

**OKLAHOMA DEPARTMENT OF CORRECTIONS**  
**Basic Nursing Initial/Annual OB-GYN Competency Verification**

Name of Employee: \_\_\_\_\_ Facility:  MBCC  EWCC  KBCCC

Name of Mentor: \_\_\_\_\_

<b>Task</b>	<b>References/Learning Activities</b>	<b>Date Evaluated</b>	<b>Evaluator's Initials</b>	<b>Competency Method</b>
<b>A. Gynecologic Care</b>				
1. Assist with routine health maintenance tests and physical exams. Includes pap smears, pelvic and sterile spec exams, rectal exams, cervical and endometrial biopsy, and breast exams.	Review: • OP-140145			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>B. Obstetric Care – ( if applicable )</b>				
1. Obtain a detailed obstetric history and document on appropriate DOC form. Includes menstrual history, total pregnancies, past pregnancies with any antepartum, intrapartum or post-partum complications, past and current medical problems, genetic screenings, laboratory and physical exam results.	Review: • OP-140145 • DOC 140145A			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Completion and knowledgeable of required OB antepartum screenings. Includes Glucose Tolerance Test ( GTT), Antibody screen, UA clean catch, and 24 hour urine collection.	Review: • OP-140145 • DOC 140145A • DOC 140145F			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Completion of required information sheets for OB patients. Includes Antepartum Record, Care of the Pregnant Inmate, Diagnostic/Laboratory Results, OB Information Sheet, OB Registration Information Sheet, PIH/Pre-eclampsia Flow Sheet (If applicable), Post-Partum Lay-In Activity Status, and Pregnant Inmate Guideline.	Review: • OP-140145 • DOC 140145A • DOC 140145B • DOC 140145C • DOC 140145D • DOC 140145E • DOC 140145F • DOC 140145G • DOC 140145H			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
4. Identification and reporting of signs and symptoms of pre-term labor, onset of labor, rupture of membranes, abnormal bleeding, or PIH / Pre-eclampsia. Includes knowledge of braxton-hicks contractions vs. true onset of labor, use of nitrazine paper, and knowledge of OB symptoms.	Orientation and training per individual facility.			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A

