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**OBSTETRICS AND GYNAECOLOGY NURSING  
PRIVILEGING LOG BOOK  
PUBLIC HEALTH SERVICES  
MINISTRY OF HEALTH MALAYSIA**

Name : \_\_\_\_\_

IC Number : \_\_\_\_\_

PKD/ PKB/ PKK : \_\_\_\_\_

KK/ KKIA/ KOM/ KD : \_\_\_\_\_

Programme Commencement Date : \_\_\_\_\_

Programme Completion Date : \_\_\_\_\_

# OBSTETRICS AND GYNAECOLOGY NURSING LOGBOOK FOR PRIVILEGING

## 1. INTRODUCTION

This logbook is designed to record all training activities for nurses who are required to undergo the privileging programme while serving in *respective Klinik Kesihatan / Klinik Kesihatan Ibu dan Anak / Klinik Komuniti / Klinik Desa* In Public Health Services Ministry Of Health Malaysia. It provides checklists of procedures that require privileging.

A total of eleven (11) procedures have been identified to strengthen nurses' competencies in performing Obstetrics and Gynecological procedures. To ensure competency and maintain safety standards, nurses are required to undergo three stages of skill acquisition according to the specified number of cases: observation (observe), assistance (assist), and performance (perform).

## 2. OBJECTIVES

- i. To ensure that nurses in respective *Klinik Kesihatan / Klinik Kesihatan Ibu dan Anak / Klinik Komuniti / Klinik Desa* acquire sufficient knowledge and competency to perform required procedures safely and effectively.
- ii. To ensure that nurses performing these procedures are adequately trained, supervised and competent.
- iii. To enhance the quality of care and promote safety among patients and healthcare personnel.

## 3. ASSESSORS

The assessment of clinical practice for each procedure in *the Klinik Kesihatan / Klinik Kesihatan Ibu dan Anak / Klinik Komuniti / Klinik Desa* in Public Health Services, Ministry Of Health Malaysia shall be conducted by appointed assessors, consisting of designated nurses from the respective facilities. Each procedure must be directly observed and evaluated by the assessor, who shall record the assessment in this Logbook once the nurse being assessed is deemed competent in performing the procedure.

## 4. CANDIDATE ELIGIBILITY

This log book is intended for nurses (various grades) without midwifery qualifications who have:

- i. Successfully completed the Mentoring Programme.
- ii. Fulfilled all specific hospital/facility requirements.

### LIST OF PROCEDURES

No.	Procedure	Number of Skill Acquisition (Required)			Remarks
		O	A	P	
1.	History taking of antenatal mother	3	3	5	<b>CORE</b>
2.	Physical examination of antenatal mother	3	3	5	<b>CORE</b>
3.	Assess fetal heart rate (Daptone/doppler device)	3	3	5	<b>CORE</b>
4.	Health education to mother on signs of labour	3	0	5	<b>CORE</b>
5.	Fetal movement chart education	3	0	5	<b>CORE</b>
6.	Administration IM Magnesium Sulfate	2	2	2	<b>OPTIONAL*</b>
7.	Administration IV/IM iron therapy	3	3	5	<b>CORE</b>
8.	Heel TSB for newborn baby	3	3	5	<b>CORE</b>
9.	Care of baby under phototherapy	3	3	5	<b>OPTIONAL*</b>
10.	Umbilical cord dressing	3	3	5	<b>CORE</b>
11.	Postnatal care mother and baby	3	3	5	<b>CORE</b>

**Legend:**

O: OBSERVATION      A: ASSIST:      P: PERFORM

\* To conduct a simulation session if a real case is unavailable

**Notes: O-OBSERVATION, A-ASSIST, P-PERFORM**

**PROCEDURE 1: HISTORY TAKING OF ANTENATAL MOTHER**

<b>No</b>	<b>Date</b>	<b>RN</b>	<b>Assessment</b>	<b>Assessor's Name &amp; Sign</b>	<b>Remarks</b>
1.			Observe		
2.			Observe		
3.			Observe		
1.			Assist		
2.			Assist		
3.			Assist		
1.			Perform		Competent/ Not Competent
2.			Perform		Competent/ Not Competent
3.			Perform		Competent/ Not Competent
4.			Perform		Competent/ Not Competent
5.			Perform		Competent/ Not Competent

## CHECKLIST PROCEDURE 1: HISTORY TAKING OF ANTENATAL MOTHER

Nurse's name : .....

Identification card no : .....

