

NAME

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DATE :

POSITION APPLIED FOR :

2

CARDIOVASCULAR INTENSIVE CARE UNIT (ADULTS)

AIM OF CHECKLIST:

When completing the following, please remember that this checklist is used by the reviewer to access 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: How frequent have you given nursing care to patients with the conditions listed below (within the last two years).

Experience Key:

- 1 None
- 2 Needs practice
- 3 Competent
- 4 Well skilled

| | EXPERIENCE | | | CE | |
|--|------------|---|---|--------|---------|
| | 1 | 2 | 3 | 4 | COMMENT |
| I. Age specific CVICU competencies (paeds) | | | | | |
| Age specific CVICU (adults) | | | | | |
| II. CARE OF PATIENT WITH: | | | | | |
| 1. Neurological Deficits | | | | | |
| 2. Cardiovascular Problems | | | | \mid | |
| - Myocardial Infarction/Ischaemia | | | | | |
| - Pericardial effusions | | | | | |
| - Pericardial tamponade | | | | | |
| - Congestive Heart Failure | | | | | |
| - Pulmonary Edema | | | | | |
| - Cardiogenic Shock | | | | | |
| - Post Cardiac Surgery | | | | | |
| Post Cardiac Transplantation | | | | | |
| - Dissection | | | | | |
| - Cardiac Arrhythmias | | | | | |
| 3. Respiratory Problems | | | | ┤──┤┝ | |
| - Chronic Obstructive Pulmonary Disease | | | | | |
| - Pulmonary Embolism | | | | | |
| - Pneumonectomy | | | | | |
| - Adult Respiratory Distress Syndrome (ARDS) | | | | | |
| - Pneumothorax | | | | | |
| - Haemothorax | | | | | |
| | | | | | |

| | E> | EXPERIENCE | | | |
|--|----|------------|---|--|---------|
| | 1 | 2 | 3 | 4 | COMMENT |
| 4. Gastrointestinal Problems | | | - | | |
| - Enteral Feeding | | | | | |
| - GI Bleed | | | | | |
| | | | | | |
| 5. Renal Problems | | | | | |
| - Acute Renal Failure | | | | | |
| - Chronic Renal Failure | | | | | |
| - Permanent Shunt / Fistula | | | | | |
| | | | | | |
| 6. Haematological Problems | | | | | |
| - Disseminated Intravascular Coagulopathy (DIC) | | | | | |
| - Hypovolemic Shock | | | | | |
| | | | | | |
| 7. Medications: | | | | | |
| - Resuscitation drugs (Crash Cart Drugs) | | <u> </u> | | <u> </u> | |
| - Anti-arrhythmic drugs – supraventricular | | <u> </u> | | <u> </u> | |
| - ventricular | | <u> </u> | | <u> </u> | |
| - Anticoagulants | | <u> </u> | | <u> </u> | |
| - Thrombolytics | | <u> </u> | | <u> </u> | |
| - Anti-hypertensives | | | | | |
| - Insulin | | <u> </u> | | <u> </u> | |
| - Narcotic Infusion | | | | | |
| - Narcotics / Controlled Drugs | | | | | |
| - Inotropes | | | | | |
| - Vasodilators | | | | | |
| - Sedation | | | | | |
| - Muscle – relaxants | | | | | |
| - Anaesthetic agents | | | | | |
| - Conscious Sedation | | | | | |
| | | | | | |
| 8. Care of the patient with following: | | | | | |
| - Tracheostomy | | | | | |
| - Endotracheal Tube | | | | | |
| - Mechanical Ventilation | | | | | |
| - Chest Tubes | | | | | |
| - ECG Monitoring | | | | | |
| - Hemodynamic Monitoring - Arterial | | | | | |
| - Alterial - CVP | | | | | |
| - | | | | | |
| - Pulmonary Artery - Continuous Venovenous Hemofiltration | | | | | |
| Dialysis (CVVHD) | | | | | |
| - Pacemaker – External | | | | | |
| - Permanent | | | | | |
| - Temporary | | | | | |
| - Single | | | | | |
| - Dual Chamber | | | | + | |
| - Endocardial | | | | + | |
| - Epicardial | | | | + | |
| - Intra-aortic Balloon Pump | | | | + | |
| - Total Parenteral Nutrition | | 1 | | | |
| - E.C.M.O. – Ventricular Assists Devices | | 1 | | | |
| - Ventricular | | | | + | |
| - P.C.A. | | | | ┼──┤ | |
| - I.C.D. – Intra Cardiac Defibrillator | | | | ┼──┤ | |
| - ECHO | | | | + | |
| | | | 1 | + | |
| - T.E.E. – Trans Oesophactal Echo | | | | | |

| | E | EXPERIENCE | | | |
|---|---|------------|---|----|---------|
| | 1 | 2 | 3 | 4 | COMMENT |
| III. OTHER EXPERIENCE: | | | | | |
| A. Charge Nurse | ſ | | | | |
| B. Recovery Room Care | | | | | |
| C. Preceptor Duties | | | | | |
| IV. ARE YOU CERTIFIED TO PERFORM: | Y | 'ES | N | 10 | COMMENT |
| 1. Basic Cardiac Life Support | Ī | | | | |
| 2. Advanced Cardiac Life Support | | | | | |
| Are you well skilled in: | | | | | |
| 1. Cardioversion / Defibrillation | | | | | |
| 2. Patient Controlled Analgesia Pumps | | | | | |
| Emergency Thoracotomy (assist with) | | | | | |
| 4. Intravenous Line Insertion | | | | | |
| 5. Phlebotomy | | | | | |
| 6. ECG Interpretation | | | | | |
| 7. Rhythm Analysis | | | | | |
| 8. Interpretation Hemodynamic Pressures | | | | | |
| (PA, Wedge, etc.) | | | | | |
| 9. Cardiac Output Measurement | | | | | |
| 10. Glasgow Coma Scale Assessment | | | | | |
| 11. Physical Systems Assessment | | | | | |
| 12. Interpretation of Arterial Blood Gases | | | | | |
| 13. Interpretation of CXR | | | | | |
| 14. Management & Care of Intra Aortic Balloon Pump | | | | | |
| 15. Continuous Arterio – Venous Haemofiltration | | | | | |
| 16. Right and left Ventricular Access Device | | | | | |
| 17. Heart Transplant | | | | | |

V. OTHER:

| 1. | Years of nursing work experience: Total C.V.I.C.U. |
|----|--|
| 2. | Your Critical Care knowledge base is from: a) on the job training [] b) ICU certificate |
| 3. | Average daily census in your current hospital: |
| | Number of open beds in your current CVICU: |
| 4. | Average number of patients in the unit per day: adult Paediatric |
| 5. | Your average staffing ratio is: 1 nurse to patients |
| 6. | Any further comments: |

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