

ICU - Adult Recruitment Skills Checklist

- Page 4 -

- 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 the ICU per day: _____
- 6. Average nurse to patient ratio: _____ to _____

7. Number of Bed Capacity:

| Total | Employer 1 | Employer 2 | Employer 3 |
|---------------------------|-------------------|-------------------|-------------------|
| Beds in the hospital | | | |
| Beds in the area assigned | | | |

Thank you for completing the above checklist correctly and faithfully. Demonstration of skills stated will be expected during the 90-days probationary period. Inability to demonstrate skills stated (ticked ones) may result in termination during probationary period.

Name / Signature

Date

Armed Forces Hospital
 King Abdulaziz Naval Base
 Kingdom of Saudi Arabia
 NURSING DEPARTMENT

Name: _____

Date: _____

**NEONATAL INTENSIVE CARE UNIT/SPECIAL CARE BABY UNIT
 RECRUITMENT SKILLS CHECKLIST**

AIM OF CHECKLIST:

When completing the following skills checklist, please remember that this is used by the reviewer to assess your overall competency and suitability to the Neonatal Intensive Care Unit/Special Care Baby Unit.

Please feel free to elaborate on any area you feel necessary to give a more comprehensive overview to the reviewer.

EXPERIENCE: The frequency of nursing care you have given to the conditions listed below. You may elaborate on any area you feel it needs support and explanation. Tick the desired number on the right side in relation to the frequency of exposure/experience.

Frequency:

1. Never
2. Rarely
3. Occasionally
4. Frequent

Experience:

1. None
2. Needs practice
3. Competent
4. Well skilled

| | Frequency | | | | Experience | | | |
|---|-----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| I. PULMONARY CARE | | | | | | | | |
| • Extreme prematurity | | | | | | | | |
| • Extreme low birth weight premature baby (600 – 800 gms) | | | | | | | | |
| • Respiratory Distress Syndrome | | | | | | | | |
| • Meconium Aspiration Syndrome | | | | | | | | |
| • Pneumothorax | | | | | | | | |
| • Diaphragmatic Hernia | | | | | | | | |
| • Transient Tachypnea of the Newborn | | | | | | | | |
| • Neonatal Pneumonia | | | | | | | | |
| • Bronchiolitis | | | | | | | | |
| • Baby on Mechanical Ventilator | | | | | | | | |
| • Baby on Oxygen therapy | | | | | | | | |
| • Interpretation of blood gases | | | | | | | | |
| II. CARDIOVASCULAR | | | | | | | | |
| • Management of Apnea/bradycardia | | | | | | | | |
| • Congenital Heart disease | | | | | | | | |
| • Patent Ductus Arteriosus | | | | | | | | |
| • Congestive Heart Failure | | | | | | | | |
| III. NEUROLOGICAL | | | | | | | | |
| • Neonatal seizure | | | | | | | | |
| • Intraventricular Hemorrhage | | | | | | | | |
| • Hydrocephalus | | | | | | | | |
| • Meningocele/Meningomyelocele | | | | | | | | |

| | Frequency | | | | Experience | | | |
|---------------------------------------|-----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| IV. RENAL AND OTHER CONDITIONS | | | | | | | | |
| • Baby with anuria/oliguria | | | | | | | | |
| • Hypospadias | | | | | | | | |
| • Hypo/hyperglycemia | | | | | | | | |
| • Hyperbilirubinemia | | | | | | | | |
| • Hypocalcaemia | | | | | | | | |
| V. GASTROINTESTINAL | | | | | | | | |
| • Necrotizing enterocolitis | | | | | | | | |
| • Abdominal distention | | | | | | | | |
| • Gastric bleeding | | | | | | | | |
| • Duodenal atresia | | | | | | | | |
| • Imperforate anus | | | | | | | | |
| VI. HEMATOLOGY | | | | | | | | |
| • Anemia | | | | | | | | |
| • Polycythemia | | | | | | | | |
| • Thrombocytopenia | | | | | | | | |
| • Prolonged coagulation profile | | | | | | | | |
| VII. SKIN | | | | | | | | |
| • Prevention of skin breakdown | | | | | | | | |
| • Bathing a newborn | | | | | | | | |
| VIII. PROCEDURES | | | | | | | | |
| • Endotracheal Suctioning | | | | | | | | |
| • Oral/Nasal Suctioning | | | | | | | | |
| • Chest Physiotherapy | | | | | | | | |
| • Electrode placement | | | | | | | | |
| • ECG taking | | | | | | | | |
| • Blood sampling | | | | | | | | |
| • Capillary | | | | | | | | |
| • Venous | | | | | | | | |
| • Arterial | | | | | | | | |
| • Blood gas sampling | | | | | | | | |
| • Capillary | | | | | | | | |
| • Arterial (UAC) | | | | | | | | |
| • Intravenous Catheter Insertion | | | | | | | | |
| • Naso/orogastric tube insertion | | | | | | | | |
| • Changing of Intravenous fluids | | | | | | | | |
| • Blood Transfusion | | | | | | | | |
| • PRBC | | | | | | | | |
| • FFP | | | | | | | | |
| • Platelet | | | | | | | | |
| • Feeding | | | | | | | | |
| • Bottle | | | | | | | | |
| • Naso/orogastric tube | | | | | | | | |
| • Specimen Collection | | | | | | | | |
| • ETT Secretion | | | | | | | | |
| • Naso/oral secretion | | | | | | | | |

| | Frequency | | | | Experience | | | |
|--|-----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| • Electronic thermometer | | | | | | | | |
| • Type _____ | | | | | | | | |
| • Blood Sugar monitor | | | | | | | | |
| • Type _____ | | | | | | | | |
| • Computer literate | | | | | | | | |
| XII. DRUG CALCULATION | | | | | | | | |
| • Morphine | | | | | | | | |
| • Dopamine/Dobutamine | | | | | | | | |
| • Prostaglandin | | | | | | | | |
| • Other medications | | | | | | | | |
| • Total fluid intake | | | | | | | | |
| XIII. OTHER RESPONSIBILITIES | | | | | | | | |
| • Nursing Documentation | | | | | | | | |
| • Verbal reporting to in coming shift/endorsement | | | | | | | | |
| • Informing physician of change in the condition of the baby | | | | | | | | |
| • Family teaching | | | | | | | | |
| • Neonatal Transport | | | | | | | | |

