

Armed Forces Hospital
 King Abdulaziz Naval Base
 Kingdom of Saudi Arabia
 NURSING DEPARTMENT

Name: _____

Date: _____

**EMERGENCY ROOM
 RECRUITMENT SKILLS CHECKLIST**

AIM OF CHECKLIST:

When completing the following skills checklist, please remember that this is used by the reviewer to assess your overall competency and suitability to Emergency Room.

Please feel free to elaborate on any area you feel necessary to give a more comprehensive overview to the reviewer.

EXPERIENCE: How frequently have you given nursing care to patients with the conditions listed below within the last two years. Tick the desired number on the right side in relation to the frequency of exposure/experience.

Frequency:

1. Never
2. Rarely (less than 1x/ week)
3. Occasionally (less than 1X/month)
4. Frequent (at least 1X/week)

Experience:

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

| | Frequency | | | | Experience | | | |
|----------------------------------------------|-----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| I. NEUROLOGICAL | | | | | | | | |
| • Coma | | | | | | | | |
| • Craniotomy | | | | | | | | |
| • Head Injury | | | | | | | | |
| • Meningitis | | | | | | | | |
| • Medical/Neuro Disorder | | | | | | | | |
| • Spinal cord injury | | | | | | | | |
| • Status Epilepticus | | | | | | | | |
| • Brain Stem Death | | | | | | | | |
| • CVA/stroke | | | | | | | | |
| II. RESPIRATORY | | | | | | | | |
| • Chronic Obstructive pulmonary disease | | | | | | | | |
| • Severe Acute Asthma | | | | | | | | |
| • Pneumonia | | | | | | | | |
| • Pulmonary embolism | | | | | | | | |
| • Adult Respiratory Distress Syndrome (ARDS) | | | | | | | | |
| • Insertion of Percutaneous Tracheostomy | | | | | | | | |
| • Pleural chest drainage | | | | | | | | |
| • Flail chest | | | | | | | | |
| • Bronchial Asthma | | | | | | | | |
| • Status asmaticus | | | | | | | | |
| III. MEDICATION | | | | | | | | |
| • Intravenous Infusion | | | | | | | | |
| • Subcutaneous injection | | | | | | | | |
| • Oral medications | | | | | | | | |
| • Narcotics | | | | | | | | |
| • Use of streptokinase | | | | | | | | |

| | Frequency | | | | Experience | | | |
|-------------------------------------------|-----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| IV. CARDIOVASCULAR | | | | | | | | |
| • Acute myocardial infarction | | | | | | | | |
| • Unstable Angina | | | | | | | | |
| • Cardiac Arrhythmias | | | | | | | | |
| • Congestive Heart Failure | | | | | | | | |
| • Pulmonary Edema | | | | | | | | |
| • Cardiogenic Shock | | | | | | | | |
| • Post Cardiac Surgery | | | | | | | | |
| • Central Venous Pressure Monitoring | | | | | | | | |
| • Arterial Pressure Monitoring | | | | | | | | |
| • Pacemaker - permanent | | | | | | | | |
| • transvenous | | | | | | | | |
| • trans cutaneous | | | | | | | | |
| • Two or more inotrope infusions | | | | | | | | |
| V. RENAL | | | | | | | | |
| • Acute Renal Failure | | | | | | | | |
| • Chronic Renal failure | | | | | | | | |
| • Urethral Catheterization | | | | | | | | |
| • Female | | | | | | | | |
| • Male | | | | | | | | |
| VI. GASTROINTESTINAL | | | | | | | | |
| • Liver Cirrhosis | | | | | | | | |
| • Esophageal Varices | | | | | | | | |
| • Sengstaken – Blakemore tube | | | | | | | | |
| • Acute Pancreatitis | | | | | | | | |
| • Hepatic Failure | | | | | | | | |
| • Gastroenteritis | | | | | | | | |
| • Gastric wash out | | | | | | | | |
| • Acute abdominal pain | | | | | | | | |
| VII. HAEMATOLOGICAL | | | | | | | | |
| • Disseminated Intravascular Coagulopathy | | | | | | | | |
| • Hemophilia | | | | | | | | |
| • Sickle cell crisis | | | | | | | | |
| VIII. METABOLIC | | | | | | | | |
| • Enteral Nutrition | | | | | | | | |
| • Parenteral Nutrition | | | | | | | | |
| • Acid Base Imbalance | | | | | | | | |
| • Diabetic Emergencies | | | | | | | | |
| • Ketoacidosis | | | | | | | | |
| • Hyper/hypoglycemia | | | | | | | | |
| • Shock | | | | | | | | |
| • Hypovolemic | | | | | | | | |
| • Neurogenic | | | | | | | | |
| • Septic | | | | | | | | |
| • Anaphylactic | | | | | | | | |

| IX. TRAUMA RELATED | Frequency | | | | Experience | | | |
|-----------------------------------------------------------------------|-----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| • Multiple Trauma | | | | | | | | |
| • Fasciomaxillary Injury | | | | | | | | |
| • Multiple fractures | | | | | | | | |
| • Burns | | | | | | | | |
| • Pelvic Injury | | | | | | | | |
| • Cervical Trauma | | | | | | | | |
| • Spinal fracture | | | | | | | | |
| • Sports injuries | | | | | | | | |
| • Stab wound | | | | | | | | |
| 1. Basic Cardiac Life Support | | | | | | | | |
| 2. Advance cardiac Life Support | | | | | | | | |
| 3. Intravenous Line Insertion | | | | | | | | |
| 4. Phlebotomy | | | | | | | | |
| 5. ECG Interpretation | | | | | | | | |
| 6. Care of pleural chest drains | | | | | | | | |
| 7. Interpretation of arterial blood gases | | | | | | | | |
| 8. Interpretation of hemodynamic pressure & related therapy | | | | | | | | |
| 9. Care of patient with multiple inotropic infusions of high acuity | | | | | | | | |
| 10. Management and interpretation of intracranial pressure monitoring | | | | | | | | |
| 11. Physical assessment | | | | | | | | |
| 12. Knowledge of normal laboratory results | | | | | | | | |
| 13. Care of the spinal injured patient | | | | | | | | |
| 14. Use of Glasgow coma scale | | | | | | | | |
| 15. The role of the preceptor | | | | | | | | |
| 16. Charge Nurse duties | | | | | | | | |
| 17. Burn dressing | | | | | | | | |
| 18. POP Application | | | | | | | | |
| 19. Assist in suturing | | | | | | | | |
| 20. Suture removal | | | | | | | | |
| 21. Dressings | | | | | | | | |
| 22. Application of splint (K-wire & Thomas splint) | | | | | | | | |
| 23. Knowledge in the application of ECG leads | | | | | | | | |
| 24. Gynecology | | | | | | | | |
| A. Vaginal Bleeding | | | | | | | | |
| B. Delivery | | | | | | | | |
| C. Born before arrival | | | | | | | | |
| 25. Emergent conditions | | | | | | | | |
| A. Environmental conditions like: | | | | | | | | |
| a. Heat stroke | | | | | | | | |
| b. Frost bite | | | | | | | | |
| c. Hypothermia | | | | | | | | |
| B. Toxicologic emergencies | | | | | | | | |
| a. Drug overdose | | | | | | | | |
| b. Ingested poisons | | | | | | | | |
| c. Food Poisoning | | | | | | | | |
| d. Insect stings | | | | | | | | |
| e. Scorpion/Snake bites | | | | | | | | |
| 26. Psychiatric | | | | | | | | |
| a. Aggressive patients | | | | | | | | |
| b. Restless patients | | | | | | | | |
| 27. Assist in Intubation | | | | | | | | |

| | Frequency | | | | Experience | | | |
|-------------------------|-----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 28. Pediatric Cases | | | | | | | | |
| a. Bronchiolitis | | | | | | | | |
| b. Foreign Body | | | | | | | | |
| c. Febrile convulsions | | | | | | | | |
| a. Cooling measures | | | | | | | | |
| d. Secondary Hemorrhage | | | | | | | | |
| e. Dehydration | | | | | | | | |
| f. Post tonsillectomy | | | | | | | | |
| g. Oxygen therapy | | | | | | | | |
| a. Nebulization | | | | | | | | |

X. EXPERIENCE

High Acuity

Low Acuity

Mixed Acuties

1. Years of nursing experience as a Registered Nurse Total: _____
2. BLS/ACLS Certificate
3. Number of utilized beds in your present ER Total: _____
4. Average number of patients in your ER unit per day Total: _____
5. Average number of trauma patients in your ER per day Total: _____
6. Average nurse to patient ratio : _____ to _____
7. Number of Bed Capacity:

| Total | Employer 1 | Employer 2 | Employer 3 |
|---------------------------|------------|------------|------------|
| Beds in the hospital | | | |
| Beds in the area assigned | | | |

Thank you for completing the above checklist correctly and faithfully. Demonstration of skills stated will be expected during the 90-days probationary period. Inability to demonstrate skills stated (ticked ones) may result in termination during probationary period.

Name / Signature

Date