



ARMED FORCES HOSPITAL SOUTHERN REGION  
KHAMIS MUSHAYT

**MEDICAL SURGICAL SKILLS LIST**  
**(HRS/F069/02 )**

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

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

|   |  |
|---|--|
| <p><b>HOW TO COMPLETE THIS FORM:</b></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><b>LEVELS OF PROFICIENCY:</b></p> <p><b>A</b> = Perform Well ( at least one year of current experience, very comfortable performing without supervision)<br/> <b>B</b> = Limited Experience ( 6-12 months, within the past two years, would require some assistance)<br/> <b>C</b> = Perform Infrequently ( less than three months of experience, need more experience and practice, assistance required)<br/> <b>D</b> = No Experience ( have never performed this task, willing to learn)</p> |
|---|--|

| SKILL  | A | B | C | D | COMMENTS ( IF ANY ) |
|--|---|---|---|---|---------------------|
| <b>Nursing Process:</b>                            |   |   |   |   |                     |
| Adult Physical Assessment                          |   |   |   |   |                     |
| Care Planning                                      |   |   |   |   |                     |
| Implementation                                     |   |   |   |   |                     |
| <b>PHARMACOLOGY/IVs</b>                            |   |   |   |   |                     |
| Total Parenteral Nutrition (TPN)/Hyperalimentation |   |   |   |   |                     |
| Blood glucose monitoring                           |   |   |   |   |                     |
| IV Push Medications                                |   |   |   |   |                     |
| Unit Dose Medication System                        |   |   |   |   |                     |
| I.V. Heparin Infusions                             |   |   |   |   |                     |
| I.V. Morphine Infusions                            |   |   |   |   |                     |
| I.V. Insulin Infusions                             |   |   |   |   |                     |
| I.V. Dopamine                                      |   |   |   |   |                     |
| Blood Transfusions/Platelets                       |   |   |   |   |                     |
| Peripheral IV Starts                               |   |   |   |   |                     |
| Peripheral Blood Extractions                       |   |   |   |   |                     |
| CVP Lines  |   |   |   |   |                     |
| CVP Monitoring                                     |   |   |   |   |                     |
| IV Fluids/Piggybag                                 |   |   |   |   |                     |
| Drug Compatibilities / Side Effects                |   |   |   |   |                     |
| Nasogastric Medications                            |   |   |   |   |                     |
| Intramuscular Injections                           |   |   |   |   |                     |
| Intradermal Injections                             |   |   |   |   |                     |
| Sub-cutaneous Injections                           |   |   |   |   |                     |
| <b>RESPIRATORY CARE:</b>                           |   |   |   |   |                     |
| <i>Oxygen Therapy:</i>                             |   |   |   |   |                     |

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|--|---|---|---|---|---------------------|
| Nebulizer  |   |   |   |   |                     |
| Chest Physio Therapy                               |   |   |   |   |                     |
| Pulse Oxymetry                                     |   |   |   |   |                     |
| Incentive Spirometry                               |   |   |   |   |                     |
| Blood Gas Analysis                                 |   |   |   |   |                     |
| Basic Cardiac Life Support (BCLS)                  |   |   |   |   |                     |
| <b>GENERAL/MEDICAL/ SURGICAL:</b>                  |   |   |   |   |                     |
| Aseptic ( Sterile ) Techniques                     |   |   |   |   |                     |
| Standard Precautions                               |   |   |   |   |                     |
| Isolation Procedures                               |   |   |   |   |                     |
| Foley Catheter Insertion / Care                    |   |   |   |   |                     |
| IV Cannulation                                     |   |   |   |   |                     |
| Suture/Staple Removal                              |   |   |   |   |                     |
| Open Wound Irrigations/Wound Packing               |   |   |   |   |                     |
| Hemovac Drainage / J- VAC Corrugated               |   |   |   |   |                     |
| Abdominal Drains                                   |   |   |   |   |                     |
| Stoma Care   |   |   |   |   |                     |
| Nasogastric Tube Insertion                         |   |   |   |   |                     |
| Nasogastric Suction/Irrigation                     |   |   |   |   |                     |
| Tube Feedings-Bolus / Continuous                   |   |   |   |   |                     |
| Gastrostomy  |   |   |   |   |                     |
| Jejunostomy  |   |   |   |   |                     |
| Chest Tubes/Pleurovacs/Dry Suction                 |   |   |   |   |                     |
| EKG Machine ( 12 - lead )                          |   |   |   |   |                     |
| Pre-Post Biopsy care such as:                      |   |   |   |   |                     |
| Kidney   |   |   |   |   |                     |
| Liver  |   |   |   |   |                     |
| Breast   |   |   |   |   |                     |
| Fine Needle Aspiration                             |   |   |   |   |                     |
| Bone Marrow  |   |   |   |   |                     |
| Skin   |   |   |   |   |                     |
| Muscle   |   |   |   |   |                     |
| Specimen Collection/handling:                      |   |   |   |   |                     |
| CSF  |   |   |   |   |                     |
| Blood ( peripherally)                              |   |   |   |   |                     |
| Blood ( Central Venous Catheter )                  |   |   |   |   |                     |
| Cultures viral/bacterial                           |   |   |   |   |                     |
| Sputum   |   |   |   |   |                     |
| Stool  |   |   |   |   |                     |
| Urine  |   |   |   |   |                     |
| 24 hour Urines                                     |   |   |   |   |                     |
| Care of HIV patient / Infection Disease            |   |   |   |   |                     |
| Care of patient with Hypoglycaemic /Hyperglycaemic |   |   |   |   |                     |
| <b>NEUROLOGICAL:</b>                               |   |   |   |   |                     |
| Glasgow Coma Scale                                 |   |   |   |   |                     |
| Pre-post Craniotomy Care                           |   |   |   |   |                     |
| Subarachnoid Hemorrhage                            |   |   |   |   |                     |
| <b>NEUROLOGICAL SKILLS:</b>                        |   |   |   |   |                     |
| Identify S&S of Increased Intracranial Pressure    |   |   |   |   |                     |
| Seizure Precautions                                |   |   |   |   |                     |