EXPERIENCE:

- Years of work experience as a nurse in NICU/SCBU Total: _____
- Average daily census in your unit Total: _____
- Average staffing in your unit Total: _____
- Average ventilated cases per month _____
- Size of current hospital you are working with _____

6. Number of Bed Capacity:

| Total | Employer 1 | Employer 2 | Employer 3 |
|---------------------------|------------|------------|------------|
| Beds in the hospital | | | |
| Beds in the area assigned | | | |

Thank you for completing the above checklist correctly and faithfully. Demonstration of skills stated will be expected during the 90-days probationary period. Inability to demonstrate skills stated (ticked ones) may result in termination during probationary period.

Name / Signature

Date

OR/RR Recruitment Skills Checklist

- Page 3 -

| | SCRUBBED | | | | CIRCULATED | | | |
|--|----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Myringotomy with Grommets / T tubes | | | | | | | | |
| Removal of Foreign /body - Ear | | | | | | | | |
| - Nose | | | | | | | | |
| Bronchoscopy | | | | | | | | |
| Laryngoscopy/Microlaryngoscopy | | | | | | | | |
| Polypectomy with FESS | | | | | | | | |
| Tracheostomy | | | | | | | | |
| Septoplasty | | | | | | | | |
| Tympanoplasty | | | | | | | | |
| Mastoidectomy | | | | | | | | |
| Rhinoplasty | | | | | | | | |
| VI. DENTAL SURGERY: | | | | | | | | |
| Dendectomy | | | | | | | | |
| Polyvalent Dental Treatment | | | | | | | | |
| ORIF Mandibular Fracture | | | | | | | | |
| VII. OPHTHALMOLOGY: | | | | | | | | |
| ECCE with IOL PC / AC | | | | | | | | |
| Vitrectomy | | | | | | | | |
| Excision Pterygium | | | | | | | | |
| Electrolysis surgery | | | | | | | | |
| Squint Correction - Recession | | | | | | | | |
| Resection Lat./Medial Rectus Muscle | | | | | | | | |
| I/C Chalazion | | | | | | | | |
| Lacrimal Passages Syringing/Probing | | | | | | | | |
| VIII. ORTHOPAEDICS: | | | | | | | | |
| Close Fracture with Percutaneous K-wires | | | | | | | | |
| Skeletal Traction | | | | | | | | |
| External Fixation (long/short Bones) | | | | | | | | |
| Open Reduction and Internal Fixation with Plate & Screws | | | | | | | | |
| Intramedullary nailing | | | | | | | | |
| Internal Fixation with DHS/ACS | | | | | | | | |
| Arthrodesis Small Joints | | | | | | | | |
| Arthroscopy | | | | | | | | |
| Arthroscopic ACL Reconstruction | | | | | | | | |
| Bunionectomy | | | | | | | | |
| Achilles Tendon Repair | | | | | | | | |

| IX. FAMILIARITY WITH EQUIPMENT: | EXPERIENCE | | | |
|--|------------|---|---|---|
| | 1 | 2 | 3 | 4 |
| Gastro Enterology: | | | | |
| Gastroscope | | | | |
| Colonoscope | | | | |
| Duodenoscope | | | | |
| Pentax Endoscopy System | | | | |
| Olympus Endoscopy System | | | | |
| ERCP Accessories | | | | |
| Biopsy Forceps | | | | |
| Polyp Snares | | | | |
| Autoscope Endoscope Processing System (Disinfectant Machine) | | | | |
| Urology: | | | | |
| Storz Monitor and Light source System | | | | |
| Cystoscope and Resectoscope | | | | |
| TURP machine | | | | |
| Orthopaedics: | | | | |
| Torniquet (Zimmer) | | | | |
| Traction Table | | | | |
| Asthroscopic Shaver - storz power unit SI | | | | |
| Air Cylinder (Compressed Air) | | | | |
| Torniquet 5000 ELC | | | | |
| Olympus Telescope Warmer | | | | |
| Arthropump (Sterz) | | | | |
| Storz Camera | | | | |
| Storz Light Source | | | | |
| Sony Monitor | | | | |
| Spica Box | | | | |
| Compact Air Drive (Drill) | | | | |
| ENT: | | | | |
| ZEISS Microscope | | | | |
| Head Lamp and light source (Downs and Stryker) | | | | |
| Camera Head and Image Processor | | | | |
| Telescope 0°, 30°, 70° | | | | |
| Storz Drill - UNIDRIVE II | | | | |
| General Surgery: | | | | |
| Laparoscopic Unit : Olympus | | | | |
| Monitor | | | | |
| Camera System | | | | |
| Image Processor | | | | |

