



Washington State Department of
HEALTH
 Midwifery Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Washington State Legend Drugs and Devices Preceptor Sign-Off Form WAC 246-834-250

In order to ensure that Certified Professional Midwife applicants have obtained sufficient education and training in the use of obstetric pharmacological agents they must obtain their preceptor's signature certifying that the applicant knows the correct usage and administration of the following legend drugs and devices.

Applicant Name:		
Pharmacological Agents	Knowledge Signature/Date	Skill Signature/Date
Rho (D) immune globulin		
Postpartum oxytocic and antihemorrhagic drugs to control postpartum hemorrhage including, but not limited to, oxytocin, misoprostol, methylergonovine maleate (oral or intramuscular), and prostaglandin F2 alpha		
IV fluids limited to lactated Ringers, 5% dextrose with lactated Ringers, sodium chloride		
Sterile water for intradermal injections for pain relief.		
Local anesthetic medications		
Vitamin K injection		
Newborn prophylactic ophthalmic medication		
Nitrous oxide as an analgesic, self-administered inhalant in a 50 percent blend with oxygen, and associated equipment, including scavenging system		
Terbutaline to temporarily decrease contractions pending emergent intrapartal transport		
Magnesium sulfate for prevention of maternal seizures pending transport		
Antibiotics for intrapartum prophylaxis of Group Beta Hemolytic Streptococcus (GBS) per current CDC guidelines		
Epinephrine for use in maternal anaphylaxis and resuscitation and neonatal resuscitation pending transport		

Vaccines	Knowledge Signature/Date	Skill Signature/Date
Any vaccines recommended by the CDC advisory committee on immunization practices for pregnant or postpartum people or infants in the first two weeks after birth, as it existed on the effective date of WAC 246-834-250		
Measles, mumps and rubella (MMR) vaccine to non-immune postpartum women		
Tetanus, diphtheria, acellular pertussis (Tdap) vaccine for use in pregnancy		
Hepatitis B (HBV) birth dose for any newborn administration		
Influenza vaccine for use in pregnancy		
HBIG and HBV (for neonates born to hepatitis B positive mother)		
Devices and Supplies	Knowledge Signature/Date	Skill Signature/Date
Dopplers		
Syringes, needles, phlebotomy equipment		
Sutures		
Urinary Catheters		
Intravenous Equipment		
Amnihooks		
Airway suction devices		
Electronic fetal monitoring, tocodynamometer monitor		
Neonatal and adult resuscitation equipment and medication, including airway devices		
Oxygen and associated equipment		
Glucose monitoring systems and testing strips		

Neonatal pulse oximetry equipment		
Hearing screening equipment		
Centrifuge		
Breast pumps, compression stockings and belts, maternity belts		
Diphragms and cervical caps		
Iron supplements and prenatal vitamins		

Applicant Signature: _____ Date _____

I attest that the applicant has shown the proper knowledge of usage and administration of all signed items on this form.

Preceptor Name: (please print) _____

Address: _____

Phone: _____

Email: _____

Credential Type: _____

Preceptor Signature:
