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## NURSING RECRUITMENT SKILLS CHECKLIST

NAME	:	DATE :
POSITION	APPLIED FOR:	

## **ACCIDENT & EMERGENCY ROOM**

## **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).

## <u>Frequency:</u> <u>Experience:</u>

- 1 Observed Only or Never Done 1 None
- 2 Rarely (less than 6 x / year) 2 Need Practice
- 3 Occasionally Done (1 2 x / month) 3 Competent 4 – Frequently done (daily or weekly) 4 – Well skilled

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	1	2	3	4		1	2	3	4	COMMENT
I. MEDICAL ADMINSTRATION										
- Oral										
- Intramuscular										
- Intravenous										
- Piggyback										
- IV push										
- Infusions										
- Central Lines										
- Vascular Access Device										
- Subcutaneous										
- Rectal: Medication										
- Enemas										
- Spec. Drugs: Insulin Infusion										
- Heparin					_					
- Cardiac Drugs										
- Narcotic										
- Controlled Drugs										
- Blood Product Administration										
II. PERFORM THESE PROCEDURES										
- System Assessments:										
- Neurological										
- Respiratory										
- Cadiovascular										
- Genitourinary										
- Gastrointestinal										

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	1	2	3	4	1	2	3	4		
	, 💾		٦	+		_	3	+		COMMENT
- Integumentary									_	
- APGAR									_	
- Glascow Coma Scale									_	
- CPR									L	
- AmbuTechnqiue										
- EKG interpretation										
- Defibrillator / Cardioversion										
- Pulse Oximetry										
- Suctioning : Oral Pharyngeal										
- Tracheostomy										
<ul> <li>Management/Insertion of Arterial Lines</li> </ul>										
<ul> <li>Starting Intravenous / Heparin Locks</li> </ul>										
- Insertionof NG tubes										
- Curtch Walking										
- Immobilization: Cervical Spines										
- Sprains										
- Fractures										
- Visual Acuity										
- Eye Irrigation										
- Ear Irrigation										
- Gastric Irrigation										
III. SPECIMEN COLLECTION:	1									
	<b>」</b> ├─								-	
- Venous Samples: Pheriperally									_	
- Eye / Ear / Nose / Throat Swab									L	_
- Wound Cultures	<b> </b>								F	
- Sputum - Urine: Routine	-								-	
- Cathether	<del> </del>								-	
- Vaginal Swab	<del> </del>								-	
- Blood Culture									F	
- Peritoneal Tap – Ascitic Fluid										
IV. CARE OF PATIENT WITH:	1									
	J ├─								F	
1. Neurological Problems:									L	
- Cerebral Vascular Accident									L	_
- Seizure	<b> </b>								F	
- Overdose - Cranial Hemorrhage									-	
- Neuro Trauma / Head /Injury									-	
- Meningitis	1								F	
- Diabetes	1								-	
2. Cardiac Problems:									F	
- Acute Myocardial Infarction / Unstable Angina										
- Congestive Heart Failure										
- Cardiogenic/Hypovolemic Shock										
- Aneurysms									_	
- Hypertension									L	
3. Respiratory Problems:									L	
- Pulmonary Embolism	l								-	
- Pulmonary Edema									L	
- Pneumonia									L	
- Inhalation Injuries									L	
- Carbon Monoxide Poisoning									L	
- Asthma									L	
- Pneumothorax / Tension Pneumothorax									L	
- Rib Fractures									L	
- Lung Contusions									_	
- Chronic Obstructive Pulmonary Disease										
- Flail chest									L	