Tick ( √ ) in the correspond answer

NO	ACTION	ASSESSMENT										REMARKS
		RN										
		P1		P2		P3		P4		P5		
		Y	N	Y	N	Y	N	Y	N	Y	N	
1.	Greet mother and introduce self											
2.	Provide privacy											
3.	Explain the purpose of the procedure											
4.	Obtain mother's and husband 's identification card											
5.	Obtain personal data:											
	5.1 Name											
	5.2 IC number or other identification											
	5.3 Nationality											
	5.4 Date of birth											
	5.5 Ethnic group											
	5.6 Occupation											
	5.7 Home address and phone number											
	5.8 Education level											
6.	Husband name, IC number, occupation, address and phone number											
7.	Married/ unmarried/ widow/ divorced											
8.	Duration of marriage/ years of fertility											
9.	Referral :											
	9.1 Place of referral											
	9.2 Purpose of referral											
10.	Medical history :											
	10.1 Diabetes											
	10.2 Hypertension											
	10.3 Cardiac disease											
	10.4 Asthma											
	10.5 Epilepsy											
	10.6 Thyroid											
	10.7 Renal disease											
	10.8 Tuberculosis											
	10.9 HIV infection											
	10.10 Others: allergy											

**CHECKLIST PROCEDURE 1 : HISTORY TAKING OF ANTENATAL MOTHER**

NO	ACTION	ASSESSMENT										REMARKS
		RN										
		P1		P2		P3		P4		P5		
		Y	N	Y	N	Y	N	Y	N	Y	N	
11.	Surgical history :											
	11.1 General surgery-abdominal											
	11.2 Orthopaedic surgery- pelvic, fractures, spine surgery											
	11.3 Gynaecology surgery-myomectomy											
12.	Family history:											
	12.1 medical problems											
	12.2 twin delivery											
	Menstrual history											
	12.3 menarche											
	12.4 cycle											
	12.5 duration											
13.	Family planning history:											
	13.1 Types											
	13.2 Stopped – year / month											
14	Pap Smear taken: Year											
15.	Obtain past obstetrical history:											
	15.1 Parity- gravida and para											
	15.2 Year of birth and spacing											
	15.3 Pregnancy and any problem											
	15.4 Gestation (preterm/ term / post term)											
	15.5 Place of delivery											
	15.6 Type of delivery											
	15.7 Labour and any complications											
15.8 Puerperium and any complications												
16.	Baby :											
	16.1 sex											
	16.2 birth weight											
	16.3 types of feeding and duration											
	16.4 health status											
17.	Present pregnancy:											
	17.1 Gravida											
	17.2 Para											
	17.3 LNMP-verify											
	17.4 EDD											

**CHECKLIST PROCEDURE 1 : HISTORY TAKING OF ANTENATAL MOTHER**

NO	ACTION	ASSESSMENT										REMARKS
		RN										
		P1		P2		P3		P4		P5		
		Y	N	Y	N	Y	N	Y	N	Y	N	
18.	Other relevant issues : check immunization status											
19.	Received any blood transfusion procedure											
20.	Maintain eye contact throughout procedure											
21.	Documentation											
	TOTAL											

**PROCEDURE 1: HISTORY TAKING OF ANTENATAL MOTHER**

FORMULA : $\frac{\text{TOTAL YES}}{\text{TOTAL PROCEDURE}} \times 100\% =$
--

<b>COMPETENT</b>	<b>NOT COMPETENT</b>
>80%	< 80%

Comment: .....

.....

.....

TITLE	ASSESSMENT				
	1	2	3	4	5
Assessor' name					
Position					
Signature/ Official stamp					
Date assessment					

**PROCEDURE 2: PHYSICAL EXAMINATION OF ANTENATAL MOTHER**

<b>No</b>	<b>Date</b>	<b>RN</b>	<b>Assessment</b>	<b>Assessor's Name &amp; Sign</b>	<b>Remarks</b>
1.			Observe		
2.			Observe		
3.			Observe		
1.			Assist		
2.			Assist		
3.			Assist		
1.			Perform		Competent/ Not Competent
2.			Perform		Competent/ Not Competent
3.			Perform		Competent/ Not Competent
4.			Perform		Competent/ Not Competent
5.			Perform		Competent/ Not Competent

## CHECKLIST PROSEDURE 2: PHYSICAL EXAMINATION OF ANTENATAL MOTHER

Nurse's name: .....

Identification card no: .....

Tick ( ✓ ) in the correspond answer

NO	ACTION	ASSESSMENT										REMARKS
		RN										
		P1		P2		P3		P4		P5		
		Y	N	Y	N	Y	N	Y	N	Y	N	
1.	Study the antenatal record											
2.	Greet mother by name and introduce self											
3.	Explain the purpose of the procedure to mother											
4.	Observe gait, stature and general condition of mother											
5.	Note:											
	5.1 Weight											
	5.2 Height											
	5.3 Blood pressure reading											
	5.4 Urine protein											
	5.6 Urine sugar											
6.	Enquire about:											
	6.1 General health											
	6.2 Rest											
	6.3 Sleep											
	6.4 Appetite											
	6.5 Dental carries											
	6.6 Minor disorders											
	6.7 Any other complaint											
7.	Assist mother onto the couch for examination											
8.	Provide privacy and comfort											
9.	Wash hands											
10.	Conduct physical examination systematically - Put mother in sitting position ( <b>Performed while sitting</b> ):											
	10.1 Note condition of hair											
	10.2 Oral cavity											
	10.3 Note any dental carries											
	10.4 Neck: enlarged thyroid gland prominent jugular vein											
	10.5 Observe for tremors, colour of nail beds, oedema and shape											

