

NAME

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DATE :

**POSITION APPLIED FOR :** 

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## 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)						
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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	<b>PER</b>	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 : \_\_\_\_\_