



**ARMED FORCES HOSPITAL SOUTHERN REGION  
KHAMIS MUSHAYT**

**OPERATING ROOMS  
(Perioperative Nursing)  
( HRS/F071/02 )**

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.

For your most recent Operating Room experience, indicate the following information:

- No. of beds in hospital \_\_\_\_\_
- No. of Operating Rooms functioning \_\_\_\_\_
- Average number of Operating Room cases per day \_\_\_\_\_
- Number of years of all Nursing experience \_\_\_\_\_
- Number of years of Preoperative Nursing experience \_\_\_\_\_

**EXPERIENCE:** How frequently have you given preoperative care to patients requiring the following operations (within the last 2 years)

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

Yours Sincerely,  
Head Nurse – Operating Room

**THEORETICAL KNOWLEDGE**

		Excellent		Good		Average		Little		None	
		S	C	S	C	S	C	S	C	S	C
<b>General:</b> Major Minor Laparoscopic Chole Hernia, others; Paediatrics (PDA, Pylorotomy, Imperforate Anus, etc.)	<i>S=Scrub</i> <i>C=Circulate</i>										
<b>Obstetrical:</b> Major/Oncology Laparoscopic: LAVH/ Hysteroscopy; Laser:Cervical/Vulva/Peritoneal Caesarian Section Caesarian Section & Hysterectomy Hysterotomy Manual Removal Retained Placenta ( MRRP)											

		Excellent		Good		Average		Little		None	
	<i>S = Scrub C=Circulate</i>	S	C	S	C	S	C	S	C	S	C
<b>Gynaecological:</b> ERPC – Evacuation of Retained Products of Conception D&C – Dilatation & Curretage Diagnostic Laparoscopy & Dye Test Laparoscopic Bilateral Tubal Ligation ( BTL ) Laparoscopic Ovarian Diathermy Laparoscopic Ovarian Cystectomy Laparoscopy for Ectopic Pregnancy Hysteroscopy D&C Abdominal Hysterectomy & Bilateral Salpingo-oophorectomy ( TAH & BSO ) Vaginal Hysterectomy Anterior/Posterior Repair TVT – Tension Free Vaginal Type – New Approach for Stress Incontinence Cervical Biopsy Polypectomy Cervical Cerclage											
<b>Ophthalmology:</b> Retinal/Detachment Corneal Transplant Cataract Surgery (Phaco-IOL) DCR Squint Repair											
<b>ENT:</b> Head/Neck Surgery Grommets Insertion Aural/Nasal, Tonsillectomy, Adenoidectomy Septoplasty Endoscopic – FESS Bronchosopic/Laryngoscopy Tympanoplasty											
<b>Orthopaedic:</b> Trauma, ORIF Total hip replacement Arthroscopy (knee, shoulder) ACL Spinal Surgery. Total Knee Replacement											
<b>Urology:</b> Cystoscopy/Turp Nephrectomy Renal Transplant, Percutaneous Lithotripsy											
<b>Vascular:</b> Peripheral-grafts Major-Aneurysms A.V. Fistula											
<b>Thoracic:</b> Major-Thoracotomy Laparoscopic-Thoracoscopy											

		Excellent	Good	Average	Little	None
		S C	S C	S C	S C	S C
<b>Oral Maxillo Facial/Dental:</b> Dental Restoration Craniofacial Surgery Multiple Extraction Cleft Lip, Palate	<i>S=Scrub</i> <i>C=Circulate</i>					
<b>Plastics:</b> Minor/Cosmetic Major Grafts/Revisions (Scar) Burns Paediatric (Palate,Lip)						
<b>Cardiac:</b> Adult (CABG, Valves) AVR, MVR Paediatric (Simple vs. Complex Repair)						
<b>Neurosurgery:</b> Craniotomy ( MIDAS Rex) Spinal Stereotactic Brain Biopsy Burr Hole / ICP VP Shunts						

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- Do you have an OR qualification/ certificate? \_\_\_\_\_
- What is your average staffing ratio or number of nurses per room? \_\_\_\_\_
- Have you ever been responsible for or in charge of a particular surgical services? e.g. Vascular, Ophthalmology  
 YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, which service (s) and for how long (give details) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Are you often assigned to departments other than O.R., for example L&D, Recovery Room, ER  
 YES \_\_\_\_\_ NO \_\_\_\_\_  
 Please specify the number of whole day/year spent in OR : \_\_\_\_\_  
 Specify other department and number of day/year : \_\_\_\_\_
- Do you have any Anaesthetic Experience?

If yes, how long (give details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you have any Recovery Room experience?

If yes, how long (give details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you been involved in a Quality System? \_\_\_\_\_

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
**Name/Signature of Applicant**

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