| | | | | | EXPERIENCE | | | |
|---|--|--|--|--|------------|---|---|---|
| | | | | | 1 | 2 | 3 | 4 |
| Image Source | | | | | | | | |
| Light source | | | | | | | | |
| Fibre Optic Cables | | | | | | | | |
| CO2 Insufflator | | | | | | | | |
| Suction Unit | | | | | | | | |
| Smoke Evacuator | | | | | | | | |
| Ophthalmology: | | | | | | | | |
| Ophthalmic Microscope (ZEISS) | | | | | | | | |
| Indirect Ophthalmoscope | | | | | | | | |
| Electrolysis Machine | | | | | | | | |
| ALCON - Infiniti Vision System (Lens Remover -Cataract) | | | | | | | | |
| Cryo Therapy Machine | | | | | | | | |
| For General Use: | | | | | | | | |
| Eshmann Operating Table | | | | | | | | |
| MEDELA dominant Suction Machine | | | | | | | | |
| Electro surgical Unit (DIATHERMY) | | | | | | | | |
| Valley lab | | | | | | | | |
| Conmed | | | | | | | | |
| Recovery Room: Familiarity with Equipments: | | | | | | | | |
| Addressograph Machine | | | | | | | | |
| Patient Transfer Trolleys | | | | | | | | |
| Electronic Thermometer (Genius) | | | | | | | | |
| Electronic Dinamap | | | | | | | | |
| Glucometer | | | | | | | | |
| Suction Apparatus | | | | | | | | |
| Criticare Monitor | | | | | | | | |
| Torch | | | | | | | | |
| Pressure Infusion Pump | | | | | | | | |
| Oxygen Humidifier | | | | | | | | |
| Manual Blood Pressure Apparatus | | | | | | | | |
| Stethoscope | | | | | | | | |
| Animec Blood Transfusion Warmer | | | | | | | | |
| Defibrillator Medtronic Life-Pak 12 | | | | | | | | |
| Recovery Room Experience: | | | | | | | | |
| 1. Receiving patient from ward into RR. | | | | | | | | |
| 2. Consent of operation validity. | | | | | | | | |
| 3. Identification of patient. | | | | | | | | |
| 4. Completeness of records. | | | | | | | | |
| 5. Received patient from OR | | | | | | | | |
| 6. Immediate initial post-operative assessment. | | | | | | | | |

EXPERIENCE

- 7. Taking of post-operative vital signs
- 8. Recording
- 9. Oxygen Administration Techniques.
- 10. Suctioning Techniques on post-operative patient.
- 11. Replacement of IV fluids and recording
- 12. Administration and recording of post-operative narcotics.
- 13. Discharge of post operative patient to the ward.

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

X. EXPERIENCE:

- 1. Total number years of work in OR _____.
- 2. Total number years of work in RR _____.
- 3. OR Trained _____.
- 4. OR Experience _____.
- 5. RR Experience _____.
- 6. Critical Care Training _____.
- 7. Total number of Operating Rooms _____.
- 8. Total hospital surgical bed occupancy _____.
- 9. Total number of RR beds. _____.
- 10. Average staffing ratio per OR _____.
- 11. Average staffing ratio in RR/shift _____.
- 12. Average number of patient/month _____.
- 13. On a separate sheet of paper write short notes on:
 - a. Valid consent to operation
 - b. Care of Specimens in OR.
 - c. Swab /instruments / needle counts

14. Number of Bed Capacity:

| Total | Employer 1 | Employer 2 | Employer 3 |
|---------------------------|------------|------------|------------|
| Beds in the hospital | | | |
| Beds in the area assigned | | | |

Thank you for completing the above checklist correctly and faithfully. Demonstration of skills stated will be expected during the 90-days probationary period. Inability to demonstrate skills stated (ticked ones) may result in termination during probationary period.

Name / Signature

Date

Armed Forces Hospital
 King Abdulaziz Naval Base
 Kingdom of Saudi Arabia
 NURSING DEPARTMENT

Name: _____

Date: _____

**EMERGENCY ROOM
 RECRUITMENT SKILLS CHECKLIST**

AIM OF CHECKLIST:

When completing the following skills checklist, please remember that this is used by the reviewer to assess your overall competency and suitability to Emergency Room.

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 two years. Tick the desired number on the right side in relation to the frequency of exposure/experience.

Frequency:

1. Never
2. Rarely (less than 1x/ week)
3. Occasionally (less than 1X/month)
4. Frequent (at least 1X/week)

Experience:

1. None
2. Needs practice
3. Competent
4. Well skilled

| | Frequency | | | | Experience | | | |
|--|-----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| I. NEUROLOGICAL | | | | | | | | |
| • Coma | | | | | | | | |
| • Craniotomy | | | | | | | | |
| • Head Injury | | | | | | | | |
| • Meningitis | | | | | | | | |
| • Medical/Neuro Disorder | | | | | | | | |
| • Spinal cord injury | | | | | | | | |
| • Status Epilepticus | | | | | | | | |
| • Brain Stem Death | | | | | | | | |
| • CVA/stroke | | | | | | | | |
| II. RESPIRATORY | | | | | | | | |
| • Chronic Obstructive pulmonary disease | | | | | | | | |
| • Severe Acute Asthma | | | | | | | | |
| • Pneumonia | | | | | | | | |
| • Pulmonary embolism | | | | | | | | |
| • Adult Respiratory Distress Syndrome (ARDS) | | | | | | | | |
| • Insertion of Percutaneous Tracheostomy | | | | | | | | |
| • Pleural chest drainage | | | | | | | | |
| • Flail chest | | | | | | | | |
| • Bronchial Asthma | | | | | | | | |
| • Status asmaticus | | | | | | | | |
| III. MEDICATION | | | | | | | | |
| • Intravenous Infusion | | | | | | | | |
| • Subcutaneous injection | | | | | | | | |
| • Oral medications | | | | | | | | |
| • Narcotics | | | | | | | | |
| • Use of streptokinase | | | | | | | | |

| | Frequency | | | | Experience | | | |
|-------------------------|-----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 28. Pediatric Cases | | | | | | | | |
| a. Bronchiolitis | | | | | | | | |
| b. Foreign Body | | | | | | | | |
| c. Febrile convulsions | | | | | | | | |
| a. Cooling measures | | | | | | | | |
| d. Secondary Hemorrhage | | | | | | | | |
| e. Dehydration | | | | | | | | |
| f. Post tonsillectomy | | | | | | | | |
| g. Oxygen therapy | | | | | | | | |
| a. Nebulization | | | | | | | | |

X. EXPERIENCE

High Acuity

Low Acuity

Mixed Acuties

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

2. BLS/ACLS Certificate

3. Number of utilized beds in your present ER Total: _____

4. Average number of patients in your ER unit per day Total: _____

5. Average number of trauma patients in your ER per day Total: _____

6. Average nurse to patient ratio : _____ to _____

7. Number of Bed Capacity:

| Total | Employer 1 | Employer 2 | Employer 3 |
|---------------------------|------------|------------|------------|
| Beds in the hospital | | | |
| Beds in the area assigned | | | |

Thank you for completing the above checklist correctly and faithfully. Demonstration of skills stated will be expected during the 90-days probationary period. Inability to demonstrate skills stated (ticked ones) may result in termination during probationary period.