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|---|---|---|---|---|---------------------|
| Halo traction/vest  |   |   |   |   |                     |
| Post-op Disectomy   |   |   |   |   |                     |
| Head Injury   |   |   |   |   |                     |
| External Ventricular Drains   |   |   |   |   |                     |
| Lumbar Drains   |   |   |   |   |                     |
| Lumbar Punctures  |   |   |   |   |                     |
| Embolization  |   |   |   |   |                     |
| Angiography   |   |   |   |   |                     |
| <b>RENAL/UROLOGY:</b>   |   |   |   |   |                     |
| <i>Care of patients with:</i>   |   |   |   |   |                     |
| Renal Transplant  |   |   |   |   |                     |
| Receiving Haemodialysis   |   |   |   |   |                     |
| Peritoneal Dialysis   |   |   |   |   |                     |
| AV Fistula  |   |   |   |   |                     |
| Renal Calculi   |   |   |   |   |                     |
| Post TURP   |   |   |   |   |                     |
| Post ESWL   |   |   |   |   |                     |
| Post Nephrectomy  |   |   |   |   |                     |
| Post Orchiectomy ( bilateral )  |   |   |   |   |                     |
| Urethral & Suprapubic Catheters   |   |   |   |   |                     |
| Ureteral Stents   |   |   |   |   |                     |
| Bladder Irrigations / Continuous & Intermittent   |   |   |   |   |                     |
| Nephrostomy Tubes   |   |   |   |   |                     |
| <b>ORTHOPAEDICS:</b>  |   |   |   |   |                     |
| Understand Compartment Syndrome   |   |   |   |   |                     |
| Care of patients with:  |   |   |   |   |                     |
| Splints   |   |   |   |   |                     |
| Brace   |   |   |   |   |                     |
| Skeletal Traction   |   |   |   |   |                     |
| Skin Traction   |   |   |   |   |                     |
| Casts   |   |   |   |   |                     |
| Assess circulation, sensation, motion Pre / Post Operative                              |   |   |   |   |                     |
| Assess mobility of patient and monitor safe use of crutches, walker, canes, wheelchairs |   |   |   |   |                     |
| Post Total Hip Replacement  |   |   |   |   |                     |
| Post Amputation of a Limb   |   |   |   |   |                     |
| Multiple Trauma post RTA  |   |   |   |   |                     |
| <b>ENT/ HEAD &amp; NECK:</b>  |   |   |   |   |                     |
| <i>Tracheostomy Care:</i>   |   |   |   |   |                     |
| Fenestrated – Cuffed  |   |   |   |   |                     |
| - Non-cuffed  |   |   |   |   |                     |
| Shiley Plastic – Cuffed   |   |   |   |   |                     |
| - Non-cuffed  |   |   |   |   |                     |
| Metal   |   |   |   |   |                     |
| Tracheostomy Suctioning ( Adults )  |   |   |   |   |                     |
| Skin Grafts/Flaps/Bone Grafts   |   |   |   |   |                     |
| Radical Neck Surgeries  |   |   |   |   |                     |
| Nasal & Oral Suction  |   |   |   |   |                     |
| Myringotomy   |   |   |   |   |                     |

