

KING FAHD ARMED FORCES HOSPITAL P.O. Box 9862, JEDDAH 21159 KINGDOM OF SAUDI ARABIA Tel. # +966-2-6653000

Fax # +966-2-6693490



NURSING
RECRUITMENT
SKILLS
CHECKLIST

| NAME  | :                               |   |          |             | DATE          | :                            |
|---|---------------------------------|---|----------|-------------|---------------|------------------------------|
| POSITION  | APPLIED F                       | OR :  |          |             |               |                              |
|   |                                 |   |          |             |               |                              |
|   |                                 | PAEDIA  | \TDT     | CS          |               |                              |
|   |                                 | PALDIA  | <u> </u> | <u> </u>    |               |                              |
| AIM OF CHE  | CKLIST:                         |   |          |             |               |                              |
|   |                                 | owing, please remember the<br>and suitability to a particular |          | s che       | cklist is use | ed by the reviewer to access |
| Please feel fro<br>reviewer.                                      | ee to elabora                   | te on any area you feel ned                                   | cessary  | / to gi     | ive more co   | omprehensive overview to the |
| EXPERIENCE<br>guidance or   |                                 | cate those skills / pro                                       | ocedur   | es <u>v</u> | ou perfor     | m independently without      |
| Experience I  1 - None 2 - Limited, N 3 - Competer 4 - Proficient | Needs Practic<br>nt / highly sk |   | or mo    | re tim      | es per wee    |                              |
| 4 Proficient  | / Expert                        | (performs skiii / p   |          |             | RIENCE        |                              |
|   |                                 |   | 1        | 2           | 3 4           | COMMENT                      |
| I Care of n   | atient with                     | these disorders:  | ]        |             |               |                              |
|   |                                 | mples of conditions w/ w/c you have experience)               |          |             |               |                              |
| Medi  |                                 | Surgical  |          |             |               |                              |
|   |                                 | 3   |          |             |               |                              |
|   |                                 |   |          |             |               |                              |
|   |                                 |   |          |             |               |                              |
|   |                                 |   |          |             |               |                              |
| CARDIAC: (F   | Provide examples of co          | nditions with which you have experience)                      |          |             |               |                              |
| Medi  |                                 | Surgical  |          |             |               |                              |
|   |                                 |   |          |             |               |                              |
|   |                                 |   |          |             |               |                              |
|   |                                 |   |          |             |               |                              |
|   |                                 |   |          |             |               |                              |
| Respiratory:  | (Provide examples of            | f conditions with which you have experience)                  |          |             |               |                              |
| <u></u>   | ,                               | ,                       |          |             |               |                              |
|   |                                 |   |          |             |               |                              |
|   |                                 |   |          |             |               |                              |
| _   |                                 |   |          |             |               |                              |
| General Sur   |                                 | e examples of conditions with                                 |          |             |               |                              |

|   | E | (PEF | RIEN | CE |         |
|---|---|------|------|----|---------|
|   | 1 | 2    | 3    | 4  | COMMENT |
|   |   |      |      |    |         |
|   |   |      |      |    |         |
| General Medicine: (Provide examples of conditions with which you have                       |   |      |      |    |         |
| experience)   |   |      |      |    |         |
|   |   |      |      |    |         |
|   |   |      |      |    |         |
|   |   |      |      |    |         |
|   |   |      |      |    |         |
| INFECTIOUS DISEASE: (Provide examples of conditions with which you                          |   |      |      |    |         |
| have experience)  |   |      |      |    |         |
|   |   |      |      |    |         |
|   |   |      |      |    |         |
|   |   |      |      |    |         |
|   |   |      |      |    |         |
| PLASTICS: (Provide examples of conditions with which you have experience)                   |   |      |      |    |         |
|   |   |      |      |    |         |
|   |   |      |      |    |         |
|   |   |      |      |    |         |
|   |   |      |      |    |         |
| RENAL:  |   |      |      |    |         |
| - Continuous Abdominal Peritoneal dialysis (CAPD)   |   |      |      |    |         |
| - Haemodialysis   |   |      |      |    |         |
| - Pre/Post Kidney Transplant  |   |      |      |    |         |
| ORTHOPAEDIC:  |   |      |      |    |         |
| - Trauma  |   |      |      |    |         |
| - Minor Surgery   |   |      |      |    |         |
| - Major Surgery   |   |      |      |    |         |
| - Traction  |   |      |      |    |         |
| ONCOLOGICAL / HAEMATOLOGICAL /  |   |      |      |    |         |
| IMMUNOLOGICAL: - Blood dyscrasias   |   |      |      |    |         |
| - Solid Tumors  |   |      |      |    |         |
| - Tumor Lysis   |   |      |      |    |         |
| - Septic Shock  |   |      |      |    |         |
| - Care of neutropenic patient   |   |      |      |    |         |
| - Care of neutroperiic patient - Chemotherapy Administration & Calculation of Chemo dosages |   |      |      |    |         |
|   |   |      |      |    |         |
| - Continuous chemotherapy infusions   |   |      |      |    |         |
| - Piggyback infusions   |   |      |      |    |         |
| - IV Push Administration  |   |      |      |    |         |
| - Intrathecal (assist with)   |   |      |      |    |         |
| - Continuous chemotherapy infusions   |   |      |      |    |         |
| Administration of: - Amphotericin B   |   |      |      |    |         |
| - Immunoglobulins   |   |      |      |    |         |
| - Cyclosporin A   |   |      |      |    |         |
| - Bone Marrow transplant  |   |      |      |    |         |
| - Radiotherapy  |   |      |      |    |         |
| - Determination of Body Surface Area (BSA)  |   |      |      |    |         |

