

NAME

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DATE :

POSITION APPLIED FOR :

5

OPERATING ROOMS & RECOVERY ROOM

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.

- Number of beds in hospital
- Number 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 frequent have you given nursing care to patients with the conditions listed below (within the last two years).

Experience:

- 1 None
- 2 Limited, need practice
- 3 Frequent, well skilled

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|--|-------|---|---|---|-----|-----|-----|---------|
| | 1 | 2 | 3 | | 1 | 2 | 3 | COMMENT |
| I. GENERAL SURGERY | | | | | | | | |
| - Major | • | | | | | | | |
| - Minor | | | | | | | | |
| - Laparoscopic Chole, Hernia, Others | | | | | | | | |
| - Paediatrics (PDA, Pylorotomy, Imperforate Anus, etc.) | | | | | | | | |
| - Gastro-jejunostomy | | | | | | | | |
| - Whipple's Procedure | | | | | | | | |
| - Appendicectomy | | | | | | | | |
| Hernia Repair – umbilical, epigastric, inguinal & Incisional | | | | | | | | |
| - Thyroidectomy | | | | | | | | |
| - Pilonedal Sinus | | | | | | | | |
| Haemorrhoidectomy, Fistulectomy, Fissurectomy | | | | | | | | |
| - Diabetic Foot Amputation | | | | | | | | |
| II. OB / GYN | | | | | | | | |
| - Major / Oncology | - | | | | | | | |
| - Laparoscopic: LAVH/Hysteroscopy | | | | 1 | | | | |
| - Laser: Cervical / Vulva / Peritoneal | | | |] | | | | |

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| | 1 | 2 | 3 | 1 | 2 | 3 | COMMENT |
| | | | | | | | COMMENT |
| III. OPTHALMOLOGY | | | | | | | |
| - Retinal / Laser | | | | | | | |
| - Corneal – Transplant | | | | | | | |
| - Cataract surgery (Phaco – IOL) | | | | | | | |
| - DCR | | | | | | | |
| - Glaucoma Cataract | | | | | | | |
| - Corneal Ulcer | | | | | | | |
| | | | | | | | |
| <u>IV. ENT</u> | | | | | | | |
| - Head / Neck Surgery | | | | | | | |
| - Aural / Nasal | | | | | | | |
| - Endoscopic – FESS / MESS | | | | | | | |
| - Laser: Bronchoscopic / Laryngeal | | | | | | | |
| - Tymponoplasty | | | | | | | |
| - Rhynoplasty | | | | | | | |
| - Tonsillectomy | | | | | | | |
| - FESS | | | | | | | |
| - Speptoplasty & DIT | | | | | | | |
| V. ORTHOPEDIC | | | | | | | |
| - Trauma | | | | | | | |
| - Joint (total implant) | | | | | | | |
| - Arthroscopy (Knee, Shoulder) | | | | | | | |
| - Spinal Surgery | | | | | | | |
| VI. UROLOGY | | | | | | | |
| | | | | | | | |
| - Nephrectomy | | | | | | | |
| - Renal Transplant | | | | | | | |
| - Percutaneous Lithotripsy | | | | | | | |
| - Cystoscopy | | | | | | | |
| - Cystolithotomy - Cystolaplasty | | | | | | | |
| - Ureteroscopy | | | | | | | |
| - Care of patient with: | | | | | | | |
| - Nephrostomy tube | | | | | | | |
| - Supra – pubic cath | | | | | | | |
| - Ureteric cath | | | | | | | |
| - Varicocele, Hydrocele | | | | | | | |
| - JJ stent | | | | | | | |
| - TURP | | | | | | | |
| - Nephrectomy | | | | | | | |
| VII. VASCULAR | | | | | | | |
| | | | | | | | |
| - Peripheral – grafts - Major – Aneurysms | | | | | | | |
| - Aleurysins - A.V. Fistula | | | | | | | |
| | | | | | | | |
| VIII. THORACIC | | | | | | | |
| - Major – Thoracotomy | | | | | | | |
| - Laparoscopic: Thoracoscopy | | | | | | | |
| IX. NEUROSURGERY | | | | | | | |
| - Craniotomy (MIDAS Rex/Anspach Drills) | | |] | | |] | |
| - Spinal | | | | | | | |
| - Stereotactic Brain Biopsy | | | | | | | |
| - Burr Hole / ICP | | | | | | | |
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| | 1 | 2 | 3 | | 1 | 2 | 3 | COMMENT |
| X. ORAL MAXILLO FACIAL DENTAL | | | | | | | | |
| - Dental Restoration - Craniofacial | | | | - | | | | |
| XI. PLASTICS | | | | _ | | | | |
| Minor / Cosmetic Major Grafts / Revisions Burns Pediatric (Palate, Lip) | | | | - | | | | |
| XII. CARDIAC | | | | | | | | |
| - Adult (CABG, Valves) - Pediatric (Simple vs. complex Repair) | | | | - | | | | |
| XIII. HEPATOBILIARY | | | | | | | | |
| - Liver Transplants | | | | | | | | |