## CHECKLIST PROSEDURE 2: PHYSICAL EXAMINATION OF ANTENATAL MOTHER

NO	ACTION	ASSESSMENT										REMARKS
		RN										
		P1		P2		P3		P4		P5		
		Y	N	Y	N	Y	N	Y	N	Y	N	
11.	Perform breast examination (Performed while lying down):											
	11.1 Inspect: contour/ skin changes											
	11.2 Nipples											
	11.3 Palpate for lump											
12.	Perform abdominal examination:											
	12.1 Inspect											
	12.2 Size											
	12.3 Shape											
	12.4 Skin changes											
13.	12.5 Scar											
	Perform abdominal palpation:											
	13.1 Fundal palpation:											
	13.2 Determine fundal height/ correspond to POA											
	13.3 Identify poles											
	13.4 Lateral palpation:											
	13.5 Lie											
14.	13.6 Fetal back											
	13.7 Pelvic palpation:											
15.	Presentation: Engagement											
15.	Auscultation											
	15.1 Fetal heart rate											
	15.2 Rhythm											
	15.3 Tone											
16.	Examine both lower limbs:											
	16.1 Deformity											
	16.2 Oedema at pedal/ ankle/ pre-tibia/ tibia											
	16.3 Varicose vein											
17.	Enquire if any abnormal vaginal discharge											
18.	Enquire about fetal movement											
19.	Inform mother the findings											
20.	Advise mother accordingly											
21.	Record and report the findings											
	TOTAL											

**PROSEDURE 2: PHYSICAL EXAMINATION OF ANTENATAL MOTHER**

FORMULA : $\frac{\text{TOTAL YES}}{\text{TOTAL PROCEDURE}} \times 100\% =$
--

<b>COMPETENT</b>	<b>NOT COMPETENT</b>
>80%	< 80%

Comment: .....

.....

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TITLE	ASSESSMENT				
	1	2	3	4	5
Assessor' name					
Position					
Signature / Official stamp					
Date assessment					

**PROCEDURE 3: ASSESS FETAL HEART RATE (DAPTONE / DOPPLER DEVICE)**

No	Date	RN	Assessment	Assessor's Name & Sign	Remarks
1.			Observe		
2.			Observe		
3.			Observe		
1.			Assist		
2.			Assist		
3.			Assist		
1.			Perform		Competent/ Not Competent
2.			Perform		Competent/ Not Competent
3.			Perform		Competent/ Not Competent
4.			Perform		Competent/ Not Competent
5.			Perform		Competent/ Not Competent

**CHECKLIST PROCEDURE 3: ASSESS FETAL HEART RATE ( DAPTONE/ DOPPLER DEVICE)**

Nurse's name: .....

Identification card no: .....

Tick ( √ ) in the correspond answer

NO	ACTION	ASSESSMENT										REMARKS	
		RN											
		P1		P2		P3		P4		P5			
		Y	N	Y	N	Y	N	Y	N	Y	N		
1.	Great mother by name and introduce self												
2.	Explain the purpose of the procedure to mother												
3.	Give mother a privacy												
4.	Put mother in recumbent position												
5.	Cover mother's abdomen with draw sheet												
6.	Expose mother's abdomen till symphysis pubis												
7.	Perform an abdomen palpation												
8.	Located upper back of fetus												
9.	Placed the daptone												
10.	Calculate fetus heart rate in 1 minute												
11.	Heart beat: 110/ min - 150/ min (normal)												
12.	Rythm: regular/ strong												
13.	Inform mother fetus heart beat												
14.	Comfort the mother												
15.	Documentation												
16.	Inform Doctor stat if abnormal												State NA if action not needed
	TOTAL												

**PROCEDURE 3: ASSESS FETAL HEART RATE (DAPTONE/ DOPPLER DEVICE)**

FORMULA :  $\frac{\text{TOTAL YES}}{\text{TOTAL PROCEDURE (minus 'NA' if action not needed)}} \times 100\% =$

COMPETENT	NOT COMPETENT
>80%	< 80%

Comment: .....

.....

.....

TITLE	ASSESSMENT				
	1	2	3	4	5
Assessor' name					
Position					
Signature / Official stamp					
Date assessment					

**PROCEDURE 4: HEALTH EDUCATION TO MOTHER ON SIGNS OF LABOUR**

<b>No</b>	<b>Date</b>	<b>RN</b>	<b>Assessment</b>	<b>Assessor's Name &amp; Sign</b>	<b>Remarks</b>
1.			Observe		
2.			Observe		
3.			Observe		
1.			Perform		Competent/ Not Competent
2.			Perform		Competent/ Not Competent
3.			Perform		Competent/ Not Competent
4.			Perform		Competent/ Not Competent
5.			Perform		Competent/ Not Competent

### CHECKLIST PROCEDURE 4: HEALTH EDUCATION TO MOTHER ON SIGNS OF LABOUR

Nurse's name: .....

