



KING FAHD ARMED FORCES HOSPITAL  
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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 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).

**Frequency:**

- 1 - Observed Only or Never Done
- 2 - Rarely (less than 6 x / year)
- 3 - Occasionally Done (1 - 2 x / month)
- 4 - Frequently done (daily or weekly)

**Experience:**

- 1 - None
- 2 - Need Practice
- 3 - Competent
- 4 - Well skilled

	<b>FREQUENCY</b>				<b>Experience</b>				<b>COMMENT</b>
	1	2	3	4	1	2	3	4	
<b>I. MEDICAL ADMINISTRATION</b>									
- 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									
<b>II. PERFORM THESE PROCEDURES</b>									
<b>- System Assessments:</b>									
- Neurological									
- Respiratory									
- Cardiovascular									
- Genitourinary									
- Gastrointestinal									

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



	FREQUENCY				Experience				COMMENT
	1	2	3	4	1	2	3	4	
<b>V. GENERAL:</b>									
- Post Op Recovery: Pediatrics									
Adult									
- Airway Management: Pediatrics									
Adult									
- Pain Management									
<b>VI. ASSIST WITH PROCEDURES:</b>									
- Peritoneal Lavage									
- Suturing									
- Open Chest: Pediatric									
- Adult									
- Chest Tubes									
- Subclavian Lines									
- Intravenous Cutdowns									
- Intraosseous Needle Insertion									
- Thoracentesis									
- Peritoneal / Ascitic Tap									
<b>VII. FAMILIARITY WITH EQUIPMENT:</b>									
- Defibrillators / Cardioversion									
- Cardiac Monitor									
- Telemetry									
- Pulse Oximetry									
- Infusion Pumps									
- Electronic Thermometers									
- Non Invasive Blood Pressure Monitoring									
- Oxygen equipment:									
- Hoods									
- Masks									
- Prongs									
- Ventilation masks									
- Humidifiers									
- Blood Glucose Measure Device									
- Open Bed Warmer, Isolette									
- Foetal Monitoring									
- Doppler									
- Immobilisation									
- Casting									
<b>VIII. GENERAL RESPONSIBILITIES:</b>									
- Charge Nurse									
- Discharge Planning									
- Patient / Family Education									
- In - services									

**IX. OTHERS:**

1. What is your daily census? \_\_\_\_\_

2. How many beds are there in your ER? \_\_\_\_\_  
Short stay? \_\_\_\_\_

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:

					Exp. Date
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.

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 : \_\_\_\_\_