COMBINE WITH OPERATING ROOM Experience:

1 – None

- 2 Limited, Need Practice
- 3 Frequent, Well skilled

Frequency: 1 - Never

- 2 Rarely (less than 1 x / year)
 3 Occasionally (less than 1x / month)
 4 Frequently done (daily or weekly)

| | 1 | | | Experience | | | uen | -, | |
|---|---|---|---|------------|---|---|-----|----|---------|
| | 1 | 2 | 3 | | 1 | 2 | 3 | 4 | COMMENT |
| I. Age specific – Neonates | | | | | | | | | |
| Age specific – Peds | | | | | | | | | |
| Age specific – Adults | | | | | | | | | |
| II. Recovery of patient following | | | | | | | | | |
| and / or care of patient with: | | | | | | | | | |
| 1. Anaesthesia | | | | | | | | | |
| - General | | | | | | | | | |
| - Local | | | | | | | | | |
| - IV Sedation | | | | | | | | | |
| - Ketamine Administration | | | | | | | | | |
| - Spinal | | | | | | | | | |
| - Epidural | | | | | | | | | |
| - Caudel Block | | | | | | | | | |
| - Brachial Plexus Block | | | | | | | | | |
| - Auxillary block | | | | | | | | | |
| - Ilionguinal Block | | | | | | | | | |
| - Stellate Ganglion Block | | | | | | | | | |
| 2. Care of patient following specific | | | | | | | | | |
| surgery: | | | | | | | | | |
| - Neurosurgery | | | | | | | | | |
| - Craniotomy | | | | | | | | | |
| Venticular Peritoneal shunt Insertion | | | | | | | | | |
| - Fusions | | | | | | | | | |
| - Thoracic Surgery | | | | | | | | | |
| - Renal Surgery | | | | | | | | | |
| - T.U.R.P. | | | | | | | | | |
| - Renal Transplant | | | | | | | | | |
| - Orthopedic Surgery | | | | | | | | | |
| - ENT Surgery | | | | | | | | | |
| - Dental Surgery | | | | | | | | | |

| | Experience | | | | Fr | ear | Jend | CV | |
|---|------------|---|---|-----|--------|-----|------|----|---------|
| | 1 | 2 | 3 | | 1 | 2 | 3 | 4 | COMMENT |
| | - | ~ | 5 | | - | 2 | 5 | • | COMMENT |
| 3. Care of patient with the following: | | | | | | | | | |
| Respiratory related –Oropharyngeal airway | | | | | | | | | |
| - Nasal pharyngeal airway | | | | | | | | | |
| - Tracheostomy | | | | | | | | | |
| Oxygen Desaturation | | | | | | | | | |
| - Brochospasm | | | | | | | | | |
| - Apnea | | | | | | | | | |
| - Asthma | | | | | | | | | |
| Broncho – Pulmonary Dysplasia | | | | | | | | | |
| Tracheol – Malacia | | | | | | | | | |
| - Pheumothorax | | | | | | | | | |
| - COPD | | | | | | | | | |
| - Epiglotitis | | | | | | | | | |
| - Ventilator Dependent | | | | | | | | | |
| - Inhalation Therapy | | | | | | | | | |
| - Upper Airway Obstruction | | | | | | | | | |
| Post Anesthetic Pulmonary Oedema | | | | | | | | | |
| - Chest Tubes | | | | | | | | | |
| - Respiratory Arrest | | | | | | | | | |
| - Haemothorax | | | | | | | | | |
| Cardiovascular Related-Myocardial Infarction | | | | | \neg | | | | |
| - Congestive Heart Failure | | | | | | | | | |
| Congenital Cardiac Anomalies | | | | - | | | | | |
| - Post Cardiac Surgery | | | | | | | | | |
| - Cardiac Arrest | | | | | | | | | |
| - Cardiogenic Shock | | | | | | | | | |
| Gastrointestinal Related – GI bleed | | | | | | | | | |
| - Enteral feeding | | | | | | | | | |
| Renal Related – Renal Failure | | | | - | | | | | |
| Disseminated Intravascular Coagulopathy (DIC) | | | | | | | | | |
| - Sickle Cell Anemia | | | | | | | | | |
| Neurological Related – Seizures | | | | | | | | | |
| | | | | - | | | | | |
| 4. Skills level - Extubation of endotracheal tube | | | | - | | | | | |
| | | | | - | | | | | |
| - Extubation of nasal tracheal tube | | | | | | | | | |
| - Extubation of laryngeal tube | | | | - | | | | | |
| - Assist with re: intubation | | | | | | | | | |
| - Ambu bag | | | | | | | | | |
| - Oral / naso pharyngeal suctioning | | | | | | | | | |
| - Assist with insertion of chest tubes | | | | | | | | | |
| - Motor vehicle accident patients | | | | _ | | | | | |
| - Trauma patients | | | | | | | | | |
| - Post op intensive care patients | | | | | | | | | |
| - NICU | | | | | | | | | |
| - PICU | | | | | | | | | |
| - Adult | | | | | | | | | |
| - CCU | | | | | | | | | |
| - Cardioversion assistance | | | | | | | | | |
| - Defibrillation | | | | | | | | | |
| - ECG monitoring | | | | | | | | | |
| Cardiac rhythm interpretation | | | | | | | | | |
| - Pacemaker patients | | | | | | | | | |
| - External | | | | [| | | | | |
| - Permanent | | | | [| | | | | |
| - Hemodynamic Monitoring | | | | | | | | | |
| - Arterial | | | | [| | | | | |
| - CVP | | | | | | | | | |
| | | | | . – | | | | | • - |