Identification card no: .....

Tick ( ✓ ) in the correspond answer

NO	ACTION	ASSESSMENT										REMARKS
		RN										
		P1		P2		P3		P4		P5		
		Y	N	Y	N	Y	N	Y	N	Y	N	
1.	Review the Antenatal Card											
2.	Greet the mother's by name											
3.	Explain the purpose of procedure											
4.	Explain the early signs of labour											
	4.1.1 Uterine Contractions <ul style="list-style-type: none"> <li>• Strength and Duration</li> <li>• &lt; 20 seconds= weak</li> <li>• 20–40 seconds= moderate</li> <li>• &gt; 40 seconds= strong</li> </ul>											
	4.1.2 Frequency <ul style="list-style-type: none"> <li>• How many contractions occur within one minute</li> </ul>											
	4.1.3 Duration <ul style="list-style-type: none"> <li>• The length of each contraction within one minute</li> </ul>											
	4.2 Mucus or / with blood discharge (show)											
	4.3 Rupture of amniotic membranes											
5.	Prompt action <ul style="list-style-type: none"> <li>• Proceed to the hospital immediately</li> </ul>											
6.	Documentation											
	TOTAL											

\*Reference: *Buku Manual Perkhidmatan Kesihatan Ibu & Anak Bagi Anggota Kejururawatan Di Perkhidmatan Kesihatan Awam 2015* / current guideline

**PROCEDURE 4: HEALTH EDUCATION TO MOTHER ON SIGNS OF LABOUR**

FORMULA : $\frac{\text{TOTAL YES}}{\text{TOTAL PROCEDURE}} \times 100\% =$
--

<b>COMPETENT</b>	<b>NOT COMPETENT</b>
>80%	< 80%

Comment: .....

.....

.....

TITLE	ASSESSMENT				
	1	2	3	4	5
Assessor' name					
Position					
Signature/ Official stamp					
Date assessment					

**PROCEDURE 5: FETAL MOVEMENT CHART EDUCATION**

<b>No</b>	<b>Date</b>	<b>RN</b>	<b>Assessment</b>	<b>Assessor's Name &amp; Sign</b>	<b>Remarks</b>
1.			Observe		
2.			Observe		
3.			Observe		
1.			Perform		Competent/ Not Competent
2.			Perform		Competent/ Not Competent
3.			Perform		Competent/ Not Competent
4.			Perform		Competent/ Not Competent
5.			Perform		Competent/ Not Competent

## CHECKLIST PROCEDURE 5: FETAL MOVEMENT CHART EDUCATION

Nurse's name: .....

Identification card no: .....

Tick ( √ ) in the correspond answer

NO	ACTION	ASSESSMENT										REMARKS	
		RN											
		P1		P2		P3		P4		P5			
		Y	N	Y	N	Y	N	Y	N	Y	N		
1.	Greet mother and introduce self												
2.	Explain the purpose of the procedure												
3.	<b>Explain to mother:</b> <ul style="list-style-type: none"> <li>● A movement or a series of movement at one time and sub sequences cessation is considered as one fetal movement.</li> <li>● Normal fetal movement is at least 10 times within 12 hours in a day.</li> </ul>												
4.	<b>Teach mother:</b> To commence the counting of fetal movement at the same time everyday for 12 hours till 10 counts achieved.												
5.	Inform mother to complete fetal movement chart daily												
6.	Record on the fetal movement chart: tick for each fetal movement												
7.	Record the time when the 10 fetal movement is completed												
8.	Inform mother to seek medical advice if fetal movement less than ten times in 12 hours/ intensity of fetal movement varies from normal fetal movement pattern												
9.	Obtain feedback from mother												
	TOTAL												

**PROCEDURE 5: FETAL MOVEMENT CHART EDUCATION**

FORMULA : $\frac{\text{TOTAL YES}}{\text{TOTAL PROCEDURE}} \times 100\% =$
--

<b>COMPETENT</b>	<b>NOT COMPETENT</b>
>80%	< 80%

Comment: .....

.....

.....

TITLE	ASSESSMENT				
	1	2	3	4	5
Assessor' name					
Position					
Signature/ Official stamp					
Date assessment					

**PROCEDURE 6: ADMINISTRATION INTRAMASKULAR  
MAGNESIUM SULPHATE (Mg SO<sub>4</sub>)**

No	Date	RN	Assessment	Assessor's Name & Sign	Remarks
1.			Observe		
2.			Observe		
1.			Assist		
2.			Assist		
1.			Perform		Competent/ Not Competent
2.			Perform		Competent/ Not Competent

## CHECKLIST PROCEDURE 6: ADMINISTRATION INTRAMASKULAR MAGNESIUM SULPHATE (Mg SO<sub>4</sub>)

Nurse's name: .....

