



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**

Commented [k1]:

NAME : _____ **DATE :** _____
POSITION APPLIED FOR : _____

PARAMEDIC

AIM OF CHECKLIST:

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 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).

Frequency:

- 1 - Observed Only or Never Done
- 2 - Rarely (less than 6 x / year)
- 3 - Occasionally Done (1 - 2 x / month)
- 4 - Frequently done (daily or weekly)

Experience:

- 1 - None
- 2 - Need Practice
- 3 - Competent
- 4 - Well skilled

	<u>FREQUENCY</u>				<u>Experience</u>				<u>COMMENT</u>	
	1	2	3	4	1	2	3	4		
<u>I. MEDICAL ADMINISTRATION</u>										
- Oral										
- Sublingual										
- Endotracheal										
- Intramuscular										
- Intravenous										
- Piggyback										
- IV push										
- Infusions										
- Subcutaneous										
- Rectal										
- Spec. Drugs										
- Cardiac Drugs										
- Narcotic										
- Controlled Drugs										
<u>II. PERFORM THESE PROCEDURES</u>										
- Decontamination/Hazmat										
- System Assessments:										
- Neurological										
- Respiratory										
- Primary/Secondary trauma assessment										
- Cardiac										
- Gastrointestinal										

	FREQUENCY				Experience				COMMENT
	1	2	3	4	1	2	3	4	
- Renal									
- Burns									
- APGAR									
- Glasgow Coma Scale									
- Peds Glasgow Coma Scale									
- Oral / Nasal Intubation:									
- Peds									
- Adults									
- Direct Laryngoscopy									
- Cricoid Thyroidotomy									
- Needle Decompression of a Tension Pneumothorax									
- Intraosseous Needle Insertion									
- CPR									
- Ventilating with bag valve mask									
- EKG Interpretation									
- Defibrillator/Cardioversion									
- Pulse Oxymetry									
- Suctioning: Oral Pharyngeal									
Naso Pharyngeal									
- Tracheal via Endotracheal tube									
- Start IV									
- peripheral									
- external/internal jugular									
- subclavian									
- scalp / foot (paeds)									
- Insertion of Nasogastric tube									
- Immobilizations:									
- Cervical Spine									
- Sprains									
- Fractures									
- Full Spinal									
- Shortboard									
- Eye Irrigation									
- Cardiac Pacing									
- 12 lead EKG									
III. SPECIMEN COLLECTION:									
- Venous Samples: Pheriperally									
IV. CARE OF PATIENT WITH									
1. Neurological Problems:									
- Cerebral Vascular Accident									
- Seizure									
- Overdose									
- Neuro Trauma / Head /Injury									
- Meningitis									
2. Cardiac Problems:									
- Acute Myocardial Infarction / Unstable Angina									
- Congestive Heart Failure									
- Cardiogenic/Hypovolemic Shock									
- Aneurysms									
- Hypertension									
- Cardiac Arrest									
- Cardiac Contusion									

	FREQUENCY				Experience				COMMENT
	1	2	3	4	1	2	3	4	
3. Respiratory Problems:									
- Chronic Obstructive Pulmonary Disease									
- Pulmonary Embolism									
- Pulmonary Edema									
- Pneumonia									
- Inhalation Injuries									
- Carbon Monoxide Poisoning									
- Asthma									
- Pneumothorax, Hemothorax									
- Rib Fractures									
- Lung Contusions									
- Tension Pneumothorax									
4. Gastrointestinal Problems:									
- Gastrointestinal Bleeding									
- Esophageal Bleeding									
- Hepatitis									
- Abdominal Pain – Appendicitis									
5. Trauma Problems:									
- Acute Abdomen									
- Intra Abdominal Bleeding									
- Open Chest Wounds									
- Multiple Fractures									
- Motor Vehicle Accident									
- Cardiac Tamponade									
- Burns									
- Extrication with Cervical Spine Precautions									
- Multiple Trauma									
- Hypovolemia / Hypotension									
- Gunshot wound / stabbing									
6. Paediatric Disorders:									
- Bronchiolitis									
- Cardiac Arrest									
- Asthma									
- Gastroenteritis									
- Multiple Trauma									
- Epiglottitis									
- Croup									
- Ingestions of Foreign Objects									
- Failure to Thrive									
- Sepsis									
7. OB / Gyne									
- Abortions: Complete									
Incomplete									
- Pre-Eclampsia / Eclampsia									
- Deliveries									
- Placenta Previa									
- Trauma with Pregnancy									
- Various Obstetric Emergencies									
V. GENERAL:									
- Airway Management: Pediatrics									
Adult									
- Pain Management									

	FREQUENCY				Experience				COMMENT
	1	2	3	4	1	2	3	4	
VI. ASSIST WITH PROCEDURES:									
- Central Lines									
- Pacemakers: External									
- Chest drain									
VII. FAMILIARITY WITH EQUIPMENT:									
- Ventilators									
- 12 lead EKG									
- Defibrillator/Cardioversion									
- Cardiac Monitor									
- Telemetry									
- Pulse Oximetry									
- Infusion Pumps									
- Electronic Thermometers									
- Non Invasive B.P. Monitoring									
- Oxygen Equipment:									
- Masks									
- Prongs									
- Blood Glucose Measure Device									
- Immobilization									
- Traction Splints									
- 1 & 2 – Man Stretchers									
VIII. GENERAL RESPONSIBILITIES:									
- Patient / Family Education									
- In-services									
- Senior / Lead Paramedic									
- Dispatcher									
- Quality Assurance Monitoring									
- Continuing Education Instructor									
- Paramedic Supervisor									
- Hazardous Materials Awareness									
- Infectious Diseases									
- Universal Precautions									

AS A PARAMEDIC:

- Are you based at a:

<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Fire Department
<input type="checkbox"/>	Ambulance Station	<input type="checkbox"/>	Other

- a). Approximately how many patients do you have contact with per shift?

<input type="checkbox"/>	0 – 2	<input type="checkbox"/>	2 – 8
<input type="checkbox"/>	8 – 16	<input type="checkbox"/>	less than 6

 b). How many people are on your crew? _____

- a). Of these patients, approximately how many require A.L.S. treatment?

<input type="checkbox"/>	0 – 2	<input type="checkbox"/>	2 – 8
<input type="checkbox"/>	8 – 16	<input type="checkbox"/>	less than 6

4. How many shifts do you work per month? _____

How many hours per shift? _____

5. Are you certified in:

				Exp. Date	
State Registered EMT/Paramedic	[]	Yes	[]	No	_____
Advanced Cardiac Life Support (ACLS)	[]	Yes	[]	No	_____
Basic Trauma Life support (BTLS)	[]	Yes	[]	No	_____
Pre - hospital Trauma Life support (PHTLS)	[]	Yes	[]	No	_____
Pediatric Advanced Life support (PALS)	[]	Yes	[]	No	_____
Neonatal ALS / Neonatal Rescue Program (NALS/NRP)	[]	Yes	[]	No	_____

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6. Do you have experience with continuous Quality Improvement (CQI) programs?

7. Have you ever sat on a unit - based committee? Please describe.

8. Please list any other relevant information.

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 : _____