



KING FAHD ARMED FORCES HOSPITAL
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**NURSING
RECRUITMENT
SKILLS
CHECKLIST**

NAME : _____

DATE : _____

POSITION APPLIED FOR : _____

ADMISSION NURSERY

AIM OF CHECKLIST:

When completing the following, please remember that this checklist is used by the reviewer to assess your overall competency and suitability to a particular area.

Please feel free to elaborate on any area you feel necessary to give more comprehensive overview to the reviewer.

EXPERIENCE: Indicate those skills / procedures you perform independently without guidance or direction.

Experience Key:

- 1 - None
- 2 - Limited, Needs Practice (performs skill / procedure only monthly or less often)
- 3 - Competent / Highly Skilled (performs three (3) or more times per week)
- 4 - Proficient / Expert (performs skill / procedure daily)

	EXPERIENCE				COMMENT
	1	2	3	4	
<u>I. PERFORM THE FOLLOWING SKILLS:</u>					
System Assessment – Physical Assessment of the Neonate Isolettes					
- Neurological					
- Respiratory					
- Cardiac / Vascular					
- Gastrointestinal					
- Renal					
- Integumentary					
<u>II. PERFORMS THE FOLLOWING PROCEDURES:</u>					
Blood Sampling					
Heel Prick					
Blood Glucose Monitoring					
Urine Collection					
Oxygen administration / Nasal Prongs					
Care of Neonate with transient tachypnea					
Rectal / Axillary temperature					
<u>III. MEDICATIONS ADMINISTRATION:</u>					
Calculation of intake and output					
IM injections, subcutaneous & Intradermal					
Calculates correct dose and administers:					
- Vitamin K					
- Hep B Vaccine & Human Immoglobulin					
- BCG Vaccine					

IV. FAMILIARITY WITH EQUIPMENT:

Isolettes
Radiant Warmers
Glucometer
Suction
Oxygen equipment
Phototherapy light
Weighing scales
Pulse Oximeter

V. MISCELLANEOUS:

Charge Nurse – Resources Nurse Duties
Precepting new employees
Computer Skills: Basic – Intermediate – Advanced (circle)

EXPERIENCE				COMMENT
1	2	3	4	

VI. OTHERS:

1. What is your average daily nurse/patient ratio?
 Days: 1 to ____pts.
 Nights: 1 to ____pts.

2. Number of admissions per day? _____

3. Average Daily Census in the Nursery where you currently work? _____

4. Average Daily Census in the hospital where you currently work? _____

5. Are you currently BCLS certified? Yes () No ()

6. Are you currently NRP Certified? Yes () No ()

Thank you for completing the above. Demonstration of skills will be expected during your 90 days probationary period. Inability to demonstrate skills stated, may result in termination during the probationary period.

 Name / Signature
 License Number : _____