Identification card no: .....

Tick ( ✓ ) in the correspond answer

NO	ACTION	ASESSMENT				REMARKS
		RN				
		P1		P2		
		Y	N	Y	N	
	<b>PRE PROCEDURE</b>					
1.	Explain to the patient the procedure that will be performed.					
2.	Check and record vital signs of the mother and fetal heart rate.					
3.	Insert branula size 16G or 18G (preparation for emergency)					
	<b>INTRA PROCEDURE</b>					
4.	Make sure the patient is right. Ask for the patient's name and make sure it matches with the documentation					
5.	Wash hand / hand rub					
6.	Flow to the patient according to the current protocol *.  Withdraw 10 ml of MgSO <sub>4</sub> , followed by 1 ml of 2% Lignocaine (for each buttock) – prepare for both buttocks.					
7.	Loading dose IM MgSO <sub>4</sub> , 5gm (10mls) on both buttocks (total dose of MgSO <sub>4</sub> is 20mls)					
8.	Insert IV infusion of normal saline for resuscitation if needed.					
9.	Continue monitoring and document blood pressure, pulse and respiration rate as well as fetal heart rate every 30min.					
10.	Repeat administration of IM MgSO <sub>4</sub> , which 5 gm (10mls) on the other buttock if seizure recurs after an hour					
11.	Administer T.Labetolol 200mg stat or T. Nifedipine 10mg stat If systolic blood pressure > 150mmHg or diastolic > 100 mmHg , upon instruction from Family Medicine Specialist / Medical Officer					

POST PROCEDURE						
12.	Observe and alert the signs of magnesium toxicity such as;					
	12.1 No patella reflex					
	12.2 Respiratory rate < 16/minute					
	12.3 Urine output < 25mls/hour or < 100mls/4 hours					
13.	Continue monitoring and document blood pressure, pulse and respiration rate as well as fetal heart rate every 30min.					
14.	Documentation					

FORMULA :  $\frac{\text{TOTAL YES}}{\text{TOTAL PROCEDURE}} \times 100\% =$

COMPETENT	NOT COMPETENT
>80%	< 80%

Comment :- .....

.....

.....

TITLE	ASSESSMENT				
	1	2	3	4	5
Assessor' name					
Position					
Signature/ Official stamp					
Date assessment					

**PROCEDURE 7: ADMINISTRATION INTRAVENA /INTRAMUSCULAR IRON THERAPY**

No	Date	RN	Assessment	Assessor's Name & Sign	Remarks
1.			Observe		
2.			Observe		
3.			Observe		
1.			Assist		
2.			Assist		
3.			Assist		
1.			Perform		Competent/ Not Competent
2.			Perform		Competent/ Not Competent
3.			Perform		Competent/ Not Competent
4.			Perform		Competent/ Not Competent
5.			Perform		Competent/ Not Competent

## CHECKLIST PROCEDURE 7: ADMINISTRATION INTRAVENA/INTRAMUSCULAR IRON THERAPY

Nurse's name: .....

Identification card no: .....

Tick ( √ ) in the correspond answer

NO	ACTION	ASSESSMENT										REMARKS
		RN										
		P1		P2		P3		P4		P5		
		Y	N	Y	N	Y	N	Y	N	Y	N	
1.	Received written instruction from the Doctor											
2.	Greet mother & introduce yourself											
3.	Explain the procedure to be carried out											
4.	Check vital sign/ fetal heart for baseline											
5.	Prepare instrument as needed											
6.	Wash hand/ hand rub											
7.	Dilute medicine and label. Flow to patient according to current protocol: loading or maintenance dose											
8.	Check and ensure patency of IV line											
9.	<b>*For 1st time medication administration:</b> 9.1 Perform allergy test according to protocol											
	9.2 Allow patient rest for 1 hour after allergy test											
	9.3 Monitor vital sign/ fetal heart											
	9.4 Observe any allergic reaction											
10.	<b>*If given via IM</b> 10.1 Choose the appropriate site											
	10.2 Use the Z-track technique											
	10.3 Insert needle at 90° and aspirate before injecting.											
	10.4 Inject slowly											

## CHECKLIST PROCEDURE 7: ADMINISTRATION INTRAVENA/INTRAMUSCULAR IRON THERAPY

NO	ACTION	ASSESSMENT										REMARKS
		RN										
		P1		P2		P3		P4		P5		
		Y	N	Y	N	Y	N	Y	N	Y	N	
11.	Ensure the infusion is completed within 4-6 hours											
12.	Check vital signs and record for every 30 minutes											
13.	Continuously general monitoring the patient condition throughout the medication administration.											
14.	Documentation											
	<b>TOTAL</b>											

\*mengikuti protokol semasa di fasiliti masing-masing

FORMULA :  $\frac{\text{TOTAL YES}}{\text{TOTAL PROCEDURE}} \times 100\% =$

COMPETENT	NOT COMPETENT
>80%	< 80%

Comment :- .....

