Kingdom of Saudi Arabia
AFH-KANB
Nursing Services

Name: _____

Date: _____

PAEDIATRICS

RECRUITMENT SKILLS CHECKLIST

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 a more comprehensive overview to the reviewer.

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

Experience:

1. None
2. Needs practice
3. Well skilled, but no experience in the last year.
4. Well skilled, current experience within the past 12 months

	EXPERIENCE			
	1	2	3	4
I. MEDICATION ADMINISTRATION				
Oral				
Intramuscular				
Intravenous - Infusion				
- Syringe Driver				
- Syringe Pump				
Subcutaneous				
Intradermal				
Nebulization				
Rectal - medication				
- enemas				
Resuscitative cart				
Narcotic/controlled Drugs				
II. PERFORMATION ABILITIES:				
Assessment:				
Developmental - physical				
- social				
Neurological				
Respiratory				
Cardiovascular				
Gastrointestinal				
Genitourinary				

	EXPERIENCE			
	1	2	3	4
Oral/Nasopharyngeal Suctioning				
Nasogastric Tube insertion/Irrigation/Feeding				
Chest Physiotherapy				
Blood glucose monitoring				
Oxygen Administration				
Catheterization				
Specimen Collection:				
Blood Specimens				
Ear/Nose/Throat swabs				
Eye swabs				
Wound swabs				
Aspirates				
Stool				
Urine				
III. Care of Pateints with:				
Respiratory Problems:				
Bronchial Asthma				
Bronchiolitis				
Croup				
Pneumonia				
Foreign Body Inhalation				
Gastrointestinal Problems:				
Gastroenteritis				
Hepatitis				
Neurological Problems:				
Meningitis				
Encephalitis				
Cerebral Palsy				
Seizures				
Hydrocephalus				
Neurodegenerative				
Mentally Retarded				
Physically Disabled				
Others:				
Diabetes Mellitus				
DDH				
Care of Colostomy				
Communicable Diseases				
IV. SURGICAL CASES: PRE-POST OPERATIVE CARE OF:				
Tonsillectomy & Adenoidectomy				

	EXPERIENCE			
	1	2	3	4
Myringotomy				
Opthalmological Operations				
Abdominal Surgeries				
Urological Surgeries				
Dental Surgery				
Orthopedic Operations				
Care of tractions - Skin traction				
- Gallow's traction				
V. PROCEDURES - ASSISTANCE AND PREPARATION:				
Lumbar Puncture				
C.T.				
Ultrasonography				
VI. FAMILIARITY OF EQUIPMENTS:				
Infusion Pumps				
Electronic Thermometers				
Cardiac Monitoring Machine				
Electronic Blood Pressure Machine				
Apnoea Monitor				
Head Box				
Croupette				
Nebulization mask				
VII. GENERAL RESPONSIBILITIES:				
Nursing Documentations				
Nursing/Parental Teachings				
Inservice Presentations				

VIII. EXPERIENCE:

1. Years of nursing work experience: Total _____

2. Your knowledge base is from: _____ a.) on-the-job training
   _____ b.) post-gradute courses

3. Average daily census in your current unit: _____

4. Your average staffing ratio is:

   Day shift: 1 nurse to _____ patients
   Night shift: 1 nurse to _____ patients

5. **Number of Bed Capacity:**

Total	Employer 1	Employer 2	Employer 3
Beds in the hospital			
Beds in the area assigned			

Thank you for completing the above checklist correctly and faithfully. Demonstration of skills stated will be expected during the 90-days probationary period. Inability to demonstrate skills stated (ticked ones) may result in termination during probationary period.

_____
Name / Signature

_____
Date