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**NURSING  
RECRUITMENT  
SKILLS  
CHECKLIST**

**NAME :** \_\_\_\_\_

**DATE :** \_\_\_\_\_

**POSITION APPLIED FOR :** \_\_\_\_\_

**ONCOLOGY**

**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 - Need practice
- 3 - Well Skilled; but no experience in the last year.
- 4 - Well Skilled; current experience within the past 12 months

	<b>EXPERIENCE</b>				<b>COMMENT</b>
	1	2	3	4	
<b><u>I. Care of Patients Receiving Chemotherapy</u></b>					
1. Calculate Body Surface Area (BSA)					
2. Check Dosage					
3. Evaluate Pertinent Laboratory Results					
4. Administer Chemotherapy using the following routes:					
• Oral					
• IV Continuous Infusion					
• IV Push					
• Subcutaneous					
• Intramuscular					
• Intrathecal Assist					
• Assist with Intrathecal					
• Intraperitoneal					
• Intrapleural					
• Intravesicular					
• Intra-Arterial					
5. Care of Patient with an Extravasation					
6. Patient Teaching					
7. Manage Cytotoxic Spills					
8. Safely Handle Cytotoxic Agents & Body Fluids After Chemotherapy					
<b><u>II. Oncology Diseases</u></b>					
1. Solid Tumor					
2. Hematologic Malignancies					



	<b>EXPERIENCE</b>				<b>COMMENT</b>
	1	2	3	4	
<b>VIII. Care of Patients Experiencing Surgery</b>					
1. Reconstructive Surgery					
2. Ostomy Care					
3. Lymphedema					
4. Wound Drains and Tubes					
5. Chest Tubes					
6. Enteral Feeding Tubes					
7. Gastrointestinal Drainage Tubes					
8. Patient Teaching					
<b>IX. Care of Patients With Oncologic Emergencies</b>					
1. Hemorrhage					
2. Disseminated Intravascular Coagulation (DIC)					
3. Septic Shock					
4. Acute Tumor Lysis Syndrome (ATLS)					
5. Hypokalemia					
6. Hyperkalemia					
7. Hypercalcemia					
8. Hypomagnesemia					
9. Fever					
10. Syndrome of Inappropriate Antidiuretic Hormone (SIADH)					
11. Superior Vena Cava Syndrome (SVCS)					
12. Spinal Cord Compression (SCC)					
13. Capillary Leak Syndrome					
14. Anaphylaxis					
15. Cardiac Tamponade					
16. Increased Intracranial Pressure (ICP)					
<b>X. Care of Patients with Acute/Chronic Pain</b>					
1. Continuous Narcotic Infusion					
2. IV Push Narcotic Agents					
3. Oral Timed Release Agents					
4. Transdermal Agents					
5. PCA Pump					
6. Epidural Medications					
7. Adjuvant Medications					
8. Alternative Therapies					
9. Non Pharmacologic Strategies					
<b>XI. Psychosocial Care</b>					
1. Referral to Interdisciplinary Team Members					
2. Identify Resources/Support Groups for Patients and Families					
3. Patient Teaching Self-Care and Coping Skills					
4. Assist with Goal Setting					
5. Quality of Life Issues					
6. Advance Directives					
7. Death and Dying Counseling					
8. Patient and Family Education: Cancer Screening and Detection, Risk Factors					
9. Palliative Care					
<b>XII. Procedures – Assist With:</b>					
1. Central Line Placement					
2. Bone Marrow Biopsy					
3. Thoracentesis					

	<u>EXPERIENCE</u>				<u>COMMENT</u>
	1	2	3	4	
4. Pleurodesis					
5. Paracentesis					
6. Chest Tube Insertion					
7. Liver Biopsy					
<b>XIII. Age of Patients Cared For:</b>					
1. Infants and Toddlers (ages 0-3 years)					
2. Young Children (ages 4-6 years)					
3. Older Children (ages 7-12 years)					
4. Adolescents (ages 13-20 years)					
5. Young Adults (ages 21-39 years)					
6. Middle Adults (ages 40–64 years )					
7. Older Adults (ages 65-79)					
8. Adults (ages>80)					

**XIV. OTHERS:**

- Years of nursing work experience: Total \_\_\_\_\_
- Your knowledge base is from:
  - a) on – the – job training
  - b) post – graduate courses
- Average daily census of oncology patients in your current unit: \_\_\_\_\_
- Your average staffing ratio is :
  - Day shift : 1 nurse to \_\_\_\_\_ patients
  - Night shift : 1 nurse to \_\_\_\_\_ patients
- Experience as Charge Nurse/ Shift Leader: yes  no 
  - If yes, how many a) years \_\_\_\_\_ b) months \_\_\_\_\_
- Size of current hospital: \_\_\_\_\_

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 : \_\_\_\_\_