.....

.....

TITLE	ASSESSMENT				
	1	2	3	4	5
Assessor' name					
Position					
Signature/ Official stamp					
Date assessment					

**PROCEDURE 8: HEEL TSB FOR NEWBORN BABY**

<b>No</b>	<b>Date</b>	<b>RN</b>	<b>Assessment</b>	<b>Assessor's Name &amp; Sign</b>	<b>Remarks</b>
1.			Observe		
2.			Observe		
3.			Observe		
1.			Assist		
2.			Assist		
3.			Assist		
1.			Perform		Competent/ Not Competent
2.			Perform		Competent/ Not Competent
3.			Perform		Competent/ Not Competent
4.			Perform		Competent/ Not Competent
5.			Perform		Competent/ Not Competent

## CHECK LIST PROSEDUR 8: HEEL TSB FOR NEWBORN BABY

Nurse's name: .....

Identification card no: .....

Tick ( √ ) in the correspond answer

NO	ACTION	ASESSMENT										REMARKS
		RN										
		P1		P2		P3		P4		P5		
		Y	N	Y	N	Y	N	Y	N	Y	N	
1.	Greet the parents/ guardian and inform the procedure											
2.	Check the written instructions in the patient's record.											
3.	Prepare the equipment											
4.	Wash hand											
5.	Hold the baby's heel											
6.	Do a gentle massage on the heel to improve blood circulation											
7.	Wipe the baby's heel with an alcohol swab and let it dry											
8.	Puncture the baby's heel with the right technique and right area											
9.	Squeeze the baby's heel gently to encourage the blood dripping											
10.	Hold the capillary tube firmly to collect the dripping blood											
11.	Send the specimen to laboratory											
12.	Documentation											
	TOTAL											

**PROSEDUR 8: HEEL TSB FOR NEWBORN BABY**

FORMULA : $\frac{\text{TOTAL YES}}{\text{TOTAL PROCEDURE}} \times 100\% =$
--

<b>COMPETENT</b>	<b>NOT COMPETENT</b>
>80%	< 80%

Comment: .....

.....

.....

TITLE	ASSESSMENT				
	1	2	3	4	5
Assessor' name					
Position					
Signature/ Offical stamp					
Date assessment					

**PROCEDURE 9: CARE OF BABY UNDER PHOTOTHERAPY**

<b>No</b>	<b>Date</b>	<b>RN</b>	<b>Assessment</b>	<b>Assessor's Name &amp; Sign</b>	<b>Remarks</b>
1.			Observe		
2.			Observe		
3.			Observe		
1.			Assist		
2.			Assist		
3.			Assist		
1.			Perform		Competent/ Not Competent
2.			Perform		Competent/ Not Competent
3.			Perform		Competent/ Not Competent
4.			Perform		Competent/ Not Competent
5.			Perform		Competent/ Not Competent

## CHECKLIST PROCEDURE 9: CARE OF BABY UNDER PHOTOTHERAPY

Nurse's name:.....

Identification card no: .....

Tick ( √ ) in the correspond answer

NO	ACTION	ASSESSMENT										REMARKS
		RN										
		P1		P2		P3		P4		P5		
		Y	N	Y	N	Y	N	Y	N	Y	N	
1.	Explain the purpose of phototherapy											
2.	Check the phototherapy unit											
	2.1 cleanliness											
	2.2 bulbs											
	2.3 intensity of the irradiance											
	2.4 height from the baby's surface (40 – 45 cm)											
3.	Prepare the baby											
	3.1 check baseline vital signs											
	3.2 cover the eyes with sterile eye pad											
	3.3 remove the baby's clothing and protect the genitalia											
	3.4 place the baby under phototherapy											
4.	Change the position of the baby every 2 hours											
5.	Ensure adequate fluid intake for baby exclusive breast feeding											
6.	Add 20 % of the total intake if on formula feeding											
7.	Observe tolerance of feeding											
8.	Observe for:											
	8.1 vital signs											
	8.2 colour											
	8.3 activities											
	8.4 cries											
	8.5 sepsis											
	8.6 condition of the skin											
	8.7 eliminations											
	8.8 side effects of phototherapy											
	8.9 early signs of kernicterus											

## CHECKLIST PROCEDURE 9: CARE OF BABY UNDER PHOTOTHERAPY

Nurse's name:.....

Identification card no: .....