Name / Signature

Date

| | EXPERIENCE | | | |
|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 |
| Incentive Spirometry Teaching | | | | |
| Intravenous Catheter | | | | |
| Blood glucose Monitoring | | | | |
| Chest Tube Management | | | | |
| Oxygen Administration | | | | |
| Nephrostomy Tube Management | | | | |
| Portocaths Management | | | | |
| Urethral Catheter Insertion M/F | | | | |
| Pressure Sore Management | | | | |
| Wound Dressing | | | | |
| Stitch Removal | | | | |
| Clip Removal | | | | |
| Bowel Wash | | | | |
| SPECIMEN COLLECTION: | | | | |
| Ear / Nose / Swabs | | | | |
| Wound Cultures | | | | |
| Sputum | | | | |
| Stool | | | | |
| Vaginal | | | | |
| Urine | | | | |
| III. PERFORMS NURSING CARE OF PATIENTS WITH: | | | | |
| Neurological Problems: | | | | |
| Cerebrovascular Accident | | | | |
| Hemiplegia | | | | |
| Paraplegia | | | | |
| Quadraplegia | | | | |
| RESPIRTORY PROBLEMS: | | | | |
| Asthma | | | | |
| Hemothorax / Pneumothorax | | | | |
| Oxygen Dependent | | | | |
| Pleural Effusion | | | | |
| Chronic Obstruction Pulmonary Disease | | | | |
| GASTROINTESTINAL PROBLEMS: | | | | |
| Cirrhosis / Encephalopathy | | | | |
| Hepatitis | | | | |
| Gastroenteritis | | | | |
| Ulcerative Colletis | | | | |
| ENDOCRINE SYSTEM DISORDER: | | | | |
| Diabetes Mellitus | | | | |
| Hyper/hypo Thyroidism | | | | |
| Diabetic Foot Ulceration | | | | |
| Diabetic Ketoacidosis | | | | |
| RENAL AND UROLOGICAL DISORDERS: | | | | |
| Acute / Chronic Renal Failure | | | | |
| Renal Calculi | | | | |
| Urinary Tract Infection | | | | |

Name: _____

Date: _____

**MATERNITY/L&D/WELL BABY NURSE
 RECRUITMENT SKILLS CHECKLIST**

AIM OF CHECKLIST:

When completing the following skills checklist, please remember that this is used by the reviewer to assess your overall competency and suitability to Maternity/L&D and Nursery.

Please feel free to elaborate on any area you feel necessary to give a more comprehensive overview to the reviewer.

EXPERIENCE: The frequency of nursing care you have given to the conditions listed below. You may elaborate on any area you feel it needs support and explanation. Tick the desired number on the right side in relation to the frequency of exposure/experience.

Frequency:

1. Never
2. Rarely
3. Occasionally
4. Frequent

Experience:

1. None
2. Needs practice
3. Competent
4. Well skilled

| | Frequency | | | | Experience | | | |
|-------------------------------|-----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| I. MATERNITY | | | | | | | | |
| 1. Ante Natal Assessment | | | | | | | | |
| • Ante Natal Assessment | | | | | | | | |
| • Fundal Height | | | | | | | | |
| • Lie | | | | | | | | |
| • Presentation | | | | | | | | |
| • Position | | | | | | | | |
| • Checks fetal heart rate | | | | | | | | |
| • Pinnard Stethoscope | | | | | | | | |
| • Doppler | | | | | | | | |
| • CTG Monitoring | | | | | | | | |
| • CTG tracing Interpretation | | | | | | | | |
| • Glucose Tolerance Test | | | | | | | | |
| • 24 hour urine collection | | | | | | | | |
| 2. Identification of lochias | | | | | | | | |
| • rubra | | | | | | | | |
| • serosa | | | | | | | | |
| • alba | | | | | | | | |
| 3. Perineal Suture | | | | | | | | |
| • Episiotomies | | | | | | | | |
| • 3 rd degree tear | | | | | | | | |
| 4. LSCS Wound | | | | | | | | |
| • Phannestial | | | | | | | | |
| • Vertical | | | | | | | | |
| • Hemovac drain | | | | | | | | |

EXPERIENCE:

- 1. Years of work experience as a nurse in Maternity/L&D/Nursery Total: _____
- 2. Average daily census in your unit Total: _____
- 3. Average staffing in your unit Total: _____

4. Number of Bed Capacity:

| Total | Employer 1 | Employer 2 | Employer 3 |
|---------------------------|-------------------|-------------------|-------------------|
| Beds in the hospital | | | |
| Beds in the area assigned | | | |

Thank you for completing the above checklist correctly and faithfully. Demonstration of skills stated will be expected during the 90-days probationary period. Inability to demonstrate skills stated (ticked ones) may result in termination during probationary period.

Name / Signature

Date

Name: _____

Date: _____

**NEONATAL INTENSIVE CARE UNIT/SPECIAL CARE BABY UNIT
 RECRUITMENT SKILLS CHECKLIST**

AIM OF CHECKLIST:

When completing the following skills checklist, please remember that this is used by the reviewer to assess your overall competency and suitability to the Neonatal Intensive Care Unit/Special Care Baby Unit.

Please feel free to elaborate on any area you feel necessary to give a more comprehensive overview to the reviewer.

EXPERIENCE: The frequency of nursing care you have given to the conditions listed below. You may elaborate on any area you feel it needs support and explanation. Tick the desired number on the right side in relation to the frequency of exposure/experience.

