

Kingdom of Saudi Arabia  
 AFH-KANB  
 Nursing Services

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**INTENSIVE CARE UNIT - ADULT**

**RECRUITMENT SKILLS CHECKLIST**

**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 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).**

Frequency:

1. Never
2. Rarely (less than 1x/week)
3. Occasionally (less than 1x/month)
4. Frequently (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
<b>I. NEUROLOGICAL</b>								
Coma								
Craniotomy								
Head Injury								
Meningitis								
ICP Monitoring								
Intracranial Drainage								
Medical/Neuro Disorder								
Spinal Cord Injury								
Status Epilepticus								
Brain Stem Death								
Epidural Catheter								
<b>II. RESPIRATORY:</b>								
Chronic Obstructive Pulmonary Disease								
Severe Acute Asthma								
Pneumonia								
Pulmonary Embolism								
Pneumectomy								
Adult Respiratory Distress Syndrome (ARDS)								
Long Term Ventilation								
Weaning Difficulties								
Insertion of Percutaneous Tracheostomy								

	FREQUENCY				EXPERIENCE			
	1	2	3	4	1	2	3	4
Short Term Ventilation								
Pleural Chest Drainage								
Bi-pap								
Flail Chest								
<b>III. CARDIOVASCULAR:</b>								
Acute Myocardial Infarction								
Unstable Angina								
Cardiac Arrhythmias								
Congestive Heart Failure								
Pulmonary Oedema								
Cardiogenic Shock								
Post Cardiac Surgery								
Abdominal Aortic Aneurysm								
Central Venous Pressure Monitoring								
Arterial Pressure Monitoring								
Pulmonary Artery Pressure Monitoring								
Pacemaker - permanent								
- trans venous								
- trans cutaneous								
Intra-aortic ballon pump								
Two or more inotrope infusions								
<b>IV. RENAL</b>								
Acute Renal Failure								
Chronic Renal failure								
Continuous Renal Replacement Therapy (CRRT)								
- "prisma"								
- "BSM 22"								
Intermittent Haemodialysis								
Urethral Catheterization - female								
- male								
<b>V. GASTROINTESTINAL:</b>								
Liver transplantation (immediate)								
Liver Cirrhosis								
Oesophageal varices								
Sengstaken - Blakemore tube								
Acute Pancreatitis								
Hepatic Failure								
<b>VI. HAEMATOLOGICAL:</b>								
Disseminated intravascular coagulopathy								



ICU - Adult Recruitment Skills Checklist

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3. Number of utilized beds in your present ICU: \_\_\_\_\_

4. Average number of patients in the unit per day: \_\_\_\_\_

5. Average number of ventilated patients in the ICU per day: \_\_\_\_\_

6. Average nurse to patient ratio: \_\_\_\_\_ to \_\_\_\_\_

**7. Number of Bed Capacity:**

<b>Total</b>	<b>Employer 1</b>	<b>Employer 2</b>	<b>Employer 3</b>
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