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NURSING RECRUITMENT SKILLS CHECKLIST

NAME	:	DATE : _	
POSITION	APPLIED FOR:		

NEONATAL INTENSIVE CARE UNIT (NICU)

AIM OF CHECKLIST:

When completing the following, please remember that this checklist is used by thd 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: Indicate those skills / procedures <u>you perform independently without</u> guidance or direction.

Experience Key:

1	_	N	o	n	۵

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)

				1		
	EXPERIENCE			CE		
	1	2	3	4	C	OMMENT
I. PERFORMS THE FOLLOWING SKILLS:		1				
Physical Assessment of the Neonate:						
- Neurological						
- Respiratory						
- Cardiac Vascular						
- Gastrointestinal						
- Renal						
- Integumentary						
II. MEDICATION ADMINISTRATION:		1	ı			
Exosurf / Surfactants						
Epinephrine						
Sodium Bicarbonate						
Insulin Drip						
Narcotic Drip / Fentanyl Morphine						
Inotropes - Dopamile / Dobutamine						
Prostaglandin E1						
Dixogin						
Pavulon						
Medication calculation by body weight						
Medication Titration calculations						
Medication Dilution calculations						

	EX	EXPERIENCE					
	1	2	3	4	COMMENT		
III. Performs the following procedures:							
Obtain blood sample, venous & heel prick							
IV Cannulation, Peripheral & Scalp							
Tube feeding, NGT/OGT & Gastrostomy							
Calculation of intake & output by body weight CAPD							
Suctioning & CPT							
Minimal handling skills							
<u> </u>					L		
IV. FAMILIARITY WITH EQUIPMENT:			l				
Oxygen Saturation Monitors:							
- O ₂ analysers							
- Head box Ventilators							
- HFOV							
- Others:							
Invasive BP Monitoring							
NBP Dinamaps							
Phototherapy							
In beds scales							
Radiant Warmers Isolettes							
V. CARE OF PATIENTS WITH:			I				
1. Neurological Problems:							
Hydrocephalus							
Post VP Shunt Insertion							
Meningitis							
Neural Tube Defects							
Intraventricular Hemorrhage							
2. Cardiac Problems:							
Pre/post Cardiac Surgery							
Congenital Cardiac Anomalies							
Congestive Heart Failure							
Bradycardia Deviate at Bulmana and Hamana and the							
Persistent Pulmonary Hypertension of the Newborn							
3. Respiratory Problems:							
Broncho Pulmonary Dysplasia							
Respiratory Distress Syndrome							
Pneumothorax							
Care of chest tube							
Diaphragmatic Hernia							
4. Gastrointestinal Problems							
Necrotizing Enterocolitis							
Tracheo Esophageal Fistula							
Colostomy / Ileostomy							
Imperforate Anus							
5. Renal Problems							
Acute Renal Failure							
Hydronephrosis							
6. Orthopaedic Problems							
Casts							
Rickets							
7. Hematological Problems							
Thombocytopenia							
Rh/ABO Incompatibilities							
DIC Cholestatic Jaundice							
Cholestatic Jaunuice							

8. Multiple Congenital Anomalies						
	EXPERIENCE		CE			
	1	2	3	4	COMMENT	
9. Very Low Birth Weight Infant (Premature)						
10. Small for Gestional age						
11. Post Operative Care of the Neonate						
12. Post Cardiac Cathetherization Care						
VI. ASSIST WITH:						
Chest Tube Insertion						
Central Venous Line Insertion						
Umbilical Venous / Arterial Cathether						
Insertion						
Partial and Total exchange transfusion						
Intubation / Extubation Ventricular Taps						
Lumbar Puncture						
Blood Culture						
Arterial Blood Gas Sampling						
VII. GENERAL DUTIES:						
Charge Nurse duties						
Attend high risk deliveries & CS for resuscitation purposes Neonatal Transportation with Mechanical						
Ventilation						
Preceptoring of new staff						
Clinical audits						
Educational in-services						
Clinical Auditing						
VIII. OTHER:						
1. What size Level III NICU do you currently wor	k on	? _				
2. How many beds are there in that unit:						
- Intensive Care:						
- Intermediate Care:						
3. How often do you care for infants on ventilator	rs?					
	-					
4. Please state your current patient ratio.						
5. Are you certified in neonatal resuscitation?		v	FS ()	NO ()	
or Are you ceremed in neonatal resuscitation.		•		,		
Thank you for completing the above. Demonstra	tion	of sl	cille v	vill he	expected during your 90	
days probationary period. <u>Inability to demonst</u>						
during the probationary period.					-	
Name / Sig	gnatu	ıre				
License Number :						