

ARMED FORCES HOSPITAL SOUTHERN REGION KHAMIS MUSHAYT

## EMERGENCY ROOM SKILLS LIST (HRS/F068/02)

NAME OF APPLICANT:\_\_\_\_\_

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

HOW TO COMPLETE THIS FORM:	LEVELS OF PROFICIENCY:
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.	<ul> <li>A = Perform Well (Very comfortable performing without supervision)</li> <li>B = Limited Experience (Would require some assistance)</li> <li>C = Perform Infrequently (Need more experience and practice, assistance required)</li> <li>D = No Experience (have never performed this task, willing to learn)</li> </ul>

SKILL	A	В	С	D	COMMENTS ( IF ANY )
TRIAGE:					
Physical Assessment					
Implementing Nursing Measures for Initial Stabilizing Support					
Differential Diagnosis					
MEDICATION ADMINISTRATION:					
Oral					
Intramuscular					
Intravenous:					
Piggyback					
IV Push					
Infusions					
Central Lines					
Vascular Access Device					
Subcutaneous					
Rectal : Medication					
Enemas					
Spec. Drugs : Insulin Infusion					
Heparin Infusion					
Cardiac Arrest Drugs					
Narcotic					
Inotropic Agents					
Induction Agents					
Blood Product Administration					
Induction					
PERFORM THESE PROCEDURES:					•
System Assessments:					

Neurological:Use/ Interpretation of Glasgow Coma ScaleRecognition of Increased Intracranial PressureSpinal Cord Care/ ProtectionRespiratoryInsert Oral AirwayNebulizationRecognize need for / assist with Chest tube InsertionRecognize need for / assist with Endotracheal tubeInsertionSuction per oral/ nares, Endotracheal/ tracheal tubeOxygen TherapyAmbuing TechniqueCardiovascularApply Monitor ( Lead 11)Recognize/ Initial Care for life threatening arrhythmiasECG Rhythm IdentificationGastrointestinalNG tube InsertionControl of HemorrhageGastric LavageCelostomyPEG TubesGenitourinaryFoleys Supra Pubic			
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Integumentary			
Ambuing Technique			
Cannulation			
Musculoskeletal			
P.O.P. Application			
Immobilizations: Cervical Spines			
Sprains			
Fractures			
Others:			
Eve Irrigation			
SPECIMEN COLLECTION:			
Venous Samples; Peripherally			
Eye/Ear/Nose/Throat Swab			
Wound Cultures			
Sputum			
Urine : Routine			
Catheter	+		
Vaginal Swab	+		
Blood Culture	+		
Peritoneal Tap-Ascitic Fluid	$\dashv$		
CARE OF PATIENTS WITH:	1		 1
Neurological Problems:	I		
Cerebral Vascular Accident	+		
Seizure	$\neg$		
Overdose	-		
Neuro Trauma/Head Injury			
Cranial Hemorrhage	$\neg$		
Meningitis			

SKILL	Α	В	С	D	COMMENTS ( IF ANY )
Cardiac Problems:					
Arrhythmias					
Acute Myocardial Infarction/Unstable Angina					
Congestive Heart Failure					
Cardiac Tamponade					
Cardiogenic/Hypovolemic Shock					
Aneurysms					
Hypertension					
Pace makers					
Respiratory Problems:					
Airway Obstruction					
Pulmonary Embolism					
Pulmonary Edema					
Pneumonia					
Inhalation Injuries					
Carbon Monoxide Poisoning					
Asthma					
Pneumothorax/Tension Pneumothorax					
Rib Fractures					
Lung Contusions					
Chronic Obstructive Pulmonary Disease					
Gastrointestinal Problems:					
Pancreatitis					
Gastrointestinal Bleeding					
Esophageal Bleeding					
Bowel Obstruction					
Liver Transplant					
Cirrhosis					
Hepatitis					
Abdominal Pain					
Cholecystitis					
Renal Problems:					
Dialysis/CAPD					
Chronic Renal Failure					
Renal Colic					
ESRD					
Trauma Problems:					
Acute Abdomen					
Intra Abdominal Bleeding					
Open Chest Wounds					
Polytrauma					
Burns					
Orthopedic Problems:					
Cervical Injuries					
Complicated Fractures					
Simple Fractures					
Amputations		<u> </u>	<u> </u>	<u> </u>	
Hematological Problems:					
Sickle Cell Anemia					
Hemophilia CCPD		<u> </u>	<u> </u>	<u> </u>	
G6PD Thelesseemie					
Thalaesaemia					

SKILL	A	В	С	D	COMMENTS ( IF ANY )
Pediatric Disorders:					
Bronchiolitis					
Asthma					
Gastroenteritis					
Seizures					
Epiglottis					
Croup					
Ingestion of Foreign Objects					
Failure to Thrive					
Infectious Diseases:					
Brucellosis					
Shigellosis					
Schistosomiasis					
Tuberculosis					
Ob/Gyn:		L			
Abortions: Complete					
Incomplete					
Pre-eclampsia / Eclampsia			l	l	
Deliveries					
APGAR					
Placenta Previa					
Trauma with pregnancy					
Endocrine Problems:					
Diabetes Mellitus					
Diabetic Keto Acidosis					
GENERAL:					
Airway Management : Pediatric					
Adult					
Pain Management					
ASSIST WITH PROCEDURES:					
Peritoneal Lavage					
Suturing					
Open Chest : Pediatric					
Adult					
Chest Tubes					
Central/ Arterial Lines					
Intravenous Cut downs					
Intraosseous Needle Insertion					
Thoracentesis					
Peritoneal / Ascitic Tap					
FAMILIARITY WITH EQUIIPMENTS:					
Defibrillator / Cardioversion					
Cardiac Monitor					
Pulse Oximetry					
Infusion Pumps					
Electronic Thermometer					
Non Invasive Blood Pressure Monitoring					
Oxygen Equipment:					
Masks					
Nasal Prongs					
Ventilation Masks					
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SKILL	A	В	с	D	COMMENTS ( IF ANY )	
Blood Glucose Measure Device						
Incubators						
Fetal Monitoring						
Doppler						
P.O.P						
Casting						
GENERAL RESPONSIBILITIES:			r —		Т	
Shift Coordinator						
Patient/Family Education						
In-services Training Revised January 2010						
<ul> <li>How many beds are there in you ER?Short Stay / Non Acute :</li> <li>How many beds are there in the hospital that you currently work in?</li> <li>Do you have experience with Total Quality Management? Yes ( ) No ( )</li> </ul>						
<ul><li>Are you certified in:</li><li>Basic Life Support (BLS)</li></ul>			(	)	Yes ( ) No	
Advance Cardiac Life Support (ACLS)			(	)	Yes () No	
Pediatric Advance Cardiac Life Support (PAL	S)		(	)	Yes () No	
Trauma Nurse Core Curriculum (TNCC)			(	)	Yes () No	
Helped with Advanced Trauma Life Support (	ATI	LS)	(	)	Yes () No	

> Please list any other relevant information.

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

Name of the Applicant:	
Signature of the Applicant:	

Date:



## Armed Forces Hospitals Programme Southern Region P.O. Box 101 Khamis Mushayt, KSA

## **EMERGENCY DEPARTMENT QUESTIONNAIRE**

- ➢ Why do we triage patient?
- $\succ$  What is a tension pneumothorax?
- > What is the difference between cardioversion and defibrillation?
- > What areas of the emergency room do you excel in?
- ➤ What areas have you limited experience in?
- > What would you do if a medication order was above the manufacturer's recommended dose?

Name of Applicant:\_\_\_\_\_

Date:\_\_\_\_\_