



PROGRAM ARMED FORCES HOSPITAL
SHAROURAH, K.S.A.

OPERATING ROOMS
(Perioperative Nursing)
(HRS/F071/01)

Dear Applicant,

When completing the following, please remember that this checklist is used by the reviewer to assess your overall competency and suitability to a particular area.

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

For your most recent Operating Room experience, indicate the following information:

- No. of beds in hospital _____
- No. of Operating Rooms functioning _____
- Average number of Operating Room cases per day _____
- Number of years of all Nursing experience _____
- Number of years of Perioperative Nursing experience _____

EXPERIENCE: How frequently have you given perioperative care to patients requiring the following operations (within the last 2 years)

Thank you for your co-operation and I hope that you are successful in your application.

Yours Sincerely,
Head Nurse – Operating Room

THEORETICAL KNOWLEDGE

		Excellent		Good		Average		Little		None	
		S	C	S	C	S	C	S	C	S	C
General: Major Minor Laparoscopic Chole Hernia, others; Paediatrics (PDA, Pylorotomy, Imperforate Anus, etc.)	<i>S=Scrub</i> <i>C=Circulate</i>										
Obstetrical: Major/Oncology Laparoscopic: LAVH/ Hysteroscopy; Laser:Cervical/Vulva/Peritoneal Caesarian Section Caesarian Section & Hysterectomy Hysterotomy Manual Removal Retained Placenta (MRRP)											

		Excellent		Good		Average		Little		None	
	<i>S = Scrub C = Circulate</i>	S	C	S	C	S	C	S	C	S	C
Gynaecological: ERPC – Evacuation of Retained Products of Conception D&C – Dilatation & Curretage Diagnostic Laparoscopy & Dye Test Laparoscopic Bilateral Tubal Ligation (BTL) Laparoscopic Ovarian Diathermy Laparoscopic Ovarian Cystectomy Laparoscopy for Ectopic Pregnancy Hysteroscopy D&C Abdominal Hysterectomy & Bilateral Salpingo-oophorectomy (TAH & BSO) Vaginal Hysterectomy Anterior/Posterior Repair TVT – Tension Free Vaginal Type – New Approach for Stress Incontinence Cervical Biopsy Polypectomy Cervical Cerliage											
Ophthalmology: Retinal/Laser Corneal Transplant Cataract Surgery (Phaco-IOL) DCR Squint Repair											
ENT: Head/Neck Surgery Aural/Nasal, Tonsillectomy, Adenoidectomy Septoplasty Endoscopic – FESS/MESS; Laser- Bronchoscopic/Laryngeal Tympapanoplasty											
Orthopaedic: Trauma, PHS, ORIF Joint (total implant), Arthroscopy (knee, shoulder) Spinal Surgery.											
Urology: Cysto/Turp Nephrectomy Renal Transplant, Percutaneous Lithotripsy											
Vascular: Peripheral-grafts Major-Aneurysms A.V. Fistula											
Thoracic: Major-Thoracotomy Laparoscopic-Thoracoscopy											

		Excellent	Good	Average	Little	None
	<i>S=Scrub C=Circulate</i>	S C	S C	S C	S C	S C
Oral Maxillo Facial/Dental: Dental Restoration Craniofacial Surgery Multiple Extraction						
Plastics: Minor/Cosmetic Major Grafts/Revisions Burns Paediatric (Palate,Lip)						
Cardiac: Adult (CABG, Valves) Paediatric (Simple vs. Complex Repair)						
Neurosurgery: Craniotomy (MIDAS Rex/Anspach Drills) Spinal Stereotactic Brain Biopsy Burr Hole / ICP VP Shunts						

Revised May 2004

- Do you have an OR qualification/ certificate? _____
- What is your average staffing ratio or number of nurses per room? _____
- Have you ever been responsible for or in charge of a particular surgical services? e.g. Vascular, Ophthalmology
 YES _____ NO _____
 If yes, which service (s) and for how long (give details) _____

- Are you often assigned to departments other than O.R., for example L&D, Recovery Room, ER
 YES _____ NO _____
 Please specify the number of whole day/year spent in OR : _____
 Specify other department and number of day/year : _____
- Do you have any Anaesthetic Experience?

If yes, how long (give details) _____

6. Do you have any Recovery Room experience?

If yes, how long (give details) _____

7. Have you been involved in a Quality System? _____

If yes, please give details: _____

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

Name/Signature of Applicant



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OPERATING THEATRE

1. What are your duties as a circulating nurse; as a scrub nurse?

2. A patient is coming out of general anesthesia. When can you discharge a patient from recovery room?

3. Surgical position for hemorrhoidectomy.

4. What major operations have you assisted?
What are the instruments in a laparotomy set?

5. What is antiembolic stockings?
What is its importance to operative patients?