| | Experience | | | | Fr | requ | Jeno | сy | |
|---|------------|---|---|---|----|------|------|----|---------|
| | 1 | 2 | 3 | | 1 | 2 | 3 | 4 | COMMENT |
| - Pulmonary Artery | | | | | | | | | |
| - Electronic Infusions Pumps | | | | | | | | | |
| - Electronic Syringe Pumps | | | | | | | | | |
| - Patient controlled Analgesia Pumps | | | | | | | | | |
| - Intravenous Line – Insertion | | | | | | | | | |
| - Assist with | | | | | | | | | |
| - Urethral Catheter Insertion | | | | | | | | | |
| - Female | | | | | | | | | |
| - Interpretation of Arterial Blood Gasses | | | | | | | | | |
| - Blood Collection Art. Line | | | | | | | | | |
| - Glasgow Coma Scale Assessment | | | | | | | | | |
| - Chest X-ray Interpretation | | | | | | | | | |
| - Physical Assessment – Neonate | | | | | | | | | |
| - Pediatric | | | | | | | | | |
| - Adult | | | | | | | | | |
| 5. Medications | | | | | | | | | |
| - Anaesthetic Agents | | | | | | | | | |
| - Conscious Sedation | | | | | | | | | |
| - Sedation | | | | | | | | | |
| - Muscle – Relaxants and Reversals | | | | | | | | | |
| - Resuscitation Drugs | | | | | | | | | |
| - Anticoagulants | | | | | | | | | |
| - Anti – hypertensives | | | | | | | | | |
| - Insulin | | | | Γ | | | | | |
| - Narcotic Infusion | | | | | | | | | |
| - Inotropes | | | | | | | | | |
| - Vaso dilators | | | | | | | | | |
| - Chemotherapy | | | | | | | | | |
| - Blood Products | | | | | | | | | |

| | YES | NO | COMMENT |
|---|-----|----|---------|
| III. Other Experience: | | | |
| 1. Charge Nurse of Shift | | | |
| 2. Intensive Care Unit | | | |
| 3. E.R. | | | |
| 4. Preceptors duties | | | |
| 5. Management positions (specify duties) | | | |
| 6. Anaesthesia Department | | | |
| IV. Are you certified to perform: | | | |
| 1. Basic Cardiac Life Support | | | |
| 2. Advanced Cardiac Life Support | | | |
| 3. Pediatric Advanced Life Support | | | |
| 4. Neonate Resuscitation | | | |
| If so, include copies of each certificate | | | |

V. OTHERS:

1. Number of the Operating Rooms in your hospital?

2. Average number of patients receiving recovery room care / day:

| Adult | |
|------------|--|
| Paediatric | |
| Neonate | |

3. Number of beds in your current hospital?

4. Your average staffing ratio: 1 nurse to _____ patients

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

Name / Signature License Number : _____