



EMERGENCY ROOM SKILLS CHECKLIST

NAME OF APPLICANT: _____ DATE: _____

Read the checklist below and tick the appropriate box, which corresponds to your proficiency/frequency of experience level on those particular skills.

Remember!! Answer honestly, in order that the reviewer can validate your overall competency and suitability for the position.

LEVELS OF PROFICIENCY KEY:

1. **NO EXPERIENCE**
2. **LIMITED EXPERIENCE (Novice)** = needs practice, assistance and guidance
3. **ADVANCE BEGINNER** = performs routine function; may need review and minimal supervision.
4. **COMPETENT** = prioritize, completes functions independently, without supervision.
5. **PROFICIENT/ EXPERT** = mastery in performance, capable of supervising and/or train others.

FREQUENCY OF EXPERIENCE KEY:

1. **OBSERVED ONLY/NEVER DONE**
2. **RARELY DONE (<6 times per year)**
3. **INTERMITTENT EXPERIENCE (1 - 2 times/month or more than a month)**
4. **1-2 YEARS CONTINUOUS EXPERIENCE.**
5. **MORE THAN 2 YEARS CONTINUOUS EXPERIENCE.**

SKILLS	PROFICIENCY				
	1	2	3	4	5
A. EXPERIENCE IN:					
1. Level I Trauma Unit					
2. Level II Trauma Unit					
3. Level III Trauma Unit					
4. Triage					
5. Resuscitation Room					
B. Nursing Care :					
A. Assessment :					
a. Primary Survey (ABC, C-Spine)					
b. Secondary Survey (Head to Toe)					
c. Focused Survey (Specific Area)					
B. Multi- Patient Priority Setting					

FREQUENCY				
1	2	3	4	5



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SKILLS	PROFICIENCY					FREQUENCY				
	1	2	3	4	5	1	2	3	4	5
F. ENT Disorders :										
1. Use of Morgan Lens Irrigation										
2. Ear Irrigation										
3. Eye Irrigation										
4. Nasal Packing										
G. LACERATIONS :										
1. Setting Up of Suture Tray										
2. Assistance with suturing										
3. Perform Suturing										
4. Suture/Staple Removal										
H. CARDIOVASCULAR ;										
1. Arrhythmia Analysis										
2. 12 Lead EKG Interpretation										
3. Defibrillation/Cardio Version										
4. Cardiac Arrest/CPR										
5. Open Hear + Massage										
6. Hemodynamic Monitoring Interpretation										
7. Swan Ganz/Pulmonary Artery Catheter										
8. Aterial Line/A-Line										
9. Transducer Set Up										
10. Pacemakers										
11. Assist with Central Line Insertion										
12. Interpretation of CVP Readings										
13. Assessment of Heart Sounds										
14. Care of Patient with :										
a. Acute MI/Unstable Angina										
b. Thrombolytic Therapy										
c. Administration of TPA/Streptokinase										

<p align="center">Kingdom of Saudi Arabia Ministry of Defense Prince Sultan Armed Forces Hospital Madina Al Munawarah Nursing Administration Department</p>		<p align="center">المملكة العربية السعودية وزارة الدفاع مستشفى الامير سلطان للقوات المسلحة بالمدينة المنورة إدارة التمريض</p>
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CERTIFICATION	YES	NO	DATE ISSUED /EXPIRATION
▪ Basic Cardiac Life Support (BCLS)			
▪ Pediatric Advance Life Support (PALS)			
▪ Advance Cardiac Life Support (ACLS)			
▪ Saudi Council Licensure			
▪ Others :			

ADDITIONAL INFORMATION:

*This skills checklist is part of the application process. False representation of information **WILL** result in a review of the applicants contractual/employment status.*

Number of Experience: _____ **Months / Year (s)**

I hereby certify that the information given above is true and accurate account of my proficiency.

Comments :

Print Name: _____ **Signature :** _____ **Date:** _____