



ARMED FORCES HOSPITAL SOUTHERN REGION  
KHAMIS MUSHAYT

**INTENSIVE CARE UNIT-ADULT**  
**( HRS/F065/02 )**

Dear Applicant,

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 a more comprehensive overview to the reviewer.

**EXPERIENCE: How frequently have you given nursing care to patients with the conditions listed below (within the last 2 years).**

**Frequency:**

- 1 – Never
- 2 – Rarely
- 3 – Occasionally (less than 1x/week)
- 4 – Frequently (at least 1x/week)

Thank you for your co-operation and I hope that you are successful in your application.

Yours Sincerely,  
Head Nurse – Intensive Care Unit

**THEORETICAL KNOWLEDGE**

	Frequency	EXPERIENCE				
		Excellent	Good	Average	Little	None
<b><u>I. NEUROLOGICAL:</u></b> Coma Craniotomy Head Injury Meningitis ICP monitoring Intracranial drainage Medical/neuro disorders Spinal cord injury Spinal surgery status Epilepticus, brain stem death Epidural catheter. Brainstem Test						
<b><u>II. RESPIRATORY:</u></b> Chronic obstructive pulmonary disease Severe acute asthma Pneumonia Pulmonary embolism Pneumonectomy Adult Respiratory Distress Syndrome(ARDS) Long-term Ventilation Weaning difficulties Insertion of percutaneous tracheostomy Short –term Ventilation Pleural chest discharge Bi-pap/Flail Chest						

	Frequency	EXPERIENCE				
		Excellent	Good	Average	Little	None
Interpretation of ABGs Skill to perform Stab ABG Allen Test						
<b><u>III. CARDIOVASCULAR:</u></b> Acute Myocardial Infarction Unstable Angina Cardiac Arrhythmias Congestive Heart Failure Pulmonary Oedema Cardiogenic shock Post-cardiac surgery Abdominal Aortic Aneurysm Central venous pressure monitoring Arterial pressure monitoring Pulmonary artery pressure monitoring Pacemaker – permanent - transvenous - transcutaneous Intra-aortic balloon pump Two or more inotrope infusions ECMO						
<b><u>IV. RENAL:</u></b> Acute renal failure Chronic renal failure Continuous renal replacement therapy(CRRT) Fluid Removal Modes of Prisma Intermittent Haemodialysis Urethral catheterization – female - male Electrolyte/Acid Base Imbalances						
<b><u>V. GASTROINTESTINAL:</u></b> Liver transplantation Liver cirrhosis Oesophageal varices Sengstaken – Blakemore tube Acute pancreatitis Hepatic failure Preparation for Endoscopy						
<b><u>VI. HAEMATOLOGICAL:</u></b> Disseminated intravascular coagulopathy Understanding of Blood products						
<b><u>VII. METABOLIC:</u></b> Enteral nutrition Parenteral nutrition Diabetic emergencies						

	Frequency	EXPERIENCE				
		Excellent	Good	Average	Little	None
<b><u>VIII. TRAUMA RELATED:</u></b> Multiple Trauma Faciomaxillary Injury Multiple Fractures Burns Pelvic Injury Poisoning Drug Overdose Short-term ventilation Hyperventilation						
<b><u>IX. PAEDIATRICS:</u></b> Emergency Drug Calculation Fluid Calculation & Fluid Management Haemodynamic Monitoring Normal values of children Care of Paediatric Ventilation Paediatric Resuscitation Performing CBGs and the normal values						
<b><u>X. TRAINING/OTHERS :</u></b> 1. Basic Cardiac Life Support 2. Advance Cardiac Life Support 3. Intravenous Line Insertion 4. Phlebotomy 5. ECG Interpretation 6. Care of the intubated/ventilated patient 7. Care of pleural chest drains 8. Interpretation of arterial blood gases 9. Interpretation of haemodynamic pressures and related therapy 10. Cardiac output measurement 11. Pulmonary capillary wedge pressure measurement 12. Care of a patient with multiple inotropic infusions of high acuity 13. Management & interpretation of intracranial pressure monitoring 14. Physical assessment 15. Knowledge of normal laboratory results 16. Management of continuous dialysis 17. Care of the spinal injured patient 18. Use of the Glasgow coma scale 19. The role of the preceptor 20. Charge Nurse duties						

Reviewed January 2010

## X. EXPERIENCE

( ) High Acuity Unit

( ) Low Acuity Unit

( ) Mixed Acuties

1. Years of nursing experience as a Registered Nurse : Total: \_\_\_\_\_ ICU: \_\_\_\_\_

2. Length of ICU course with certificate: \_\_\_\_\_ Year obtained: \_\_\_\_\_

3. Number of utilized beds in your present ICU: \_\_\_\_\_

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

5. Average number of ventilated patients in Icu per day: \_\_\_\_\_

6. Average nurse to patient ratio: \_\_\_\_\_ to \_\_\_\_\_

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/Signature of Applicant**

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