



ARMED FORCES HOSPITAL SOUTHERN REGION
KHAMIS MUSHAYT

NURSE AIDE SKILLS LIST
(HRS/F097/01)

NAME OF APPLICANT: _____

DATE: _____

<p>HOW TO COMPLETE THIS FORM:</p> <p>A thorough evaluation of your skill level in various Specialty areas will enable us to locate assignments that are suitable to your skills and the needs of our patients. Please place an “X” in the box that most accurately describes your level of expertise for this skills listed.</p>	<p>LEVELS OF PROFICIENCY:</p> <p>A = Perform Well (at least one year of current experience, very comfortable performing without supervision) B = Limited Experience (6-12 months, within the past two years, would require some assistance) C = Perform Infrequently (less than three months of experience, need more experience and practice, assistance required) D = No Experience (have never performed this task, willing to learn)</p>
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SKILL	A	B	C	D	COMMENTS (IF ANY)
GENERAL RESPONSIBILITIES					
Demonstrate therapeutic verbal and non verbal communication techniques					
Wound care					
Pressure area care					
Demonstrate safe lifting and manual handling procedures including mobilizing patients					
Mouth care					
Ability to complete bed bath					
Oxygen Therapy Suctioning					
DOCUMENTATION					
Measure and record patients, TPR and BP					
Care of the dead					
Care of the patients with urinary catheters					
Collection of specimens (urine, sputum, stool, wound swabs)					
Oral Suctioning					
Care of the patient in isolation					

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Armed Forces Hospitals Programme Southern Region
P.O. Box 101 Khamis Mushayt, KSA

EXPERIENCE:

1. Have you had any experience with administration tasks? (e.g. dealing with computers, ordering of supplies)

2. Have you ever administered:

a) Medication yes

no

b) O2 yes

no

3. What is your current Nurse/ Patient ratio? _____ to _____

4. Have you done basic nursing care using the Nursing Care plan?

Thank you for completing the above. Demonstration of skills stated will be expected during 90 days probationary period. Inability to demonstrate skills may result in termination during probationary period.

Name of Applicant: _____

Signature : _____

Date : _____