



PROGRAM ARMED FORCES HOSPITAL
SHAROURAH, K.S.A.

EMERGENCY ROOM SKILLS LIST
(HRS/F068/01)

NAME OF APPLICANT: _____

DATE: _____

HOW TO COMPLETE THIS FORM:

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.

LEVELS OF PROFICIENCY:

- A** = Perform Well (Very comfortable performing without supervision)
- B** = Limited Experience (Would require some assistance)
- C** = Perform Infrequently (Need more experience and practice, assistance required)
- D** = No Experience (have never performed this task, willing to learn)

SKILL	A	B	C	D	COMMENTS (IF ANY)
MEDICATION ADMINISTRATION:					
Oral					
Intramuscular					
Intravenous:					
Piggyback					
IV Push					
Infusions					
Central Lines					
Vascular Access Device					
Subcutaneous					
Rectal : Medication					
Enemas					
Spec. Drugs : Insulin Infusion					
Heparin Infusion					
Cardiac Arrest Drugs					
Narcotic					
Inotropic Agents					
Blood Product Administration					
PERFORM THESE PROCEDURES:					
System Assessments:					
Neurological					
Respiratory					
Cardiovascular					
Gastrointestinal					
Genitourinary					
Integumentary					
APGAR					

Glascow Coma Scale					
Paediatrics Glascow Coma Scale					
CPR					
Ambuing Technique					
ECG Interpretations					
Defibrillator/Cardioversion					
Pulse Oximetry					
Suctioning: Oral Pharyngeal					
Naso Pharyngeal					
Tracheostomy					
Management / Insertion of Arterial Lines					
Cannulation					
Insertion of NG Tubes					
P.O.P. Application					
Immobilizations: Cervical Spines					
Sprains					
Fractures					
Visual Acuity					
Eye Irrigation					
Ear Irrigation					
Gastric Lavage					
SPECIMEN COLLECTION:					
Venous Samples; Peripherally					
Eye/Ear/Nose/Throat Swab					
Wound Cultures					
Sputum					
Urine : Routine					
Catheter					
Vaginal Swab					
Blood Culture					
Peritoneal Tap-Ascitic Fluid					
CARE OF PATIENTS WITH:					
<i>Neurological Problems:</i>					
Cerebral Vascular Accident					
Seizure					
Overdose					
Neuro Trauma/Head Injury					
Cranial Hemorrhage					
Meningitis					
<i>Cardiac Problems:</i>					
Acute Myocardial Infarction/Unstable Angina					
Congestive Heart Failure					
Cardiogenic/Hypovolemic Shock					
Aneurysms					
Hypertension					
<i>Respiratory Problems:</i>					
Pulmonary Embolism					
Pulmonary Edema					
Pneumonia					
Inhalation Injuries					
Carbon Monoxide Poisoning					
Asthma					
Pneumothorax/Tension Pneumothorax					

Rib Fractures					
Lung Contusions					
Chronic Obstructive Pulmonary Disease					
Gastrointestinal Problems:					
Pancreatitis					
Gastrointestinal Bleeding					
Esophageal Bleeding					
Bowel Obstruction					
Liver Transplant					
Cirrhosis					
Hepatitis					
Abdominal Pain					
Cholecystitis					
Renal Problems:					
Dialysis/CAPD					
Chronic Renal Failure					
Renal Cholic					
Trauma Problems:					
Acute Abdomen					
Intra Abdominal Bleeding					
Open Chest Wounds					
Multiple Fractures					
Motor Vehicle Accident					
Cardiac Tamponade					
Burns					
Orthopaedic Problems:					
Cervical Injuries					
Complicated Fractures					
Simple Fractures					
Amputations					
Haematological Problems:					
Sickle Cell Anemia					
Hemophilia					
G6PD					
Paediatric Disorders:					
Bronchiolitis					
Asthma					
Gastroenteritis					
Seizures					
Epiglottitis					
Croup					
Ingestion of Foreign Objects					
Failure to Thrive					
Infectious Diseases:					
Brucellosis					
Shigellosis					
Schistosomiasis					
Tuberculosis					
Ob/Gyn:					
Abortions: Complete					
Incomplete					
Pre-eclampsia / Eclampsia					
Deliveries					

Placenta Previa					
Trauma with pregnancy					
GENERAL:					
Post Op Recovery :	Paediatric				
	Adult				
Airway Management :	Paediatric				
	Adult				
Pain Management					
ASSIST WITH PROCEDURES:					
Peritoneal Lavage					
Suturing					
Open Chest :	Paediatric				
	Adult				
Chest Tubes					
Subclavian Lines					
Intravenous Cutdowns					
Intraosseous Needle Insertion					
Thoracentesis					
Peritoneal / Ascitic Tap					
FAMILIARITY WITH EQUIPMENTS:					
Defibrillator / Cardioversion					
Cardiac Monitor					
Pulse Oxymetry					
Infusion Pumps					
Electronic Thermometer					
Non Invasive Blood Pressure Monitoring					
Oxygen Equipment:					
Masks					
Nasal Prongs					
Ventilation Masks					
Humidifiers					
Blood Glucose Measure Device					
Open Bed Warmer, Isolette					
Fetal Monitoring					
Doppler					
P.O.P					
Casting					
GENERAL RESPONSIBILITIES:					
Shift Coordinator					
Patient/Family Education					
Inservices					

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- What is your daily census? _____
- How many beds are there in you ER? _____ Short Stay / Non Acute : _____
- What is the size of the hospital do you currently work in? _____

➤ Do you have experience with Total Quality Management? Yes () No ()

➤ Are you certified in:

Advance Cardiac Life Support (ACLS) () Yes () No

Paediatric Advance Cardiac Life Support (PALS) () Yes () No

Trauma Nurse Core Curriculum (TNCC) () Yes () No

Helped with Advanced Trauma Life Support (ATLS) () Yes () No

➤ Please list any other relevant information.

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

Name of the Applicant: _____

Signature of the Applicant: _____

Date: _____



Program Armed Forces Hospital
Sharourah, K. S. A.

EMERGENCY DEPARTMENT QUESTIONNAIRE

- Why do we triage patient?

- What is a tension pneumothorax?

- What is the difference between cardioversion and defibrillation?

- What areas of the emergency room do you excel in?

- What areas have you limited experience in?

- What would you do if a medication order was above the manufacturer's recommended dose?

Name of Applicant: _____

Date: _____