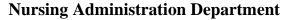
Ministry of Defense Prince Sultan Armed Forces Hospital Madina Al Munawarah



NAME OF APPLICANT: __



وزارة الدفاع مستشفى الامير سلطان للقوات المسلحة بالمدينة المنورة إدارة التمريض

DATE:

NURSERY SKILLS CHECKLIST

Read the checklist below and tick the approproficiency/frequency of experience level on		•
Remember!! Answer honestly, in order that suitability for the position.	it the revi	iewer can validate your overall competency and
LEVELS OF PROFICIENCY KEY:		
1. NO EXPERIENCE		
2. LIMITED EXPERIENCE (Novice)	=	needs practice, assistance and guidance
3. ADVANCE BEGINNER	=	performs routine function; may need review and minimal supervision.
4. COMPETENT	=	prioritize, completes functions independently, without supervision.
5. PROFICIENT/ EXPERT	=	mastery in performance, capable of supervising and/or train others.

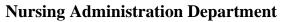
FREQUENCY OF EXPERIENCE KEY:

- 1. OBSERVED ONLY/NEVER DONE
- 2. RARELY DONE (<6 times per year)
- 3. INTERMITTENT EXPERIENCE (1 2 times/month or more than a month)
- 4. 1-2 YEARS CONTINOUS EXPERIENCE.
- 5. MORE THAN 2 YEARS CONTINOUS EXPERIENCE.

		PROFICIENCY		Y		
	SKILLS	1	2	3	4	5
Kn	owledge and skills with :					
1.	Initial Patient Assessment					
	a) Postpartum					
	b) New born					
2.	Blood Sampling					
	a) Venepuncture					
	b) Heel stick					
<i>3.</i>	Intravenous Fluid Administration					
	a) Peripheral access : Angiocath, butterfly and					
	IV lock					
	b) Administration/maintenance: Peripheral					
	c) Tubing changes : Peripheral					
	d) Site care : Peripheral & central					

	FREQUENCY									
1	2	3	4	5						

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NURSERY SKILLS CHECKLIST

NAME OF APPLICANT:	DATE	l:

		PROFICIENCY				
	SKILLS	1	2	3	4	5
Kn	owledge and skills with:					
	e) Procedure for UA/UV placement					
4.	Blood/blood products Administration					
	a) Consent					
	b) Administration: PRBC, FFP, and Albumin.					
	c) Discontinuation/Transfusion Reactions					
5.	Infant Stabilization :					
	a) Stabilization of infant in L&D					
	b) Stabilization of infant in Nursery					
	c) Cardiac/respiratory monitoring					
	d) Thermal stabilization					
	e) Transfer of infant to another facility					
6.	Care of the Infant :					
	a) Routine new born care					
	b) Administration of medications					
	c) Sepsis work-up/care : Lumbar puncture and blood cultures					
	d) Phototherapy					
	e) Nutritional assessment/care: NG, and formula feeding					
	f) Breastfeeding teaching/initiation					
	g) Infant abduction prevention					
	h) Infant of drug addicted mother					
	i) Circumcision care					
<i>7.</i>	Oxygen Delivery : Set-up/maintenance:					
	a) Nasal cannula					
	b) Ventimask, and face mask					
	c) Oxyhood					
8.	Adjunctive Airway Management :					
	a) Bag valve mask (Ambu bag)					
0	b) Suctioning: Oral and nasal					
9.	Parental Bonding Assessment :					
	a) Breastfeeding					

FR	FREQUENCY								
1	2	3	4	5					
			_						
-									

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NURSERY SKILLS CHECKLIST

NAME OF APPLICANT:	DATE:	
TAXABLE OF THE FIGURES.	 DILLE.	

	PROFICIENCY				
SKILLS	1 2 3 4			5	
10. Discharge Health Teachings					
11. Discharge Against Medical Advice					
12. Treatment Refusal					
13. Patient Transfer/Referral					
14. Use of Medical Equipment					
a) I.V. and syringe pumps					
b) Oxygen tank and regulator					
c) Capillary glucose monitor					
d) Suction apparatus: Wall and portable					
e) Oxygen therapy: Wall and portable					
f) Pulse Oximeter					
g) Isollete and infant warmer					
h) Cardiac/respiratory monitors					
i) Non – invasive blood pressure monitor					
j) Invasive blood pressure					
k) Ventilator					
l) Bilimeter					
m) Phototherapy lights					
n) Infant scale					
o) Computer and printer					
p) Reports defective equipment					
q) Crash cart					
r) Transport isolette					
ISOLATION PRECAUTIONS:					
Regular Isolation					
Reverse Isolation					
Enteric Isolation					
Respiratory isolation					
Wound and skin Isolation					
Sterile Dressing Changes					

FR	EQU		Y						
1	1 2 3 4								
	l								

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NURSERY CHECKLIST

ASSESSMENT CRITERIA	MET	NOT MET	COMMEN TS	ASSESSMENT CRITERIA	MET	NOT MET	COMME NTS
CARE OF NEWBORN				CARE OF NEWBORN			
1. New Born Assessment				I) Specimen Collection			
a) APGAR Score				1. Heel Stick			
b) Gestational Age Assessment				2. Percutaneous umbilical sampling			
- Ballard Scale				J.) Umbilical blood sampling			
- Dubowitz Scale				K.) Temperature			
- Finnegan Scoring				1. Axillary			
c) Length				2. Oral			
d) Neonatal Jaundice				3. Tympanic			
e) Initial Vital Sign				4. Rectal			
f) Weight				L.) Incubator/Isolletes			
g) Examine from head to toe				M .) Phototherapy Treatment			
1. Equipment and Procedures				N.) Assist intervention for Meconium			
a) Administer injections to neonate				O) Thermo-neutral environment to prevent cold stress			
b) Suctioning				P.) Infant/Neonate Resuscitation			
1. Bulb				Q .) Discharge procedure			
2. Delee				R.) Monitor Bladder and Bowel sounds			
3. Wall				1. Obtain urine specimens via specimen bag			
c) ID/Security Banding				2. Test for blood, reducing substances			
d) Cord Care							
e) Assist with Circumcision							
1. Assess site post-op							
2. Teach Circumcision care to patients							
f) Bathe Infant							
g) Culture suspect infectious							
neonate							
h) Infant Feedings							
1. Breastfeeding - assist							
- Latch-on							
- Positioning							
- Pumping and storage							
2. Bottle							
<u>-</u>			I.				

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NURSERY SKILLS CHECKLIST

NAME OF APPLICANT: ______DATE: _____

CERTIFICATION	YES	NO	DATE ISSUED /EXPIRATION
Basic Cardiac Life Support (BCLS)			
 Neonatal Resuscitation Program (NRP) 			
Advance Cardiac Life Support (ACLS)			
Saudi Council Licensure			
• Others:			
This skills checklist is part of the application WILL result in a review of the applicants co	-	-	• •
Number of Experience:		Mo	onths / Year (s)
I hereby certify that the information given proficiency.	above is tru	e and acc	curate account of my
Comments:			
Print Name:	Sianature		Date: