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**NURSING  
RECRUITMENT  
SKILLS  
CHECKLIST**

**NAME :** \_\_\_\_\_

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

**POSITION APPLIED FOR :** \_\_\_\_\_

**CORONARY CARE UNIT (ADULTS)**

**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:** 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

	<b>EXPERIENCE</b>				<b>COMMENT</b>
	1	2	3	4	
<b><u>I. CARE OF PATIENT WITH:</u></b>					
1. Neurological Deficits					
2. Cardiovascular Problems					
- Acute Myocardial Infarction					
- Unstable Angina Push					
- Cardiac Arrhythmias					
- Cardiomyopathy					
- Congestive Heart Failure					
- Pulmonary Edema					
- Cardiogenic / Hypovolemic Shock					
- PTCA / Stent					
- Cardiac Catheterization					
- Electrophysiological Studies					
3. Respiratory Problems					
- Chronic Obstructive Pulmonary Diseases					
- Pulmonary Embolism					
- Pneumothorax / Hemothorax					
- Adult Respiratory Distress Syndrome (ARDS)					
4. Renal Problems					
- Acute Renal Failure					
- Chronic Renal Failure					
- Permanent Shunt / Fistula					



**IV. EXPERIENCE:**

1. Years of nursing work experience: Total \_\_\_\_\_ CCU \_\_\_\_\_

2. Your Critical Care knowledge base is from: a) on the job training [ ]  
b) ICU certificate [ ]  
c) CCU certificate [ ]

3. Average daily census in your current hospital: \_\_\_\_\_  
Number of open beds in your current CCU: \_\_\_\_\_

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. Inability to demonstrate skills stated, may result in termination during the probationary period.

\_\_\_\_\_  
Name / Signature  
License Number : \_\_\_\_\_