Frequency:

1. Never
2. Rarely
3. Occasionally
4. Frequent

Experience:

1. None
2. Needs practice
3. Competent
4. Well skilled

| | Frequency | | | | Experience | | | |
|---|-----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| I. PULMONARY CARE | | | | | | | | |
| • Extreme prematurity | | | | | | | | |
| • Extreme low birth weight premature baby (600 – 800 gms) | | | | | | | | |
| • Respiratory Distress Syndrome | | | | | | | | |
| • Meconium Aspiration Syndrome | | | | | | | | |
| • Pneumothorax | | | | | | | | |
| • Diaphragmatic Hernia | | | | | | | | |
| • Transient Tachypnea of the Newborn | | | | | | | | |
| • Neonatal Pneumonia | | | | | | | | |
| • Bronchiolitis | | | | | | | | |
| • Baby on Mechanical Ventilator | | | | | | | | |
| • Baby on Oxygen therapy | | | | | | | | |
| • Interpretation of blood gases | | | | | | | | |
| II. CARDIOVASCULAR | | | | | | | | |
| • Management of Apnea/bradycardia | | | | | | | | |
| • Congenital Heart disease | | | | | | | | |
| • Patent Ductus Arteriosus | | | | | | | | |
| • Congestive Heart Failure | | | | | | | | |
| III. NEUROLOGICAL | | | | | | | | |
| • Neonatal seizure | | | | | | | | |
| • Intraventricular Hemorrhage | | | | | | | | |
| • Hydrocephalus | | | | | | | | |
| • Meningocele/Meningomyelocele | | | | | | | | |

| | | Frequency | | | | Experience | | | |
|--------------|--|-----------|---|---|---|------------|---|---|---|
| | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| | • Electronic thermometer | | | | | | | | |
| | • Type _____ | | | | | | | | |
| | • Blood Sugar monitor | | | | | | | | |
| | • Type _____ | | | | | | | | |
| | • Computer literate | | | | | | | | |
| XII. | DRUG CALCULATION | | | | | | | | |
| | • Morphine | | | | | | | | |
| | • Dopamine/Dobutamine | | | | | | | | |
| | • Prostogladin | | | | | | | | |
| | • Other medications | | | | | | | | |
| | • Total fluid intake | | | | | | | | |
| XIII. | OTHER RESPONSIBILITIES | | | | | | | | |
| | • Nursing Documentation | | | | | | | | |
| | • Verbal reporting to in coming shift/endorsement | | | | | | | | |
| | • Informing physician of change in the condition of the baby | | | | | | | | |
| | • Family teaching | | | | | | | | |
| | • Neonatal Transport | | | | | | | | |

EXPERIENCE:

1. Years of work experience as a nurse in NICU/SCBU Total: _____
2. Average daily census in your unit Total: _____
3. Average staffing in your unit Total: _____
4. Average ventilated cases per month _____
5. Size of current hospital you are working with _____
6. Number of Bed Capacity:

| Total | Employer 1 | Employer 2 | Employer 3 |
|---------------------------|------------|------------|------------|
| Beds in the hospital | | | |
| Beds in the area assigned | | | |

Thank you for completing the above checklist correctly and faithfully. Demonstration of skills stated will be expected during the 90-days probationary period. Inability to demonstrate skills stated (ticked ones) may result in termination during probationary period.

Name / Signature

Date

Name: _____

Date: _____

**INTENSIVE CARE UNIT - ADULT
 RECRUITMENT SKILLS CHECKLIST**

AIM OF CHECKLIST

When completing the following, please remember that this checklist is used by the reviewer to access 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 two years).

Frequency:

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

Experience:

1. None
2. Needs Practice
3. Competent
4. Well Skilled

| I. NEUROLOGICAL |
|------------------------|
| Coma |
| Craniotomy |
| Head Injury |
| Meningitis |
| ICP Monitoring |
| Intracranial Drainage |
| Medical/Neuro Disorder |
| Spinal Cord Injury |
| Status Epilepticus |
| Brain Stem Death |
| Epidural Catheter |

FREQUENCY

| 1 | 2 | 3 | 4 |
|---|---|---|---|
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EXPERIENCE

| 1 | 2 | 3 | 4 |
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| II. RESPIRATORY: |
|--|
| 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 |

ICU - Adult Recruitment Skills Checklist

- Page 3 -

VII. METABOLIC:

| |
|----------------------|
| Enteral Nutrition |
| Parenteral Nutrition |
| Acid-base Imbalance |
| Diabetic Emergencies |

VIII. TRAUMA RELATED:

| |
|-----------------------|
| Multiple Trauma |
| Faciomaxillary Injury |
| Multiple Fractures |
| Burns |
| Pelvic Injury |
| Poisoning |
| Drug Overdose |

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 pressure & 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 and 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

| FREQUENCY | | | | EXPERIENCE | | | |
|-----------|---|---|---|------------|---|---|---|
| 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
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IX. EXPERIENCE:

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

1. Years of nursing experience as a Registered Nurse: Total _____ ICU: _____
2. BCLS / ACLS certificate: _____

ICU - Adult Recruitment Skills Checklist

- Page 4 -

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 the ICU per day: _____

6. Average nurse to patient ratio: _____ to _____

7. Number of Bed Capacity:

| Total | Employer 1 | Employer 2 | Employer 3 |
|---------------------------|------------|------------|------------|
| Beds in the hospital | | | |
| Beds in the area assigned | | | |

Thank you for completing the above checklist correctly and faithfully. Demonstration of skills stated will be expected during the 90-days probationary period. Inability to demonstrate skills stated (ticked ones) may result in termination during probationary period.

