



KING FAHD ARMED FORCES HOSPITAL  
 P.O. Box 9862, JEDDAH 21159  
 KINGDOM OF SAUDI ARABIA  
 Tel. # +966-2-6653000  
 Fax # +966-2-6693490



**NURSING  
 RECRUITMENT  
 SKILLS  
 CHECKLIST**

Commented [k1]:

**NAME :** \_\_\_\_\_ **DATE :** \_\_\_\_\_  
**POSITION APPLIED FOR :** \_\_\_\_\_

**LABOR & DELIVERY**

**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.

**Experience Key:**

- 1 - None
- 2 - Limited, Needs Practice (performs skill / procedure only monthly or less often)
- 3 - Competent / Highly Skilled (performs three (3) or more times per week)
- 4 - Proficient / Expert (performs skill / procedure daily)

EXPERIENCE				COMMENT
1	2	3	4	

**I. CARE OF THE ANTENATAL PATIENT:**

Diabetic Mothers				
Sickle Cell Disease				
Abortions - Incomplete / complete				
Placenta Previa / Abruptio				
Intrauterine Growth Retardation (IURG)				
Poly - Oligohydramnios				
PROM / SROM				
Preterm Labor				
Amniocentesis				
Cordocentesis				
Induction of Labor				
Non - Stress Testing				
Interpretation of Non - stress Test				
Anemia				
Multiple Pregnancy				
Cardiac disease				
Incompetent cervix - (Shirodkar suture / Cervical cerclage)				
Pre - op Preparation				
Pregnancy Induced Hypertension				

**II. CARE OF THE INTRAPARTUM PATIENT:**

Uncomplicated Labor				
Care of patient with epidural				
Complicated labor / delivery				
Multiple Gestation				
Hypertension				
Diabetes				
Placenta Previa				
Fetal Demise				
Observations of previous C/S in labour for trial of scar (VBAC) Vaginal Birth After Caesarian Section				
Episiotomies of tears - suturing of				



EXPERIENCE				COMMENT
1	2	3	4	

**IV. CARE OF THE POST PARTUM PATIENT AND NEONATE:**

Initial care of the newborn					
Apgar scoring					
Newborn Physical Assessment					
Neonatal Resuscitation					
Post Partum Assessment / Care					
Post - Operative Assessment / Care					
Post Partum Hemorrhage					

**V. OTHER RESPONSIBILITIES:**

Charge Nurse Duties					
Patient / Family Education					
In service Presentations					
Precepting new employees					

**VI. FAMILIARITY OF EQUIPMENT:**

CTG					
Fetal Heart Rate - Doppler					
Glucometer					
Overhead Warmers					
Transport Isolettes					
Resuscitation Table					
Blood Warmers					
Non - Invasive Blood Pressure machine					
IV Infusion & PCA pumps					
Cardiac monitor					
Computer Skills: Basic - Intermediate - Advanced (circle)					

**VII. OTHER:**

1. Average daily census of hospital you currently work in? \_\_\_\_\_
2. Average daily census of unit you currently work on? \_\_\_\_\_
3. How many deliveries are done in your unit per month? \_\_\_\_\_
4. Does the unit you currently work in have self - contained OR and Recovery areas? \_\_\_\_\_
5. How many patients are you responsible for at any on time? \_\_\_\_\_
6. Have you ever experiences an unattended delivery? \_\_\_\_\_
7. List titles and dates of In-services or Continuing Education Programs attended within the last twelve months.

DATE

TITLES

_____	_____
_____	_____
_____	_____

8. List other areas of Nursing you have experience in:

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9. Are you currently BCLS certified?      Yes (  )      No (  )

10. Are you currently NRP Certified?      Yes (  )      No (  )

11. How do you keep up to date with current L & D practices and research?

12. What involvement have you had with Quality Improvement?

13. When would you use Pitocin (Syntocinon)?

14. When would you use Methergin?

15. What is DIC and nursing responsibilities in caring for the patient with DIC?

16. What is HELLP Syndrome and nursing responsibilities in caring for patients with HELLP?

17. Explain the uses of Magnesium Sulfate and nursing responsibilities in caring for patients with MGSO4 infusions?

18. What is pre-eclampsia / eclampsia and nursing responsibilities in caring for the patient with the same?

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 : \_\_\_\_\_