Tick ( √ ) in the correspond answer

NO	ACTION	ASSESSMENT										REMARKS
		RN										
		P1		P2		P3		P4		P5		
		Y	N	Y	N	Y	N	Y	N	Y	N	
	Perform physical care:											
9.	9.1 eye toilet											
	9.2 bathing											
	9.3 cord toilet											
	9.4 change linen											
10.	Give physiological support to mother-maternal-infant-bonding											
11.	Advise mother:											
	11.1 not to remove baby from the phototherapy unit often											
	11.2 do not apply lotion or oil onto baby 'skin											
	11.3 remove eye pad during feeding											
12.	Assist doctor in blood investigations											
13.	Report and record if any abnormalities											
	TOTAL											

**PROCEDURE 9: CARE OF BABY UNDER PHOTOTHERAPY**

FORMULA : $\frac{\text{TOTAL YES}}{\text{TOTAL PROCEDURE}} \times 100\% =$
--

<b>COMPETENT</b>	<b>NOT COMPETENT</b>
>80%	< 80%

Comment :- .....

.....

.....

TITLE	ASSESSMENT				
	1	2	3	4	5
Assessor' name					
Position					
Signature/ Official stamp					
Date assessment					

## PROCEDURE 10: UMBILICAL CORD DRESSING

No	Date	RN	Assessment	Assessor's Name & Sign	Remarks
1.			Observe		
2.			Observe		
3.			Observe		
1.			Assist		
2.			Assist		
3.			Assist		
1.			Perform		Competent/ Not Competent
2.			Perform		Competent/ Not Competent
3.			Perform		Competent/ Not Competent
4.			Perform		Competent/ Not Competent
5.			Perform		Competent/ Not Competent

## CHECKLIST PROCEDURE 10 : CORD DRESSING

Nurse's name:.....

Identification card no: .....

Tick ( √ ) in the correspond answer

NO	ACTION	ASSESSMENT										REMARKS	
		RN											
		P1		P2		P3		P4		P5			
		Y	N	Y	N	Y	N	Y	N	Y	N		
1.	Greet and explain the procedure to the parents/ guardian.												
2.	Prepare all necessary equipment.												
3.	Perform hand hygiene.												
4.	Pour lotion/ solution into a gallipot if necessary (according to current practice).												
5.	Expose only the umbilical area of the baby.												
6.	Moisten cotton with lotion/ solution.												
7.	Clean the umbilical cord as follows:												
	7.1 If the cord is wet: clean from the end to the base using at least 6 swabs												
	7.2 If the cord is dry or infected: clean from the base to the end.												
8.	Dress the baby appropriately.												
9.	Clear and tidy the equipment used.												
10.	Notify the Medical Officer if there are signs of infection such as discharge, redness, or foul smell.												
11.	Document the procedure and condition of the cord.												
	TOTAL												

## PROCEDURE 10: CORD DRESSING

FORMULA :  $\frac{\text{TOTAL YES}}{\text{TOTAL PROCEDURE}} \times 100\% =$

<b>COMPETENT</b>	<b>NOT COMPETENT</b>
>80%	< 80%

Comment :- .....

.....

.....

TITLE	ASSESSMENT				
	1	2	3	4	5
Assessor' name					
Position					
Signature/ Official stamp					
Date assessment					

**PROCEDURE 11: POSTNATAL CARE MOTHER AND BABY**

<b>No</b>	<b>Date</b>	<b>RN</b>	<b>Assessment</b>	<b>Assessor's Name &amp; Sign</b>	<b>Remarks</b>
1			Observe		
2.			Observe		
3.			Observe		
1.			Assist		
2.			Assist		
3.			Assist		
1.			Perform		Competent/ Not Competent
2.			Perform		Competent/ Not Competent
3.			Perform		Competent/ Not Competent
4.			Perform		Competent/ Not Competent
5.			Perform		Competent/ Not Competent

## CHECKLIST PROSEDURE 11: POSTNATAL CARE (MOTHER)

Nurse's name:.....

Identification no: .....

Tick ( √ ) in the correspond answer

NO	ACTION	ASSESSMENT										REMARKS	
		RN											
		P1		P2		P3		P4		P5			
		Y	N	Y	N	Y	N	Y	N	Y	N		
1.	Create rapport and explain the purpose of the procedure												
2.	Advice mother to urinate prior to examination												
3.	Do the evaluation and examination to:												
	3.1	Taking vital signs											
		3.1.1	Blood pressure										
		3.1.2	Body temperature										
		3.1.3	Pulse rate										
		3.1.4	Respiration rate										
	3.2	Breast examination to detect											
		3.2.1	<ul style="list-style-type: none"> <li>• Breast Engorge</li> <li>• Nipple - Crack/ <i>inverted</i></li> </ul>										
		3.2.2	Breastmilk flow										
	3.3	Measure the fundal height using measuring tape/ ruler											
	3.4	Wound Inspection											
		- Perineum/ episiotomy											
		- LSCS incision											
			3.4.1	Cleanliness									
		3.4.2	Signs of infection										
	3.4.3	Oedema											
3.5	Examine the lochia by performing a vaginal examination and ask from the mother.												
	- Rubra (1-4 days)												
	- Serosa (5-9 days)												
	- Alba (10-15 days)												
	- Odour												

## CHECKLIST PROSEDURE 11: POSTNATAL CARE (MOTHER)

Nurse's name: .....