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| Tonsillectomy/adenoidectomy                         |   |   |   |   |                     |
| <b>Septoplasty:</b>                                 |   |   |   |   |                     |
| a) packing  |   |   |   |   |                     |
| b) splint   |   |   |   |   |                     |
| c) moustache dressing                               |   |   |   |   |                     |
| Tympanomastoidectomy                                |   |   |   |   |                     |
| <b>Ophthalmology/Dilating Drugs:</b>                |   |   |   |   |                     |
| a) pre-cataract                                     |   |   |   |   |                     |
| b) intra-ocular lens implant surgery                |   |   |   |   |                     |
| <b>HEMATOLOGY PATIENTS:</b>                         |   |   |   |   |                     |
| Sickle Cell Anemia                                  |   |   |   |   |                     |
| Blood Transfusion                                   |   |   |   |   |                     |
| 1. Whole Blood                                      |   |   |   |   |                     |
| 2. Platelets  |   |   |   |   |                     |
| 3. Packed Red Cells                                 |   |   |   |   |                     |
| 4. Fresh Frozen Plasma                              |   |   |   |   |                     |
| Neutropenic Isolation                               |   |   |   |   |                     |
| <b>GENERAL SURGERY:</b>                             |   |   |   |   |                     |
| c/o the pre/post op patient                         |   |   |   |   |                     |
| Post operative Wound Care & Dressing                |   |   |   |   |                     |
| Cholecystectomy                                     |   |   |   |   |                     |
| Laparotomy  |   |   |   |   |                     |
| Thoracotomy   |   |   |   |   |                     |
| Bowel Resection / Stoma Care                        |   |   |   |   |                     |
| Hernia Surgery                                      |   |   |   |   |                     |
| Thyroidectomy                                       |   |   |   |   |                     |
| Splenectomy   |   |   |   |   |                     |
| Appendicectomy & Mastectomy                         |   |   |   |   |                     |
| <b>CARE OF PATIENTS WITH:</b>                       |   |   |   |   |                     |
| External Urinary Drainage                           |   |   |   |   |                     |
| Indwelling Urinary Catheter                         |   |   |   |   |                     |
| Nasogastric + Gastrostomy                           |   |   |   |   |                     |
| - Feeding Tubes                                     |   |   |   |   |                     |
| Sterile Dressing or Packing                         |   |   |   |   |                     |
| - Abdominal   |   |   |   |   |                     |
| - Ear, Nose   |   |   |   |   |                     |
| - Eye   |   |   |   |   |                     |
| - Vaginal, Rectal                                   |   |   |   |   |                     |
| <b>MEDICATION AND ADMINISTRATION:</b>               |   |   |   |   |                     |
| Oral, Ear, Nose                                     |   |   |   |   |                     |
| Vaginal, Rectal                                     |   |   |   |   |                     |
| Topical   |   |   |   |   |                     |
| Eyes  |   |   |   |   |                     |
| Tubes i.e. Nasogastric                              |   |   |   |   |                     |
| <b>INJECTIONS:</b>                                  |   |   |   |   |                     |
| Intramuscular                                       |   |   |   |   |                     |
| Z-Track e.g. Iron preparations                      |   |   |   |   |                     |
| Intravenous e.g. valium, maxalon + antibiotics push |   |   |   |   |                     |
| Infusion via graduated chamber ( Buretrol )         |   |   |   |   |                     |
| Subcutaneous e.g. Insulin                           |   |   |   |   |                     |

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| Intradermal   |   |   |   |   |                     |
| The action, contraindications/side effects of medications in common use e.g. Digoxin, Lasix, Valium |   |   |   |   |                     |
| The Use of Controlled Drugs / Narcotics   |   |   |   |   |                     |
| The Calculation of Drug Dosage  |   |   |   |   |                     |

Revised January 2010

EXPERIENCE:

1. Number of beds in the hospital you currently work in? \_\_\_\_\_

2. Number of utilized beds in your present ward: \_\_\_\_\_

3. Average number of patients in the unit per day: \_\_\_\_\_

3. Average nurse - patient ratio: \_\_\_\_\_ to \_\_\_\_\_

4. Approaches to care utilized :

Team Nursing: \_\_\_\_\_

Primary Nursing: \_\_\_\_\_

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 :** \_\_\_\_\_