|   | E | EXPERIENCE |          |  |                     |
|---|---|------------|----------|--|---------------------|
|   | 1 | 2          | 3        | 4  | COMMEN <sup>-</sup> |
| . PERFORM THESE PROCEDURES:   |   |            |          |  |                     |
| Physical Assessment   |   |            |          |  |                     |
| Use of growth charts  |   |            |          |  |                     |
| Nasogastric Tube insertion and maintenance                          |   |            |          |  |                     |
| NG feedings ( (Intermittent and continuous)                         |   |            |          |  |                     |
| Gastrostomy feedings  |   |            |          |  |                     |
| Chest Physiotherapy   |   |            |          |  |                     |
| Tracheostomy Care and suctioning                                    |   |            |          |  |                     |
| Burn Dressing   |   |            |          |  |                     |
| Surgical Dressing   |   |            |          |  |                     |
| Bone Marrow Aspirate "Assist"                                       |   |            |          |  |                     |
| Skin Biopsies "Assist"  |   |            |          |  |                     |
| Sweat Test (Assist)   |   |            |          |  |                     |
| Infectious Disease  |   |            |          |  |                     |
| Calculation of medication dosages based on weight                   |   |            |          |  |                     |
| Calculation of intake and output based on weight                    |   |            |          |  |                     |
| Calculation of IV fluids  |   |            |          |  |                     |
| Administration of Blood and blood products                          |   |            |          |  |                     |
| Administration of TPN   |   |            |          |  |                     |
| Administration of Lipids  |   |            |          |  |                     |
| Oxygen Therapy Management   |   |            |          |  |                     |
| II. FAMILIARITY WITH EQUIPMENT:                                     |   | II.        |          |  |                     |
| Cardiac Monitors  |   |            |          |  |                     |
| Interpretation of rhythm strips                                     |   |            |          |  |                     |
| Pleurovacs  |   |            |          |  |                     |
| Central Venous Lines  |   |            |          |  |                     |
|   |   |            |          |  |                     |
| Porta – Caths / Access Devices (indicate types)  Hickman / Broviacs |   |            |          | <del>├──</del> ┤                                 |                     |
| Tenchoff Catheters  |   |            |          | <del>                                     </del> |                     |
| Ambu bag  |   |            |          | <del>├──</del> ┤ ├                               |                     |
| Oxygen Saturation Monitors  | - |            |          | <del>                                     </del> |                     |
| Glucometer (indicate type)  | - |            |          |  |                     |
| IV infusion pumps (indicate types)                                  | - |            |          |  |                     |
| Feeding pumps (indicate types)                                      |   |            |          | <del>├──</del> ┤                                 |                     |
| Computer skills: Basic – Intermediate – Advanced (circle)           |   |            |          | <del>                                     </del> |                     |
| Isolettes   |   |            |          | <del>├──</del> ┤ ├                               |                     |
| Photo therapy units   |   |            |          | <del>├──</del> ┤ ├                               |                     |
| · ·   |   |            | <u> </u> |  |                     |
| V. GENERAL RESPONSIBILITIES:  |   |            |          |  |                     |
| - Charge Nurse Duties   |   |            |          |  |                     |
| - Precepting new employees  |   |            | <u></u>  |  |                     |

| V. OTHER:   |         |           |         |           |
|---|---------|-----------|---------|-----------|
| 1. Do you work on a totally paediatric unit?  | Yes (   | )         | No (    | )         |
| 2. How many paediatric beds are in the unit where you are currently working?  |         |           |         |           |
| 3. What is the Average Daily 'Paediatric' Census on the unit?   |         |           |         |           |
| 4. What is the Average Daily Census in the hospital you work?   |         |           |         |           |
| 5. How many hours per week do you work?   |         |           |         |           |
| 6. Are you currently BCLS certified?  | Yes (   | )         | No (    | )         |
| 7. Are you currently PALS certified?  | Yes (   | )         | No (    | )         |
| 8. What experience do you have with Quality Improvement?  |         |           |         |           |
| <ol> <li>What involvement do you have with Nursing Research?</li> <li>What is the current form of documentation utilized in your hospital? (i.e exception, etc.)</li> </ol> | . focus | s chartii | ng, cha | arting by |
| 11. How do you keep up-to-date with current nursing practice/research?  |         |           |         |           |
| 12. What unit or hospital committees do you actively participate on?  |         |           |         |           |
| Thank you for completing the above. Demonstration of skills will be exp probationary period. <u>Inability to demonstrate skills stated, may result probationary period.</u> |         |           |         |           |

Name / Signature

License Number : \_\_\_\_\_