



KING FAHD ARMED FORCES HOSPITAL
P.O. Box 9862, JEDDAH 21159
KINGDOM OF SAUDI ARABIA
Tel. # +966-2-6653000
Fax # +966-2-6693490



**NURSING
RECRUITMENT
CLINICAL
CHECKLIST**

Commented [k1]:

NAME : _____ **DATE :** _____
POSITION APPLIED FOR : _____

CARDIAC CATH. LAB

AIM OF CHECKLIST:

When completing the following, please remember that this **CLINICAL CHECKLIST** is used by the reviewer to access your overall **COMPETENCY/SKILLS** and suitability to a particular area.

Experience Key:

- 1 - None
- 2 - Semi - Skilled
- 3 - Skilled
- 4 - Highly skilled

| | EXPERIENCE | | | | COMMENT |
|---|-------------------|---|---|---|----------------|
| | 1 | 2 | 3 | 4 | |
| <u>I. ADULTS</u> | | | | | |
| <u>DIAGNOSTIC PROCEDURES</u> | | | | | |
| - Right and left Heart Catheterisation | | | | | |
| * Haemoximetry | | | | | |
| - Graft Studies | | | | | |
| <u>INTERVENTIONAL PROCEDURES</u> | | | | | |
| - Mitral Valvuloplasty | | | | | |
| - Pulmonary Valvuloplasty | | | | | |
| - Closure of Atrial Septal Defect (ASD) | | | | | |
| - Closure of Patent Ductus Arteriosus (PDA) | | | | | |
| - Closure of Patent Foramen Ovale (PFO) | | | | | |
| - RADI Pressure Wire – calculation of Fractional Flow Reserve (FFR) | | | | | |
| - Insertion of Intra Aortic Balloon Pump | | | | | |
| - Pericardial Tapping | | | | | |
| - Use of Angioseal / Perclose Sutures | | | | | |
| * Permanent Pacemakers (PPM incl. Bi – Ventricular PPM | | | | | |
| * Automatic Implantable Cardioverter Defibrillator (AICD) incl. Bi-Ventricular AICD | | | | | |
| - Insertion of Temporary Pacing Wire | | | | | |
| - Electrophysiological Studies and Radio – Frequency Ablation (EPS / RFA) | | | | | |
| - Tilt Table Testing | | | | | |
| - Cardioversion / Defibrillator | | | | | |
| - Percutaneous Coronary / Renal / Carotid Intervention and Stenting | | | | | |
| - Angiojet Therapy | | | | | |
| - Use of Intra Cardiac Echo (ICE) | | | | | |
| - Intra Vascular Ultrasound (IVUS) | | | | | |
| - Rotablative Procedures | | | | | |
| - Endomyocardial Biopsy | | | | | |
| - Trans Esophageal Echo (TEE) | | | | | |
| - Brachytherapy | | | | | |

5. Are you ACLS certified? YES [] NO []

6. Number of Cardiac beds? _____

7. Number Cardiac Cath. Lab.? _____

8. Average of Cardia Cath. Lab. patients? _____ per month

8. Any further comments: _____

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 : _____