



ARMED FORCES HOSPITAL SOUTHERN REGION
KHAMIS MUSHAYT
CRITICAL NURSING CARE

CORONARY CARE UNIT CHECKLIST
(HRS/F067/02)

NAME OF APPLICANT: _____

DATE: _____

<p>HOW TO COMPLETE THIS FORM:</p> <p>A thorough evaluation of your skill level in various Specialty areas will enable us to locate assignments that are suitable to your skills and the needs of our patients. Please place an “X” in the box that most accurately describes your level of expertise for this skills listed.</p>	<p>LEVELS OF PROFICIENCY:</p> <p>A = Perform Well (at least one year of current experience, very comfortable performing without supervision) B = Limited Experience (6-12 months, within the past two years, would require some assistance) C = Perform Infrequently (less than three months of experience, need more experience and practice, assistance required) D = No Experience (have never performed this task, willing to learn)</p>
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SKILL	A	B	C	D	COMMENTS (IF ANY)
CARDIOVASCULAR:					
Acute Myocardial Infarction					
Acute Coronary Syndrome					
Cardiac Arrhythmias - Normal sinus rhythm - Atrial Arrhythmias - Junctional Arrhythmias - Ventricular Arrhythmias - Conduction Defects					
Congestive Heart Failure					
Cardiomyopathy					
Pulmonary Oedema					
Cardiogenic Shock					
Post Cardiac Surgery (CABG, AVR, MVR, TVR)					
Post PTCA					
Pacemaker - Permanent - Temporary					
Central Venous Pressure Monitoring					
Pulmonary Artery Pressure Monitoring					
Arterial Pressure Monitoring					
Intra-aortic balloon pump					
Cardioversion					
Medication: Inotropes Thrombolytic Agents/Glycoprotein 2b 30 Anti - arrhythmic Agents Anti - coagulation therapy					
Defibrillation					
Telemetry					

SKILL	A	B	C	D	COMMENTS (IF ANY)
Post AICD					
Valvular Disease, Infective Endocarditis , Pericarditis					
Arterial Sheath					
Venous Sheath					
RESPIRATORY:					
Intubation and extubation					
Mechanical Ventilation - Short Term - Long Term					
CPAP					
BIPAP					
Chest Drains					
Interpretation of blood gases					
Chronic Obstructive Airway Disease					
Pulmonary Embolism					
Adult Respiratory Distress Syndrome					
Tracheostomy Care					
ETT Care					
CXR Interpretation					
OTHER:					
Epidural Analgesia					
Head Injury/Trauma					
Acute Renal Failure					
Chronic Renal Failure					
Disseminated Intravascular Coagulopathy					
Diabetic Emergencies					
Enteral/Parenteral Nutrition					
Acute Renal Failure - Quinton Catheter - Renal Replacement Therapy - Peritoneal Dialysis - CWHDF					
Head Injury/Trauma - Glasgow Coma Scale - Intracranial Pressure Monitor					
Infection Control - Isolation Procedures - Wound Care					
TEAM CONTRIBUTIONS:					
Charge Nurse / Team Leader					
Code Blue / Cardiac Arrest Team					

Revised January 2010

EXPERIENCE:

() High Acuity Unit () Low Acuity Unit () Mixed Acuties

1. Years of nursing experience as a Registered Nurse: Total _____

CCU: _____

ICU: _____

2. Length of CCU Course with certificate: _____ Year Obtained: _____

3. Number of utilized beds in your present CCU/ICU: _____

4. Average number of patients in the unit per day: _____

5. Average number of ventilated patients in CCU/ICU per day: _____

6. Average nurse to patient ratio: _____ to _____

7. Please state why you think you would be a suitable candidate for this busy CCU:

8. Are you certified in:

BLS: _____

ACLS: _____

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

Name of applicant: _____

Signature : _____

Date : _____