Kingdom of Saudi Arabia
AFH-KANB
Nursing Services

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.

Flease 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)

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

	F	REQ	JENC	Υ		EXPE	RIENC	E
I. NEUROLOGICAL	1	2	3	4	1	2	3	4
Coma								
Craniotomy								
Head Injury								
Meningitis								
ICP Monitoring								
Intracranial Drainage								
Medical/Neuro Disorder								
Spinal Cord Injury								
Status Epilepticus								
Brain Stem Death								
Epidural Catheter	_							
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								

Disseminated intravascular coagulopathy

- Page 2 -	1	FREQ	IENC	v	F	 XPER	IENC	F
	1	2	3	4	1	2	3	4
Short Term Ventilation	-	 - -						
Pleural Chest Drainage			i					
Bi-pap								
Flail Chest						4		
III. CARDIOVASCULAR:							7	
Acute Myocardial Infarction								
Unstable Angina								
Cardiac Arrhythmias			ļ					
Congestive Heart Failure					ļ			
Pulmonary Oedema								<u> </u>
Cardiogenic Shock								
Post Cardiac Surgery		9.5 (5.4)	· · · · · ·					
Abdominal Aortic Aneurysm						ļ		
Central Venous Pressure Monitoring								ļ
Arterial Pressure Monitoring								
Pulmonary Artery Pressure Monitoring								
Pacemaker - permanent				<u> </u>				
- trans venous								
- trans cutaneous		<u> </u>	<u> </u>					
Intra-aortic ballon pump			ļ			<u> </u>	_	
Two or more inotrope infusions		-	-					
IV. RENAL								
Acute Renal Failure						ļ		ļ
Chronic Renal failure		<u> </u>				ļ	ļ	<u> </u>
Continuous Renal Replacement Therapy (CRRT)		<u> </u>				ļ	ļ	<u> </u>
- "prisma"						ļ	ļ	ļ
- "BSM 22"		<u> </u>				<u> </u>	ļ	
Intermittent Haemodialysis						 	-	—
Urethral Catheterization - female			ļ			<u> </u>	 	
- male		+		-		-	-	
V. GASTROINTESTINAL:					\$ 14.4			
Liver transplantation (immediate)		_				 		
Liver Cirrhosis			ļ			ļ		
Oesophageal varices						 	 	-
Sengstaken - Blakemore tube			-				 	
Acute Pacreatitis						 		ļ <u>.</u>
Hepatic Failure		-	+	-		-	-	1
VI. HAEMATOLOGICAL:						12, 2.		

2. BCLS / ACLS certificate:

- Page 3 -

	F	REQ	JENC	Υ		E	XPEF	RIENC	E
VII. METABOLIC:	1	2	3	4	1		2	3	4
Enteral Nutrition									
Parenteral Nutrition									
Acid-base Imbalance					_		48.5		
Diabetic Emergencies				ļ		_		ļ	
					3400		Sia Si Si	7.50	30.00
VIII. TRAUMA RELATED:				70.7	200				
Multiple Trauma				ļ	-	_			
Faciomaxillary Injury		-				4			
Multiple Tractures		ļ		ļ	 				
Burns	ļ	ļ	ļ		 			ļ	ļ
Pelvic Injury		<u> </u>	ļ	<u> </u>					
Poisoning		ļ		ļ			ļ		ļ
Drug Overdose				ļ			<u> </u>		-
A. D O. Bas Life Compart		 	-					<u> </u>	
1. Basic Cardiac Life Support	 	 	├─	╁╌┈				 	
2. Advance Cardiac Life Support		 	 	 					
3. Intravenous Line Insertion		╁	 	 				 	
4. Phlebotomy	-	 	\vdash	+	-				
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	·	 	 -	+	1		-	 	
11. Pulmonary capillary wedge pressure measurement			-	+	┤ ├			 	
12. Care of a patient with multiple inotropic infusions of high acuity.									
13. Management and interpretation of intracranial	·	 						 	1
pressure monitoring.									
14. Physical Assessment									
15. Knowledge of normal laboratory results.							<u> </u>	<u> </u>	<u> </u>
16. Management of continuous dialysis.									
17. Care of the spinal injured patient.							ļ		<u> </u>
18. Use of the Glasgow coma scale.] _		ļ	<u> </u>	<u> </u>
19. The role of the preceptor.			ļ	_] _		.		
20. Charge Nurse duties	_]		<u> </u>		<u> </u>
IX. EXPERIENCE:									
() High Acuity Unit () Low Acuity Unit	+	() Mi	xed A	cuities					
Years of nursing experience as a Registered Nurse: Total		ICU	:		-				

