



PROGRAM ARMED FORCES HOSPITAL  
SHAROURAH, K.S.A.  
CRITICAL NURSING CARE

**CORONARY CARE UNIT CHECKLIST**  
(HRS/F067/01)

NAME OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

|   |  |
|---|--|
| <p><b>HOW TO COMPLETE THIS FORM:</b></p> <p>A thorough evaluation of your skill level in various Specialty areas will enable us to locate assignments that are suitable to your skills and the needs of our patients. Please place an "X" in the box that most accurately describes your level of expertise for this skills listed.</p> | <p><b>LEVELS OF PROFICIENCY:</b></p> <p><b>A</b> = Perform Well ( at least one year of current experience, very comfortable performing without supervision)<br/> <b>B</b> = Limited Experience ( 6-12 months, within the past two years, would require some assistance)<br/> <b>C</b> = Perform Infrequently ( less than three months of experience, need more experience and practice, assistance required)<br/> <b>D</b> = No Experience ( have never performed this task, willing to learn)</p> |
|---|--|

| SKILL  | A | B | C | D | COMMENTS ( IF ANY ) |
|--|---|---|---|---|---------------------|
| <b>CARDIOVASCULAR:</b>   |   |   |   |   |                     |
| Acute Myocardial Infarction  |   |   |   |   |                     |
| Unstable Angina  |   |   |   |   |                     |
| Cardiac Arrhythmias - Normal sinus rhythm<br>- Atrial Arrhythmias<br>- Junctional Arrhythmias<br>- Ventricular Arrhythmias<br>- Conduction Defects |   |   |   |   |                     |
| Congestive Heart Failure   |   |   |   |   |                     |
| Cardiomyopathy   |   |   |   |   |                     |
| Pulmonary Oedema   |   |   |   |   |                     |
| Cardiogenic Shock  |   |   |   |   |                     |
| Post Cardiac Surgery   |   |   |   |   |                     |
| Post PTCA  |   |   |   |   |                     |
| Pacemaker - Permanent<br>- Temporary   |   |   |   |   |                     |
| Central Venous Pressure Monitoring   |   |   |   |   |                     |
| Pulmonary Artery Pressure Monitoring   |   |   |   |   |                     |
| Arterial Pressure Monitoring   |   |   |   |   |                     |
| Intra-aortic balloon pump  |   |   |   |   |                     |
| Cardioversion  |   |   |   |   |                     |
| Medication: Inotropes<br>Thrombolytic Agents<br>Anti - arrhythmic Agents<br>Anti - coagulation therapy   |   |   |   |   |                     |
| Defibrillation   |   |   |   |   |                     |
| Telemetry  |   |   |   |   |                     |

| SKILL                                    | A | B | C | D | COMMENTS (IF ANY) |
|--|---|---|---|---|-------------------|
| <b>RESPIRATORY:</b>                      |   |   |   |   |                   |
| Intubation and extubation                |   |   |   |   |                   |
| Mechanical Ventilation - Short Term      |   |   |   |   |                   |
| - Long Term                              |   |   |   |   |                   |
| CPAP                                     |   |   |   |   |                   |
| BIPAP                                    |   |   |   |   |                   |
| Chest Drains                             |   |   |   |   |                   |
| Interpretation of blood gases            |   |   |   |   |                   |
| Chronic Obstructive Airway Disease       |   |   |   |   |                   |
| Pulmonary Embolism                       |   |   |   |   |                   |
| Adult Respiratory Distress Syndrome      |   |   |   |   |                   |
| Tracheostomy Care                        |   |   |   |   |                   |
| ETT Care                                 |   |   |   |   |                   |
| CXR Interpretation                       |   |   |   |   |                   |
| <b>OTHER:</b>                            |   |   |   |   |                   |
| Epidural Analgesia                       |   |   |   |   |                   |
| Head Injury/Trauma                       |   |   |   |   |                   |
| Acute Renal Failure                      |   |   |   |   |                   |
| Chronic Renal Failure                    |   |   |   |   |                   |
| Disseminated Intravascular Coagulopathy  |   |   |   |   |                   |
| Diabetic Emergencies                     |   |   |   |   |                   |
| Enteral/Parenteral Nutrition             |   |   |   |   |                   |
| Acute Renal Failure - Quinton Catheter   |   |   |   |   |                   |
| - Renal Replacement Therapy              |   |   |   |   |                   |
| - Peritoneal Dialysis                    |   |   |   |   |                   |
| Head Injury/Trauma - Glasgow Coma Scale  |   |   |   |   |                   |
| - Intracranial Pressure Monitor          |   |   |   |   |                   |
| Infection Control - Isolation Procedures |   |   |   |   |                   |
| - Wound Care                             |   |   |   |   |                   |
| <b>TEAM CONTRIBUTIONS:</b>               |   |   |   |   |                   |
| Charge Nurse                             |   |   |   |   |                   |
| Code Blue / Cardiac Arrest Team          |   |   |   |   |                   |

Revised October 2002

**EXPERIENCE:**

( ) High Acuity Unit      ( ) Low Acuity Unit      ( ) Mixed Acuties

1. Years of nursing experience as a Registered Nurse : Total \_\_\_\_\_

CCU: \_\_\_\_\_ ICU: \_\_\_\_\_

2. Length of CCU Course with certificate: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

3. Number of utilized beds in your present CCU/ICU : \_\_\_\_\_

4. Average number of patients in the unit per day: \_\_\_\_\_

5. Average number of ventilated patients in CCU/ICU per day: \_\_\_\_\_

6. Average nurse to patient ratio: \_\_\_\_\_ to \_\_\_\_\_

7. Please state why you think you would be a suitable candidate for this busy CCU:

---

---

---

---

---

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

**Name of applicant:** \_\_\_\_\_

**Signature** : \_\_\_\_\_

**Date** : \_\_\_\_\_