Name / Signature

Date

| | SCRUBBED | | | | CIRCULATED | | | |
|--|----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Myringotomy with Grommets / T tubes | | | | | | | | |
| Removal of Foreign /body - Ear | | | | | | | | |
| - Nose | | | | | | | | |
| Bronchoscopy | | | | | | | | |
| Laryngoscopy/Microlaryngoscopy | | | | | | | | |
| Polypectomy with FESS | | | | | | | | |
| Tracheostomy | | | | | | | | |
| Septoplasty | | | | | | | | |
| Tympanoplasty | | | | | | | | |
| Mastoidectomy | | | | | | | | |
| Rhinoplasty | | | | | | | | |
| VI. DENTAL SURGERY: | | | | | | | | |
| Dendectomy | | | | | | | | |
| Polyvalent Dental Treatment | | | | | | | | |
| ORIF Mandibular Fracture | | | | | | | | |
| VII. OPHTHALMOLOGY: | | | | | | | | |
| ECCE with IOL PC / AC | | | | | | | | |
| Vitrectomy | | | | | | | | |
| Excision Pterygium | | | | | | | | |
| Electrolysis surgery | | | | | | | | |
| Squint Correction - Recession | | | | | | | | |
| Resection Lat./Medial Rectus Muscle | | | | | | | | |
| I/C Chalazion | | | | | | | | |
| Lacrimal Passages Syringing/Probing | | | | | | | | |
| VIII. ORTHOPAEDICS: | | | | | | | | |
| Close Fracture with Percutaneous K-wires | | | | | | | | |
| Skeletal Traction | | | | | | | | |
| External Fixation (long/short Bones) | | | | | | | | |
| Open Reduction and Internal Fixation with Plate & Screws | | | | | | | | |
| Intramedullary nailing | | | | | | | | |
| Internal Fixation with DHS/ACS | | | | | | | | |
| Arthrodesis Small Joints | | | | | | | | |
| Arthroscopy | | | | | | | | |
| Arthroscopic ACL Reconstruction | | | | | | | | |
| Bunionectomy | | | | | | | | |
| Achilles Tendon Repair | | | | | | | | |

| IX. FAMILIARITY WITH EQUIPMENT: | EXPERIENCE | | | |
|--|------------|---|---|---|
| | 1 | 2 | 3 | 4 |
| Gastro Enterology: | | | | |
| Gastroscope | | | | |
| Colonoscope | | | | |
| Duodenoscope | | | | |
| Pentax Endoscopy System | | | | |
| Olympus Endoscopy System | | | | |
| ERCP Accessories | | | | |
| Biopsy Forceps | | | | |
| Polyp Snares | | | | |
| Autoscope Endoscope Processing System (Disinfectant Machine) | | | | |
| Urology: | | | | |
| Storz Monitor and Light source System | | | | |
| Cystoscope and Resectoscope | | | | |
| TURP machine | | | | |
| Orthopaedics: | | | | |
| Torniquet (Zimmer) | | | | |
| Traction Table | | | | |
| Asthroscopic Shaver - storz power unit SI | | | | |
| Air Cylinder (Compressed Air) | | | | |
| Torniquet 5000 ELC | | | | |
| Olympus Telescope Warmer | | | | |
| Arthropump (Sterz) | | | | |
| Storz Camera | | | | |
| Storz Light Source | | | | |
| Sony Monitor | | | | |
| Spica Box | | | | |
| Compact Air Drive (Drill) | | | | |
| ENT: | | | | |
| ZEISS Microscope | | | | |
| Head Lamp and light source (Downs and Stryker) | | | | |
| Camera Head and Image Processor | | | | |
| Telescope 0°, 30°, 70° | | | | |
| Storz Drill - UNIDRIVE II | | | | |
| General Surgery: | | | | |
| Laparoscopic Unit : Olympus | | | | |
| Monitor | | | | |
| Camera System | | | | |
| Image Processor | | | | |

| | EXPERIENCE | | | |
|--|------------|---|---|---|
| | 1 | 2 | 3 | 4 |
| Image Source | | | | |
| Light source | | | | |
| Fibre Optic Cables | | | | |
| CO2 Insufflator | | | | |
| Suction Unit | | | | |
| Smoke Evacuator | | | | |
| Ophthalmology: | | | | |
| Ophthalmic Microscope (ZEISS) | | | | |
| Indirect Ophthalmoscope | | | | |
| Electrolysis Machine | | | | |
| ALCON - Inifiniti Vision System (Lens Remover -Cataract) | | | | |
| Cryo Therapy Machine | | | | |
| For General Use: | | | | |
| Eshmann Operating Table | | | | |
| MEDELA dominant Suction Machine | | | | |
| Electro surgical Unit (DIATHERMY) | | | | |
| Valley lab | | | | |
| Conmed | | | | |
| Recovery Room: Familiarity with Equipments: | | | | |
| Addressograph Machine | | | | |
| Patient Transfer Trolleys | | | | |
| Electronic Thermometer (Genius) | | | | |
| Electronic Dinamap | | | | |
| Glucometer | | | | |
| Suction Apparatus | | | | |
| Criticare Monitor | | | | |
| Torch | | | | |
| Pressure Infusion Pump | | | | |
| Oxygen Humidifier | | | | |
| Manual Blood Pressure Apparatus | | | | |
| Stethoscope | | | | |
| Animec Blood Transfusion Warmer | | | | |
| Defibrillator Medtronic Life-Pak 12 | | | | |
| Recovery Room Experience: | | | | |
| 1. Receiving patient from ward into RR. | | | | |
| 2. Consent of operation validity. | | | | |
| 3. Identification of patient. | | | | |
| 4. Completeness of records. | | | | |
| 5. Received patient from OR | | | | |
| 6. Immdiate initial post-operative assessment. | | | | |

EXPERIENCE

| 1 | 2 | 3 | 4 |
|---|---|---|---|
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- 7. Taking of post-operative vital signs
- 8. Recording
- 9. Oxygen Administration Techniques.
- 10. Suctioning Techniques on post-operative patient.
- 11. Replacement of IV fluids and recording
- 12. Administration and recording of post-operative narcotics.
- 13. Discharge of post operative patient to the ward.

X. EXPERIENCE:

- 1. Total number years of work in OR _____.
- 2. Total number years of work in RR _____.
- 3. OR Trained _____.
- 4. OR Experience _____.
- 5. RR Experience _____.
- 6. Critical Care Training _____.
- 7. Total number of Operating Rooms _____.
- 8. Total hospital surgical bed occupancy _____.
- 9. Total number of RR beds. _____.
- 10. Average staffing ratio per OR _____.
- 11. Average staffing ratio in RR/shift _____.
- 12. Average number of patient/month _____.
- 13. On a separate sheet of paper write short notes on:
 - a. Valid consent to operation
 - b. Care of Specimens in OR.
 - c. Swab /instruments / needle counts

14. Number of Bed Capacity:

| Total | Employer 1 | Employer 2 | Employer 3 |
|---------------------------|------------|------------|------------|
| Beds in the hospital | | | |
| Beds in the area assigned | | | |

Thank you for completing the above checklist correctly and faithfully. Demonstration of skills stated will be expected during the 90-days probationary period. Inability to demonstrate skills stated (ticked ones) may result in termination during probationary period.