ICU - Adult Recruitment Ski - Page 4 -	ills Checklist		ente.
3. Number of utilized beds i	in your present ICU:		
4. Average number of patie	nts in the unit per day:	<u></u>	
5. Average number of venti	lated patients in the ICU	per day:	
6. Average nurse to patient	ratio:to	<u> </u>	
7. Number of Bed Capacity	:		
Total	Employer 1	Employer 2	Employer 3
	Employer 1	Employer 2	Employer 3
Total	Employer 1	Employer 2	Employer 3
Total Beds in the hospital Beds in the area assigned Thank you for completing t	he above checklist correct	tly and faithfully. Demor . Inability to demonstrat	Employer 3 Instration of skills stated will the skills stated (ticked ones)

1,
Armed Forces Hospital
King Abdulaziz Naval Base
Kingdom of Saudi Arabia
MURSING 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 access your over all 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 over view 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

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

	F	requ	ency	/			ience	
	1	2	3	4	1	2	3	
I. PULMONARY CARE		-	ļ				··	-
Extreme prematurity		 -	ļ	ļ				-
 Extreme low birth weight premature baby (600 – 800 gms) 		ļ		ļ				\vdash
Respiratory Distress Syndrome	_	<u> </u>		ļ				-
Meconium Aspiration Syndrome		-	·	<u> </u>				H
Pneumothorax		<u> </u>	ļ	<u> </u>		<u> </u>		H
Diaphragmatic Hernia		-	ļ	 	-			F
Transient Tachypnea of the Newborn		 	ļ			ļ		ŀ
Neonatal Pneumonia	_	 	-	<u> </u>			<u> </u>	
Bronchiolitis		-	1	-		 		ļ
Baby on Mechanical Ventilator			 	 		-		Ŧ
Baby on Oxygen therapy			-			-		ł
• Interpretation of blood gases		-		1	 			\downarrow
interpretation of blood gard		1-	<u> </u>	1 1 1 1	-	-		+
II. CARDIOVASCULAR			-	 	<u> </u>	 		t
 Management of Apnea/bradycardia 			-	┼		-		+
Congenital Heart disease		-				-		+
Patent Ductus Arteriosus		 		+		 	<u> </u>	+
Congestive Heart Failure	-			-	1.0	+		+
	_		+-		 	+	-	+
III. NEUROLOGICAL				+		+		+
Neonatal seizure				+	 	+	-	†
Intraventicular Hemorrhage		+-	+-		-	+-	+	+
 Hydrocephalus 		+	+	+	+		-	+
Meningocele/Meningomylocele					<u></u>		<u> </u>	_

			requ				txpe	rienc	e
IV.	RENAL AND OTHER CONDITIONS	1	2	3	4	1	2	3	4
iv.						<u></u>			
	with analyongana				ļ				
	11ypospudios		ļ				ļ		
	11ypo/11ypergryceitha		<u> </u>						
	11yper billi dbilleillia		ļ			ļ			
	Hypocalcaemia		↓						
V.	GASTROINTESTINAL	_							
<u>v.</u>									_
	Necrotizing enterocolitisAbdominal distention		ļ						
	Gastric bleeding								
	Duodenal atresia								_
	Imperforate anus								
	imperiorate anus								
VI.	HEMATOLOGY								
	• Anemia								
	Polycythemia								L
	Thrombocytoperna								
	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								
	Diode Bas JampiniB		_						
	• Capillary	1							
	Arterial (UAC) Introvener Code	1							
	Intravenous Catheter Insertion Naso/orgastric tube insertion	-							•
	trass, si spastile tabe inscritori	4		\perp	_ _		_		
	origing of intravelleds fiding	-	_	_					
	Dioda Manarasian			_				_ _	
	PRBC FFP								
							_		
	Platelet Feeding								
	. cdanig	 						_	
	Dotte			_			_]
	ridso, or ogastific tube	-	_		\perp				
	Specimen CollectionETT Secretion								
			1	- 1	1	1	1 -	1	7

T.