Identification no: .....

Tick ( ✓ ) in the correspond answer

NO	ACTION		ASSESSMENT										REMARKS		
			RN												
			P1		P2		P3		P4		P5				
			Y	N	Y	N	Y	N	Y	N	Y	N			
	3.6	Examine and evaluate signs and symptoms of DVT/ Pulmonary Thromboembolism													
	3.6.1	Chest pain and difficulty in breathing													
	3.6.2	Pain/ swelling in both legs													
	3.6.3	Redness/ inflammation of lower limbs													
	3.6.4	Calf tenderness													
4.	<b>Signs of puerperal psychosis</b>														
	Emotional/ behavioral changes if any; Through observation are there emotions and behavior that change or complain too much worry or unstable feelings														
5.	<b>Health Education</b>														
	5.1	Postnatal nutrition													
	5.2	Breast care/ breastfeeding													
	5.3	Personal hygiene/ Episiotomy wound care/ LSCS wound													
	5.4	Family planning													
	5.5	Give feedback on the situation to the mother													
6.	Refer to Medical Officer if necessary														
7.	<b>Documentation:</b>														
	7.1	<ul style="list-style-type: none"> <li>● KIK /1(a)/96 (Pind. 2020)/ terkini</li> <li>● KIK /1(b)/96 (Pind. 2020)/ terkini</li> <li>● Senarai Semak Pengendalian Postnatal</li> <li>● Buku Rekod Kesihatan Bayi dan Kanak-kanak (0-6 tahun)</li> </ul>													
	7.2	Buku rekod KIB 101/ terkini													
	7.3	Buku rekod KIB 105/ terkini													

**PROSEDURE 11: POSTNATAL CARE (MOTHER)**

FORMULA : $\frac{\text{TOTAL YES}}{\text{TOTAL PROCEDURE}} \times 100\% =$
--

<b>COMPETENT</b>	<b>NOT COMPETENT</b>
>80%	< 80%

Comment :- .....

.....

.....

TITLE	ASSESSMENT				
	1	2	3	4	5
Assessor' name					
Position					
Signature/ Official stamp					
Date assessment					

**PROCEDURE 11: POSTNATAL CARE (BABY)**

<b>No</b>	<b>Date</b>	<b>RN</b>	<b>Assessment</b>	<b>Assessor's Name &amp; Sign</b>	<b>Remarks</b>
1.			Observe		
2.			Observe		
3.			Observe		
1.			Assist		
2.			Assist		
3.			Assist		
1.			Perform		Competent/ Not Competent
2.			Perform		Competent/ Not Competent
3.			Perform		Competent/ Not Competent
4.			Perform		Competent/ Not Competent
5.			Perform		Competent/ Not Competent

## CHECKLIST PROSEDURE 11: POSTNATAL CARE (BABY)

Nurse's name:.....

Identification no: .....

Tick ( √ ) in the correspond answer

NO	ACTION	ASSESSMENT										REMARKS
		RN										
		P1		P2		P3		P4		P5		
		Y	N	Y	N	Y	N	Y	N	Y	N	
1.	Enquire the mother/ guardian about the condition of the baby											
2.	<b>Perform evaluation and examination</b>											
	2.1 Physical examination											
	2.2 Body temperature											
	2.3 Assess the level of Jaundice -Perform the blanching test for 10 seconds											
	2.4 Examination of the umbilical cord											
3.	<b>Provide Health Education / Advice (if necessary)</b>											
	3.1 Breast feeding											
	3.2 Umbilical cord care											
	3.3 Management of Jaundice											
	3.4 Give feedback on the baby's condition at the end of the session											
4.	<b>Documentation</b>											
	4.1 <ul style="list-style-type: none"> <li>• KIK/1(a)/96 (Pind. 2020)</li> <li>• KIK/1(a)/96 (Pind. 2020)</li> <li>• Buku Rekod Kesihatan Bayi dan Kanak-kanak (0-6 tahun)</li> </ul>											
	4.2 Buku rekod KIB101/ terkini											
	4.3 Buku rekod KIB 102/ terkini											
	4.4 Buku rekod KIB 103/ terkini											
	4.5 Buku rekod KIB 105/ terkini											

**PROSEDURE 11: POSTNATAL CARE (BABY)**

FORMULA : $\frac{\text{TOTAL YES}}{\text{TOTAL PROCEDURE}} \times 100\% =$
--

<b>COMPETENT</b>	<b>NOT COMPETENT</b>
>80%	< 80%

Comment :- .....

.....

.....

TITLE	ASSESSMENT				
	1	2	3	4	5
Assessor' name					
Position					
Signature/ Official stamp					
Date assessment					

## Verification

This logbook has been assessed and found completed

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**O&G Nursing Supervisor**

**Name:**

**Official Stamp**

---

**O&G Specialist**

**Name:**

**Official Stamp**