Name / Signature

Date

Armed Forces Hospital
 King Abdulaziz Naval Base
 Kingdom of Saudi Arabia
 NURSING DEPARTMENT

Name: _____

Date: _____

**EMERGENCY ROOM
 RECRUITMENT SKILLS CHECKLIST**

AIM OF CHECKLIST:

When completing the following skills checklist, please remember that this is used by the reviewer to assess your overall competency and suitability to Emergency Room.

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 two years. Tick the desired number on the right side in relation to the frequency of exposure/experience.

Frequency:

1. Never
2. Rarely (less than 1x/ week)
3. Occasionally (less than 1X/month)
4. Frequent (at least 1X/week)

Experience:

1. None
2. Needs practice
3. Competent
4. Well skilled

| | Frequency | | | | Experience | | | |
|--|-----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| I. NEUROLOGICAL | | | | | | | | |
| • Coma | | | | | | | | |
| • Craniotomy | | | | | | | | |
| • Head Injury | | | | | | | | |
| • Meningitis | | | | | | | | |
| • Medical/Neuro Disorder | | | | | | | | |
| • Spinal cord injury | | | | | | | | |
| • Status Epilepticus | | | | | | | | |
| • Brain Stem Death | | | | | | | | |
| • CVA/stroke | | | | | | | | |
| II. RESPIRATORY | | | | | | | | |
| • Chronic Obstructive pulmonary disease | | | | | | | | |
| • Severe Acute Asthma | | | | | | | | |
| • Pneumonia | | | | | | | | |
| • Pulmonary embolism | | | | | | | | |
| • Adult Respiratory Distress Syndrome (ARDS) | | | | | | | | |
| • Insertion of Percutaneous Tracheostomy | | | | | | | | |
| • Pleural chest drainage | | | | | | | | |
| • Flail chest | | | | | | | | |
| • Bronchial Asthma | | | | | | | | |
| • Status asmaticus | | | | | | | | |
| III. MEDICATION | | | | | | | | |
| • Intravenous Infusion | | | | | | | | |
| • Subcutaneous injection | | | | | | | | |
| • Oral medications | | | | | | | | |
| • Narcotics | | | | | | | | |
| • Use of streptokinase | | | | | | | | |

| | | Frequency | | | | Experience | | | |
|--------------|---|-----------|---|---|---|------------|---|---|---|
| | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| IV. | CARDIOVASCULAR | | | | | | | | |
| | • Acute myocardial infarction | | | | | | | | |
| | • Unstable Angina | | | | | | | | |
| | • Cardiac Arrhythmias | | | | | | | | |
| | • Congestive Heart Failure | | | | | | | | |
| | • Pulmonary Edema | | | | | | | | |
| | • Cardiogenic Shock | | | | | | | | |
| | • Post Cardiac Surgery | | | | | | | | |
| | • Central Venous Pressure Monitoring | | | | | | | | |
| | • Arterial Pressure Monitoring | | | | | | | | |
| | • Pacemaker - permanent | | | | | | | | |
| | • transvenous | | | | | | | | |
| | • trans cutaneous | | | | | | | | |
| | • Two or more inotrope infusions | | | | | | | | |
| V. | RENAL | | | | | | | | |
| | • Acute Renal Failure | | | | | | | | |
| | • Chronic Renal failure | | | | | | | | |
| | • Urethral Catheterization | | | | | | | | |
| | • Female | | | | | | | | |
| | • Male | | | | | | | | |
| VI. | GASTROINTESTINAL | | | | | | | | |
| | • Liver Cirrhosis | | | | | | | | |
| | • Esophageal Varices | | | | | | | | |
| | • Sengstaken – Blakemore tube | | | | | | | | |
| | • Acute Pancreatitis | | | | | | | | |
| | • Hepatic Failure | | | | | | | | |
| | • Gastroenteritis | | | | | | | | |
| | • Gastric wash out | | | | | | | | |
| | • Acute abdominal pain | | | | | | | | |
| VII. | HAEMATOLOGICAL | | | | | | | | |
| | • Disseminated Intravascular Coagulopathy | | | | | | | | |
| | • Hemophilia | | | | | | | | |
| | • Sickle cell crisis | | | | | | | | |
| VIII. | METABOLIC | | | | | | | | |
| | • Enteral Nutrition | | | | | | | | |
| | • Parenteral Nutrition | | | | | | | | |
| | • Acid Base Imbalance | | | | | | | | |
| | • Diabetic Emergencies | | | | | | | | |
| | • Ketoacidosis | | | | | | | | |
| | • Hyper/hypoglycemia | | | | | | | | |
| | • Shock | | | | | | | | |
| | • Hypovolemic | | | | | | | | |
| | • Neurogenic | | | | | | | | |
| | • Septic | | | | | | | | |
| | • Anaphylactic | | | | | | | | |

| | Frequency | | | | Experience | | | |
|-------------------------|-----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 28. Pediatric Cases | | | | | | | | |
| a. Bronchiolitis | | | | | | | | |
| b. Foreign Body | | | | | | | | |
| c. Febrile convulsions | | | | | | | | |
| a. Cooling measures | | | | | | | | |
| d. Secondary Hemorrhage | | | | | | | | |
| e. Dehydration | | | | | | | | |
| f. Post tonsillectomy | | | | | | | | |
| g. Oxygen therapy | | | | | | | | |
| a. Nebulization | | | | | | | | |

X. EXPERIENCE

High Acuity

Low Acuity

Mixed Acuties

1. Years of nursing experience as a Registered Nurse Total: _____
2. BLS/ACLS Certificate
3. Number of utilized beds in your present ER Total: _____
4. Average number of patients in your ER unit per day Total: _____
5. Average number of trauma patients in your ER Total: _____
per day
6. Average nurse to patient ratio : _____ to _____
7. Number of Bed Capacity:

| Total | Employer 1 | Employer 2 | Employer 3 |
|---------------------------|------------|------------|------------|
| Beds in the hospital | | | |
| Beds in the area assigned | | | |

Thank you for completing the above checklist correctly and faithfully. Demonstration of skills stated will be expected during the 90-days probationary period. Inability to demonstrate skills stated (ticked ones) may result in termination during probationary period.