			Freq	uenc	y	ı	xper	ience	.
		1	2	3	4	1	2	3	4
	• Urine		-	ļ					
	• Stool					-		_	
	Gastric secretion			 	 				
			 	-		<u> </u>	-	-	
IX. ASSISTS	WITH PROCEDURES		 -	+	-	-		1	1-
•	Endotracheal intubation		-			 -		 	
•	Administration of Surfactant			 	-	 	-	 	╁┈
•	Extubation		+-	 -		-		 	-
•	Transillumination of pneumothorax			 	 			+	-
•	Insertion of chest tube			-				+	╁
•	Removal of chest tube				 		 	-	┼—
•	Insertion of UVC		 	-	ļ	ļ		-	
	• UAC			ļ.,	ļ	-	-		-
	percutaneous long line			<u> </u>	<u> </u>	-	<u> </u>		-
	lumbar puncture					_		<u> </u>	↓
	bladder tap								1
	exchange transfusion								ļ
	neonatal resuscitation					<u> </u>	ļ	1	
	Theoriatan resussitation.				T				
N NATIDIC	ATION ADMINISTRATION								
•	Oral		1						
•	Intramuscular		1			1			
<u> </u>	Intravenous		-		-	1	1 -		
	IV push		_	1			1		T-
	• Infusion		+-	+-		-	+	†-	
	Arterial line			-					
•	Rectal					+	 -		+
•	Drugs for resuscitation			+				\dashv	-
•	Narcotic/controlled drugs			+-				+	+-
•	Sedative drugs				-		 	-	+-
•	Insulin			-					- -
•	Dopamine/Dobutamine						 -		
	Prostaglandin				 				+
•	Anticonvulsive drugs								_
XI. EQUIP	MENT								
Al. EQUI	Ventilator								
	• Type								
	• Mode								_
	Infusion Pump							_ _	
	• Type								_ _
	Incubator								
•									
	Type Radiant warmer								
•									
	• Type								
•	Cardiac monitor			<u> </u>					
	• Type			-		_		_	
•	Phototherapy units					_	_	+	_
	• Type				-			+	
•	Apnea monitor							-+	+
	• Type								

			1	Frequ	ienc	y		Ехре	rienc	e
			1	2	3	4	1	2	3	
	•	Electronic thermometer								Ι
		• Type								
	•	Blood Sugar monitor								
		• Type								I
	•	Computer literate			ļ	ļ	ļ			1
XII.	DRUG CA	LCULATION	-	-			<u> </u>	+-	-	+
	•	Morphine	-							1
	•	Dopamine/Dobutamine								T
	•	Prostogladin								
	•	Other medications								
	•	Total fluid intake								1
XIII.	OTHER R	ESPONSIBILITIES		-						+
	•	Nursing Documentation								T
	•	Verbal reporting to in coming shift/endorsement								
	•	Informing physician of change in the condition of the baby								
	•	Family teaching								
	•	Neonatal Transport								T

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:
1	Average ventilated cases per month	

6. Number of Bed Capacity:

Size of current hospital you are working with

EXPERIENCE:

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

expected during the 90-days probationary period. Inability to demonstrate skills stated (ticked ones) may result in termination during probationary period.	Thank you for completing the above checklist corre	ectly and faithfully.	Demonstration of s	skills stated v	vill be
		Inability to demor	nstrate skills stated	(ticked ones) may

Name / Signature	Date

Kingdom of Saudi Arabia
AFH-KANB
Nursing Services

Name: _	
Date:	

OPERATING ROOM / RECOVERY ROOM

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).

- 1. None
- 2. Needs Practice
- 3. Well Skilled, but not practice within the last year.
- 4. Well Skilled and practiced within the past 2 years.

I. GENERAL SURGERY:
Tongue Tie Release
Circumcision
Anal Dilatation
Haemorrhoidectomy
Fistulectomy
Excision PNS
Inguinal Herniorrhaphy with Mesh
Laparotomy for Intestinal Obstruction/Anastomosis of Alimentary Tract
Laparotomy for Spleenectomy
Laparoscopic Cholecystectomy
Laparoscopic Appendicectomy
Thyroidectomy
Parotidectomy
Lymph Node Biopsy
Incision & Drainage Abscess
Excision Ganglion
Mastectomy
Stripping of Varicose Veins
Amputation - Toes
- Below and above knee
Skin Graft

;	SCRU	BBED)	CIRCULATED					
1	2	3	4	1	2	3	4		
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Op/or Paemilment Skills Checklist

