, count				
<b>Cesarean Section</b>	<b>Reviewed Concept/ Plicy</b>	<b>Observed/ Assisted by Preceptor</b>	<b>Performs Independent</b>	<b>Preceptor Comments</b>
1. Pre op checklist, prepares patient, assess labs and consent,				
2. Follows procedures for OR ( foley, venodynes, timeouts, instrument counts, meds, newborn identification, cord blood, umbilical cord gases) 3. Documents appropriately as per requirements				
<b>Recovery</b>	<b>Reviewed Concept</b>	<b>Observed/ Assisted by Preceptor</b>	<b>Performs Independent</b>	<b>Preceptor Comments</b>
Monitoring of patient, physical assessments, I&O, dermatone level, and completes PACU record.				
<b>Newborn Care</b>	<b>Reviewed Concept</b>	<b>Observed/ Assisted by Preceptor</b>	<b>Performs Independent</b>	<b>Preceptor Comments</b>
Evaluate EOS score				
Initiate skin to skin contact; correct documentation				
Assist with initiation of breastfeeding				

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OB Complications	Reviewed Concept	Observed/ Assisted by Preceptor	Performs Independent	Preceptor Comments
<ol style="list-style-type: none"> <li>1. OB Emergency               <ul style="list-style-type: none"> <li>• CODE OB</li> <li>• Consult neonatology, respiratory as per policy</li> </ul> </li> <li>2. Reviews policies, and procedures for:               <ul style="list-style-type: none"> <li>• Fetal demise</li> <li>• Per term labor</li> <li>• Multiple gestation</li> <li>• Gestational hypertension (Heart Safe Motherhood)</li> <li>• Shoulder Dystocia</li> <li>• Gestational DM</li> <li>• Retained placenta</li> <li>• Hemorrhage</li> </ul> </li> </ol>				
<p>Review following polices (in packet) Identifies appropriate resources for help and assistance (charge RN, ANM, Manager, Resource Nurse, Supervisor, CNL, Educator)</p> <ul style="list-style-type: none"> <li>• Fetal Demise</li> <li>• Post-partum hemorrhage</li> <li>• Care of labor patient</li> <li>• Shoulder dystocia</li> <li>• Labor induction (Pitocin, Cytotec, Misoprostal)</li> <li>• Care of the diabetic patient</li> <li>• Magnesium Sulfate</li> </ul>				
<p>I have reviewed the assigned policies and verify that I am aware of resources available for questions and assistance as needed throughout my re-deployment.</p> <p>Employee signature _____ Date _____</p>				

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Preceptor Initials	Printed Name	Signature

**Upon Completion of Orientation:**

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

Educator Review and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Review and Signature: \_\_\_\_\_ Date: \_\_\_\_\_