Name / Signature

Date

Armed Forces Hospital
 King Abdulaziz Naval Base
 Kingdom of Saudi Arabia
 NURSING DEPARTMENT

Name: _____

Date: _____

**MATERNITY/L&D/WELL BABY NURSE
 RECRUITMENT SKILLS CHECKLIST**

AIM OF CHECKLIST:

When completing the following skills checklist, please remember that this is used by the reviewer to assess your overall competency and suitability to Maternity/L&D and Nursery.

Please feel free to elaborate on any area you feel necessary to give a more comprehensive overview to the reviewer.

EXPERIENCE: The frequency of nursing care you have given to the conditions listed below. You may elaborate on any area you feel it needs support and explanation. Tick the desired number on the right side in relation to the frequency of exposure/experience.

Frequency:

1. Never
2. Rarely
3. Occasionally
4. Frequent

Experience:

1. None
2. Needs practice
3. Competent
4. Well skilled

| | Frequency | | | | Experience | | | |
|-------------------------------|-----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| I. MATERNITY | | | | | | | | |
| 1. Ante Natal Assessment | | | | | | | | |
| • Ante Natal Assessment | | | | | | | | |
| • Fundal Height | | | | | | | | |
| • Lie | | | | | | | | |
| • Presentation | | | | | | | | |
| • Position | | | | | | | | |
| • Checks fetal heart rate | | | | | | | | |
| • Pinnard Stethoscope | | | | | | | | |
| • Doppler | | | | | | | | |
| • CTG Monitoring | | | | | | | | |
| • CTG tracing Interpretation | | | | | | | | |
| • Glucose Tolerance Test | | | | | | | | |
| • 24 hour urine collection | | | | | | | | |
| 2. Identification of lochias | | | | | | | | |
| • rubra | | | | | | | | |
| • serosa | | | | | | | | |
| • alba | | | | | | | | |
| 3. Perineal Suture | | | | | | | | |
| • Episiotomies | | | | | | | | |
| • 3 rd degree tear | | | | | | | | |
| 4. LSCS Wound | | | | | | | | |
| • Phannestial | | | | | | | | |
| • Vertical | | | | | | | | |
| • Hemovac drain | | | | | | | | |

| | Frequency | | | | Experience | | | |
|--|-----------|---|---|---|------------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 5. Immediate Post-op LSCS Care | | | | | | | | |
| 6. Initiates Breast Lactation | | | | | | | | |
| 7. Breast care | | | | | | | | |
| • engagement | | | | | | | | |
| • cracked nipples | | | | | | | | |
| • inverted nipples | | | | | | | | |
| 8. Health education | | | | | | | | |
| • Personal hygiene | | | | | | | | |
| • Nutrition and rest | | | | | | | | |
| • Breast feeding | | | | | | | | |
| • Infant bonding | | | | | | | | |
| • Family planning | | | | | | | | |
| • Post natal exercise | | | | | | | | |
| • Perineal care | | | | | | | | |
| 9. Nursing care of Patients with gynecological condition | | | | | | | | |
| • ERPC | | | | | | | | |
| • Threatened miscarriage | | | | | | | | |
| • Missed abortion | | | | | | | | |
| • Inevitable abortion | | | | | | | | |
| • Ectopic pregnancy | | | | | | | | |
| • Molar pregnancy | | | | | | | | |
| • Cervical Cerclage | | | | | | | | |
| • DUP | | | | | | | | |
| • Perineorrhaphy | | | | | | | | |
| 10. Nursing care of patients with: | | | | | | | | |
| • Gestational diabetes/DDM in pregnancy | | | | | | | | |
| • Pregnancy | | | | | | | | |
| • Induced hypertension | | | | | | | | |
| • Pre-eclampsia | | | | | | | | |
| • eclampsia | | | | | | | | |
| • Chronic hypertension in pregnancy | | | | | | | | |
| • Bad obstetric history | | | | | | | | |
| • Ante partum hemorrhage | | | | | | | | |
| • Placenta praevia | | | | | | | | |
| • Abruption placenta | | | | | | | | |
| • Pre-term labor/use of Ritodrine | | | | | | | | |
| • Premature ruptured membranes | | | | | | | | |
| • Prolonged ruptured membranes | | | | | | | | |
| • Induced labor | | | | | | | | |
| • Twins pregnancy | | | | | | | | |
| • IUFD | | | | | | | | |
| • Sickle cell disease crisis | | | | | | | | |
| • Cardiac disease in pregnancy | | | | | | | | |
| • Peri natal management of chicken pox in pregnancy | | | | | | | | |
| • Anemia in pregnancy | | | | | | | | |
| • Blood Transfusion | | | | | | | | |
| • Reduced fetal movement | | | | | | | | |

EXPERIENCE:

1. Years of work experience as a nurse in Maternity/L&D/Nursery Total: _____

2. Average daily census in your unit Total: _____

3. Average staffing in your unit Total: _____

4. Number of Bed Capacity:

| Total | Employer 1 | Employer 2 | Employer 3 |
|---------------------------|-------------------|-------------------|-------------------|
| Beds in the hospital | | | |
| Beds in the area assigned | | | |

Thank you for completing the above checklist correctly and faithfully. Demonstration of skills stated will be expected during the 90-days probationary period. Inability to demonstrate skills stated (ticked ones) may result in termination during probationary period.

Name / Signature

Date