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	1	2	3	4	1	2	3	4
Excision Lipoma								
						l Tosas as		
II. UROLOGY:								3.00
Circumcision					ļ	 	-	-
Bilateral Testicular Biopsy	<u></u>				 	ļ. <u>.</u>		
Repair Testicular Torsion			-		ļ	 	ļ	
Cystoscopy					ļ	 		
Urethroscopy	ļ	ļ			!	 		ļ
Ureteroscopy & Catheterization	<u></u>	-			 	 		-
Internal Urethrotomy					ļ	ļ		ļ
Meatal Advancement Granuloplasty Incorp.					<u> </u>	ļ		ļ
Meatoplasty					<u> </u>	<u> </u>		
Orchiopexy		<u></u>				<u> </u>	L	ļ
Nephrostomy								
Supra Pubic Catheterization					l	<u> </u>		
Transurethral Resection of Prostate (TURP)								
Varicocele Ligation (Varicocele Dilated Veins of the								
spermatic cord)					<u> </u>		L	
Percutaneous Needle Biopsy of the Kidney								
Ureteral Stone Extraction					<u> </u>			
Hydrocelectomy					.			
						<u> </u>		
III. OBSTETRICS AND GYNAECOLOGY:					1000			
D & C								
ERPC								
LSCS (Lower Segment CS)				:	<u> </u>			
Laparotomy for Myomectomy								
Laparotomy for Total Abdominal Hysterectomy and								
Salpingo ophorectomy	<u></u>	ļ	ļ		ļ	ļ	ļ	ļ
Colpoperineorrhaphy						ļ		
Cervical Circlage						<u> </u>		
Hysterosalpingogram								
Hysteroscopy						ļ		ļ
			427 352					
IV. GASTRO ENTEROLOGY:								
Oesophagoscopy + Biopsy	-			 		\vdash		
Duodenoscopy + Biopsy	-	 	 		-	├	 	
Colonoscopy + Biopsy	-	ļ	 			ļ		
Gastroscopy + Biopsy	ļ	ļ	 		ļ	ļ		ļ
ERCP			-		<u> </u>	 		
V. ENT								
Tonsillectomy			<u> </u>			1		
Adenoidectomy		<u> </u>			ļ			
Adenotonsillectomy		-				†		-
, admitter of moderny	L	1	<u> </u>		A			<u> </u>

OR/RR Recruitment Skills Checklist

Page 3 -	SCRUBBED		CIRCULATE)		
	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								
I. DENTAL SÜRGERY:	C-105							
Dendectomy								<u> </u>
Polyvalent Dental Treatment				ļ	ļ		<u> </u>	
ORIF Mandibular Fracture		<u> </u>			 			
/II. OPTHALMOLOGY:								
ECCE with IOL PC / AC			-		<u> </u>	-		
Vitrectomy	ļ	 	 	 	\vdash	 	-	+
Excision Pterygium		 		 -	1 —	 	 	+
Electrolysis surgery	-	 		 	 		 	+-
Squint Correction - Recession					╁	 	-	+-
Resection Lat./Medial Rectus Muscle	<u> </u>	 		 	╂		-	┼
I/C Chalazion	-	.	 	 -	-		┼─	+
Lacrimal Passages Syringing/Probing		-	-		 	-		+-
/III. ORTHOPAEDICS:								1
Close Fracture with Percutaneous K-wires								-
Skeletal Traction			_					┼
External Fixation (long/short Bones)							-	┼
Open Reduction and Internal Fixation with Plate & Screws				_	4_			-
Intramedullary nailing					1		+	+-
Internal Fixation with DHS/ACS	<u> </u>							+-
Arthrodesis Small Joints								+
Arthroscopy				-	-			+
Arthroscopic ACL Reconstruction				-		-		+
Bunionectomy		 						+
Achilles Tendon Repair		1						Д

X. FAMILIARITY WITH EQUIPMENT: Gastro Enterology: Gastroscope Colonoscope Duodenoscope	1	2	3	4
Gastroscope Colonoscope Duodenoscope				
Colonoscope Duodenoscope				l
Duodenoscope				
		ļ		
Pentax Endoscopy System				
Olympus Endoscopy System				
ERCP Accessories				
Biopsy Forceps				<u> </u>
Polyp Snares				<u> </u>
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		1		
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				