	FF	REQ	QUENCY			Ex	per	rien	ce		
	1	2	3	4		1	2	3	4		COMMENT
4. Gastrointestinal Problems:											
- Pancreatitis					-					f	
- Gastrointestinal Bleeding					-					f	
- Esophageal Bleeding					-					-	
- Bowel Obstruction					-					f	_
- Post Liver Transplant					-					f	
- Cirrhosis										f	
- Hepatitis										İ	
- Abdominal Pain – Appendicitis											
- Cholecystitis											
5. Renal Problems:											
- Dialysis / CAPD										Ī	
- Chronic Renal Failure										Ī	
- Renal Colic											
6. Trauma Problems:											
- Acute Abdomen										Ī	
- Intra Abdominal Bleeding										Ī	
- Open Chest Wounds										Ī	
- Multiple Fractures										Ī	
- Motor Vehicle Accident										ſ	
- Cardiac Tamponade										ſ	
- Burns											
7. Orthopaedic Problems:											
- Cervical Injuries											
- Complicated Fractures											
- Simple Fractures											
- Amputations											
8. Haematological Problems:											
- Sickle Cell Anaemia											
- Haemophilia											
- G6PD										L	
9. Paediatric Disorders:										L	
- Bronchiolitis					_						
- Cardiac Arrest					_						
- Asthma					_						
- Gastroenteritis										L	
- Seizures										L	
- Epiglotitis					_					L	
- Croup					_					L	
- Ingestions of Foreign Objects					-					-	
- Failure to Thrive					_					L	
10. Infectious Disease:					_					L	
- Brucellosis					-					-	
- Shigellosis					_					L	
- Schistomomiasis					L	_				-	
- Tuberculosis		-			F	$\dashv$				ŀ	
- Chicken Pox		-			F	$\dashv$				ŀ	
- HIV					-	$\dashv$				-	
- Hep B & C					-	$\dashv$				-	
7. OB / Gyne		-				$\dashv$				ŀ	
- Abortions: Complete		-			F	$\dashv$				ŀ	
Incomplete					-	$\dashv$				-	
- Pre-Eclampsia / Eclampsia		-			F	$\dashv$				ŀ	
- Deliveries		-			F	$\dashv$				ŀ	
- Placenta Previa		-			F	$\dashv$				ŀ	
- Trauma with Pregnancy					L					L	

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	1	2	3	4		1	2	3	4	COMMENT
V. GENERAL:										
- Post Op Recovery: Pediatrics	7									
Adult	1									
- Airway Management: Pediatrics										
Adult										
- Pain Management	┧ ├─									
VI. ASSIST WITH PROCEDURES:	]									
- Peritoneal Lavage	<b>7</b>									
- Suturing	1									
- Open Chest: Pediatric										
- Adult										
- Chest Tubes										
- Subclavian Lines										
- Intravenous Cutdowns										
- Intraosseous Needle Insertion										
- Thoracentesis	1 L									
- Peritoneal / Ascitic Tap	<u>↓</u>									
VII. FAMILIARITY WITH EQUIPMENT:										
- Defibrillators / Cardioversion	<b>7</b>									
- Cardiac Monitor										
- Telemetry										
- Pulse Oximetry	1 L									
- Infusion Pumps	<b>↓                                    </b>									
- Electronic Thermometers	4 📙									
- Non Invasive Blood Pressure Monitoring	4 📙									
- Oxygen equipment:	<b>↓                                    </b>									
- Hoods	<b>↓                                    </b>				-					
- Masks	┨				-					
- Prongs	$+$ $\vdash$	-			-					
- Ventilation masks	<del> </del>				-					
- Humidifiers	┪				-					
- Blood Glucose Measure Device	+	-		-	-					
- Open Bed Warmer, Isolette - Foetal Monitoring	+	-			-					
- Doppler	$+$ $\vdash$				-					
- Immobilisation	1				-					
- Casting	1 —									
VIII. GENERAL RESPONSIBILITIES:	1									
	┦┝									
- Charge Nurse - Discharge Planning	$+$ $\vdash$									
- Patient / Family Education	1									
- In – services										
THE SCIVICES	]	1		1						
IX. OTHERS:										
1. What is your daily census?									_	
2. How many beds are there in your ER?	Shor	t sta	ay?						_	

3. What size of the hospital do you currently work in? \_\_\_\_\_

4.	Identify the steps in the nursing process:
5.	What format of charting does your Nursing division currently utilize, i.e. SOAP, JCAHO standards?
6.	Do you have experience with continuous Quality Improvement (CQI) programs?
7.	Are you certified in:
	Advanced Cardiac Life Support (ACLS) [ ] Yes [ ] No Basic Trauma Life Support (BTLS) [ ] Yes [ ] No Pre - Hospital Trauma Life Support (PHTLS) [ ] Yes [ ] No Pediatric Advanced Life support (PALS) [ ] Yes [ ] No Trauma Nurse Core Curriculum (TNCC) [ ] Yes [ ] No Neonatal ALS / Neonatal Rescue Program (NALS/NRP) [ ] Yes [ ] No  PLEASE SEND COPIES OF ALL CARDS
8.	Have you ever contributed to a unit – based committee? Please describe
9.	Please list any other relevant information.
pro	ank you for completing the above. Demonstration of skills will be expected during your 90 days obationary period. <b>Inability to demonstrate skills stated, may result in termination during the obationary period.</b>
	Name / Signature License Number :