

NAME

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DATE :

POSITION APPLIED FOR :

5

OB GYNE UNIT

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.

Please feel free to elaborate on any area you feel necessary to give more comprehensive overview to the reviewer.

EXPERIENCE: How frequent have you given nursing care to patients with the conditions listed below (within the last two years).

Experience Key:

- 1 None
- 2 Limited, Needs Practice
- 3 Competent / Highly Skilled
- 4 Proficient / Expert

(performs skill / procedure only monthly or less often (performs one (1) or more times per week)

(performs skill / procedure daily)

| | EX | PER | IEN | CE | |
|---|----|-----|-----|----|---------|
| | 1 | 2 | 3 | 4 | COMMENT |
| I. MEDICATION & BLOOD ADMINISTRATION | | 1 | 1 | | |
| Calculates medication dosages based on body weight | | | | | |
| Calculates IV Fluid rates | | | | | |
| Oral route | | | | | |
| Intramuscular injections | | | | | |
| Intravenous Infusion administration and rate calculations | | | | | |
| IV Piggyback | | | | | |
| IV Push | | | | | |
| Buretrol / Voluntrol | | | | | |
| Saline lock and saline flush | | | | | |
| IV insertion | | | | | |
| Phlebotomy | | | | | |
| Subcutaneous / Intradermal injections | | | | | |
| Rectal – medication/enemas | | | | | |
| Vaginal | | | | | |
| Inhalation | | | | | |
| | | | | | |
| Blood and blood product administration | | | | | |
| TPN and lipid infusions | | | | | |
| | | | | | |
| SPECIAL DRUGS AND REACTIONS: (calculates and administers | | | | | |
| Syntocinon | | | | | |
| Methergin | | | | | |
| Narcotic and other Control Drugs | | | | | |
| Insulin | | | | | |

| | E | EXPERIENCE | | | | |
|--|---|------------|---|--|--|--|
| | | | | COMMENT | | |
| Heparin | | | | | | |
| Indomethacin | | | | | | |
| Apresoline | | | | | | |
| Insulin infusions | | | | | | |
| Heparin Infusions | | | | | | |
| Nalador Infusions | | | | | | |
| Prostaglandins | | | | | | |
| Magnesium Sulfate | | | | | | |
| Ritodine | | | | | | |
| Rhogam | | | | | | |
| Rubella Vaccine | | | | | | |
| Dexamathasone | | | | | | |
| | | | | | | |
| II. PERFORMS THE FOLLOWING: | | | | | | |
| System Assessment (Adult Physical Assessment: | | | | \downarrow \downarrow \downarrow | | |
| - Neurological | | | | ┼──┤┝ | | |
| - Integumentary | | | | ╞──┤┝ | | |
| - Cardiovascular | | | | \downarrow | | |
| - Respiratory | | | | \downarrow | | |
| - Gastrointestinal | | | ļ | ╞ | | |
| - Genitourinary | | | | | | |
| Incentive spirometry | | | | | | |
| Chest physiotherapy | | | | | | |
| Oxygen administration | | | | | | |
| Urethral cathether insertion, care and removal | | | | | | |
| Urine testing – dip stick | | | | | | |
| Perineal Care / Sitz bath | | | | | | |
| Aseptic dressing change | | | | | | |
| Vaginal pack removal | | | | | | |
| Suture / Staple removal | | | | | | |
| Hemovac / Drainage tube care and removal | | | | | | |
| Universal (Standard) Precautions | | | | | | |
| Central Venous Lines & dressing changes | | | | | | |
| Access Devices / Porta – Cath | | | | | | |
| | | | | | | |
| Specimen Collection: | | | | | | |
| - Ear, Nose, Throat, Eye Swabs | | | | | | |
| - Wound cultures | | | | | | |
| - Sputum / stool cultures | | | | | | |
| - Urine: Routine, urinalysis (UA) | | | | | | |
| Pregnancy test – BHCG | | | | | | |
| Vaginal swabs | | | | | | |
| Vaginal smears / HVS (assist with collection of) | | | | | | |
| | | | | | | |
| III. Antenatal/postpartum care of patients with: | | | | | | |
| Precipitate labor and delivery | | | | | | |
| Pre-eclampsia / eclampsia | | | | ┼──┤┟ | | |
| Gestational diabetes – diet or insulin | | | İ | | | |
| Anemia | | | 1 | | | |
| Poly / oligo – hydramnios | | | | ┼──┤┝ | | |
| Premature rupture of membranes (PROM) | | | 1 | ┼──┤┝ | | |
| Antepartum hemorrhage | | | 1 | ┼──┤├ | | |
| Placenta previa | | | | ┼──┤┝ | | |
| Premature labor | | | | ┼──┤┝ | | |
| Multiple pregnancy – twins / triplets | | | | ┼──┤┝ | | |
| Prostin induction | | | | ┼──┤┝ | | |