		EXP	ERIEN	1CE
Image Source	1	2	2 3	4
Light source				
Fibre Optic Cables				
CO2 Insufflator	<u> </u>			
Suction Unit	<u> </u>			
Smoke Evacuator		+-	-	-
Opthalmology:				
Opthalmic Microscope (ZEISS)		1		
Indirect Opthalmoscope				
Electrolysis Machine		+		
ALCON - Infiniti Vision System (Lens Remover -Cataract)				
Cryo Therapy Machine		+	-	-
For General Use:	985.U835			
Eshmann Operating Table				
MEDELA dominant Suction Machine		 		
Electro surgical Unit (DIATHERMY)		 		<u> </u>
Valley lab		ļ	 	<u> </u>
Conmed		 		<u> </u>
		 	↓	ļ
Recovery Room: Familiarity with Equipments:	S COURTS			
Addressograph Machine				
Patient Transfer Trolleys		 	 	
Electronic Thermometer (Genius)		ļ	<u> </u>	
Electronic Dinamap			 -	
Glucometer			ļ	
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:	1.5325.7	V2.5%-64		0.7 (25 (20)
. Receiving patient from ward into RR.			-	
Consent of operation validity.		 -		
Identification of patient.		\longrightarrow		
Completeness of records.	+			
Received patient from OR	-			
Immdiate initial post-operative assessment.			$-\!$	
paramo decomment.	ſ	- 1		1

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:
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 opera

EXPERIENCE

14. Number of Bed Capacity:

b. Care of Specimens in OR.

c. Swab /instruments / needle counts

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 access your over all competency and suitability to Emergency Room.

Please feel free to elaborate on any area you feel necessary to give a more comprehensive over view 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)

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

			F	requ	ency	/	Ε	хреі	rienc	2
			1	2	3	4	1	2	3	4
1.	NEURO	DLOGICAL								
	•	Coma								
	•	Craniotomy								
	•	Head Injury								
	•	Meningitis								Ī
	•	Medical/Neuro Disorder								
	•	Spinal cord injury								
	•	Status Epilepticus								T
	•	Brain Stem Death								Ī
	•	CVA/stroke								
										Ť
11.	RESPIR	ATORY								Ť
	•	Chronic Obstructive pulmonary disease								T
	•	Severe Acute Asthma								Ī
	•	Pneumonia								T
	•	Pulmonary embolism								Ī
	•	Adult Respiratory Distress Syndrome (ARDS)								Ī
	•	Insertion of Percutaneous Tracheostomy								
	•	Pleural chest drainage								
	•	Flail chest								
	•	Bronchial Asthma								
	•	Status asmaticus								
111.	MEDICA									L
	•	Intravenous Infusion								
	•	Subcutaneous injection								L
 	•	Oral medications								Ĺ
	•	Narcotics								
	•	Use of streptokinase								ľ

			requ	_		+		rience	e
		1	2	3	4	1	2	3	1
1) /	CARRIOVASCINAR	-	ļ	-		 	-		+
IV.	CARDIOVASCULAR .		-				-		+
	Acute myocardial Infarction	ļ		ļ			ļ	ļ	+
	Unstable Angina						<u> </u>		+
	Cardiac Arrhythmias	 	-	 	 		ļ		+
	Congestive Heart Failure	 	<u>.</u>		-				1
	Pulmonary Edema		<u> </u>	ļ					1
	Cardiogenic Shock		<u> </u>	ļ		10	ļ		+
	Post Cardiac Surgery	ļ	ļ	ļ	ļ		ļ		1
	Central Venous Pressure Monitoring			 					+
77.2	Arterial Pressure Monitoring	ļ	ļ	ļ	-				1
	Pacemaker - permanent							ļ	1
· · · · · ·	• transvenous		<u> </u>						1
,,	trans cutaneous		ļ		· .		ļ,		\downarrow
<u> </u>	Two or more inotrope infusions		<u> </u>	<u> </u>					ļ
· · · · · · · · · · · · · · · · · · ·				<u> </u>		· .			1
V.	KENAL			ļ					ļ
	Acute Renal Failure			<u> </u>					1
	Chronic Renal failure								1
	Urethral Catheterization								L
	• Female			<u> </u>					
	• Male				<u> </u>				
VI.	GASTROINTESTINAL		ļ.,						
	Liver Cirrhosis								
	Esophageal Varices		<u> </u>	ļ			<u> </u>		
	Sengstaken – Blakemore tube								
	Acute Pancreatitis								
	Hepatic Failure								
	Gastroenteritis								
	Gastric wash out								İ
	Acute abdominal pain								T
									t
VII.	HAEMATOLOGICAL								1
	Disseminated Intravascular Coagulopathy			W. L					ſ
	Hemophilia								Γ
	Sickle cell crisis								Ī
									r
VIII.	METABOLIC								
	Enteral Nutrition								ſ
	Parenteral Nutrition								ſ
	Acid Base Imbalance								
	Diabetic Emergencies	· · · · · · · · · · · · · · · · · · ·							
	Ketoacidosis								
	Hyper/hypoglycemia								
	Shock								Γ
, , , , , , , , , , , , , , , , , , , ,	Hypovolemic								Γ
	Neurogenic								
	Septic								r
				 -					4