| | | EXPERIENCE | | | | |
|---|------------|------------|---|---|------------------|---------|
| | | 1 | 2 | 3 | 4 | COMMENT |
| Fundal palpitation and assessment | 1 | | | | | |
| Fetal Heart rate – Doppler | | | | | | |
| Electronic Fetal Heart Rate Monitoring (CTG monitoring) | | | | | | |
| Interpretation of CTG strips | | | | | | |
| Non – stress testing and result interpretation | | | | | | |
| Breast Care during pregnancy / preparation for breast feeding | | | | | | |
| Venereal disease / warts | | | | | | |
| Abortions - incomplete, complete, threathened, inevitable, missed | | | | | | |
| Incompetent cervix – Cervical Cerclage | | | | | | |
| Hyperemesis gravidarium | | | | | | |
| Intrauterine fetal growth retardation | | | | | | |
| Spontaneous vaginal delivery | | | | | | |
| Instrumental delivery | | | | | | |
| Pre and Post Cesarean section | | | | | | |
| Post – Partum assessment and nursing care | | | | | | |
| Post Partum hemorrhage | | | | | | |
| Breast Feeding | | | | | | |
| Rooming – in (Couplet care) | | | | | | |
| | | | | | | |
| | ן ⊢ | | | | | |
| IV. CARE OF THE NEONATE: | | | | | | |
| Newborn physical assessment | T | | | | | |
| Newborn suctioning, cord and circumcision care | | | | | | |
| Small / large for gestational age neonates | | | | | | |
| Hyperbilirubinemia | | | | | | |
| Infant of diabetic mother | | | | | | |
| Congenital abnormalities | | | | | | |
| Cardiac anomalies | | | | | | |
| Cleft lip / palate | | | | | | |
| Dislocated hip | | | | | | |
| V. FAMILIARITY WITH EQUIPMENT: | ן ו | | | | | |
| | ┛┝╴ | | | | | |
| Electronic Fetal Heart Rate Monitor | | | | | | |
| Fetal heart rate – Doppler | | | | | | |
| Cardiac Monitor – defibrillator | | | | | | |
| IV infusion pump (indicate type) | | | | | | |
| Electronic thermometer | | | | | | |
| Breast pump | | | | | | |
| Oxygen equipment – mask, prongs, humidifier | | | | | | |
| Glucometer | | | | | | |
| Pulse Oximeter | L | | | | | |
| VI. CARE OF PATIENT WITH OB GYN, GYN SURGICAL AND GYN ONCOLOGY CONDITIONS: | | | | | | |
| Abortions – incomplete, complete, threatened, inevitable, missed | ┦┝ | | | | | |
| Intrauterine Fetal Death (IUFD) | | | | | + | |
| Induction of labor for IUFD | | -+ | | | $\left \right $ | |
| Ectopic Pregnancy | | | | | + | |
| Hemorrhage | | -+ | | | $\left \right $ | |
| Hyperstimulation of IVF | | | | | + | |
| Invitro Fetilization (IVF) | | | | | + | |
| Sexual Assault | | -+ | | | + | |
| Total Abdominal Hysterectomy w/ bilateral Salping- oophorectomy | | | | | \vdash | |
| | | | | | \vdash | |
| Subtotal Abdominal Hysterectomy | $ \vdash$ | | | | + | |
| Vaginal Hysterectomy | ┥┝─ | -+ | | | \mid | |
| Radical Hysterectomy | ┥┝─ | | | | \mid | |
| Pelvic Excentration | ┥┝─ | | | | | |
| A & P Repairs | | | | | | |

| | EX | PER | IEN | CE | |
|---|----|------------|-----|----|---------|
| | 1 | 2 | 3 | 4 | COMMENT |
| Hysteroscopy / Laparoscopy | | | - | | |
| Etopic Pregnancy | | | | | |
| Uro – Gynecology | | | | | |
| Supra public Cathether | | | | | |
| Bladder training | | | | | |
| Premature Rupture of Membranes | | | | | |
| Transvaginal Tag (TVT) for stress incontinence | | | | | |
| Blood dyscrasias | | | | | |
| Solid Tumors | | | | | |
| Radiotherapy | | | | | |
| Septic Shock | | | | | |
| Tumor Lysis | | | | | |
| Neutropenia | | | | | |
| Pallative care | | | | | |
| Determination of Body Surface Area (BSA) | | | | | |
| Chemotherapy calculation of dosages and administration of | | | | | |
| Continuous chemotherapy infusions | | | | | |
| Piggyback chemo infusions | | | | | |
| IV push chemo | | | | | |
| Intramuscular / Subcutaneous chemo | | | | | |
| Verify correct dosage and administration of: | | | | | |
| Taxol | | | | | |
| 5FU | | | | | |
| Carboplatin | | | | | |
| Cisplatium | | | | | |
| Methotrexate | | | | | |
| Bleomycin | | | | | |
| Amphotericin B | | | | | |
| Immunoglobulins | | | | | |
| Cysclosporin A | | | | | |
| VII. MISCELLANEOUS: | | | | | |
| Charge Nurse / Resource Nurse Duties | | | | | |
| Discharge Planning | | | | | |
| Patient / Family Education | | | | | |
| In – service Presentations | | | | | |
| Patient Care Plans | | | | | |
| Precepting new employees | | | | | |
| Computer Skills: Basic – Intermediate – Advanced (circle) | | | | | |

VIII. OTHER:

1. What is the average daily census (ADC) of the unit you are currently working?

2. What is the ADC of the hospital you are currently working?

| 3. | What is the average da | ily nurse / | patient ratio for: | Days | : 1 to _ | pts. |
|----|------------------------|-------------|--------------------|------|----------|------|
| | | | | | | |

Nights : 1 to _____ pts.

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

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

6. Identify the Nursing Delivery System you currently use.

7. Identify the steps in the Nursing Process.

8. What format of charting are you currently utilizing (SOAP, focus Charting, Charting by Exception, etc...)?

9. What experience do you have with Quality Improvement?

10. What unit or hospital committees do you actively participate on?

11. How do you keep up to date with current nursing practice / research?

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

Name / Signature License Number : _____