		Freq	uenc	v		Exper	ienc	 e
IX. TRAUMA RELATED	1	2	3	4	1	2	3	4
Multiple Trauma		1	1	<u> </u>	† -	-	+ -	
Fasciomaxillary Injury		 	 	†	 		 	† • • • • • • • • • • • • • • • • • • •
Multiple fractures		1			 	 	 	-
• Burns		+	<u> </u>	 	 			
Pelvic Injury		+		 	 	 		
Cervical Trauma		+	 	-				
Spinal fracture			 -		┼		ļ	
			 		-		-	
oporte injunes		+		ļ	+	 	ļ	ļ
Stab wound					_			ļ
Basic Cardiac Life Support		 	ļ		-		ļ . <u></u>	
Advance cardiac Life Support		 		-	-		ļ	ļ
3. Intravenous Line Insertion			 		ļ	<u> </u>	ļ	
4. Phlebotomy		-	ļ				-	ļ
5. ECG Interpretation		 		 	ļ			
6. Care of pleural chest drains		 		 	 			
7. Interpretation of arterial blood gases		ļ			 		-	
Interpretation of alternal blood gases Interpretation of hemodynamic pressure & related thera		 						
9. Care of patient with multiple inotropic infusions of high a		1		-	 			
10. Management and interpretation of intracranial pressure						ļ	-	
11. Physical assessment	monitoring	ļ	-					
12. Knowledge of normal laboratory results		 						
13. Care of the spinal injured patient					 			
14. Use of Glasgow coma scale		-						
15. The role of the preceptor		ļ	-					
16. Charge Nurse duties		 -			ļ			
17. Burn dressing		 						
18. POP Application					 			
19. Assist in suturing				ļ	-			
20. Suture removal	-	 	<u> </u>		-			
21. Dressings		+		ļ				
22. Application of splint (K-wire & Thomas splint)		-						
23. Knowledge in the application of ECG leads				-				
24. Gynecology								
A. Vaginal Bleeding		 						
B. Delivery		-			-			
C. Born before arrival		-						
25. Emergent conditions								···-
A. Environmental conditions like:								
a. Heat stroke		 						
b. Frost bite		 						
c. Hypothermia								
B. Toxicologic emergencies		ļ						
a. Drug overdose	···							
b. Ingested poisons		 						
c. Food Poisoning								
d. Insect stings								
e. Scorpion/Snake bites		-						
26. Psychiatric								
a. Aggressive patients		+						
b. Restless patients		†						
27. Assist in Intubation		1 1						-

			Frequency Experier			ienc	e			
			1	2	3	4	1	2	3	4
28. Pediatric	Cases									
a.	Bronchiolitis									
b.	Foreign Body	,								
C.	Febrile convulsions								ļ	
	a. Cooling measures									
d.	Secondary Hemorrhage									
e.	Dehydration									
f.	Post tonsillectomy						iķ.			
g	Oxygen therapy									
· · · · · · · · · · · · · · · · · · ·	a. Nebulization									

# 1	. *	140	
ligh Acuity	() Low Acuity	$\frac{1}{12} \frac{1}{12} \frac$	Mixed Acuities
1. Years of nursing experier	nce as a Registered Nurse	Total:	
2. BLS/ACLS Certificate	**************************************		Auritor F
3. Number of utilized beds	in your present ER	Total:	
4. Average number of patie	ents in your ER unit per day	Total:	
5. Average number of traur per day	ma patients in your ER	Total:	
C Average pure to make a			
o. Average nurse to patient	ratio : to		
7. Number of Bed Capacity:			
		Employer 2	Employer 3
7. Number of Bed Capacity:			Employer 3
7. Number of Bed Capacity:			Employer 3

Kingdom of Saudi Arabia
AFH - KANB
Nursing Services

Name:	
Date:	

Medical and Surgical

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 my 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 two years).

Experience:

- 1 None
- 2 Needs practice
- 3 Well skilled, but no experience in the last year
- 4 Well skilled, current experience (within the last 12 months)

I. MEDICATION ADMINISTRATION Oral Intramuscular Intravenous - Piggy back - IV Push - Infusions - Central Lines Subcutabeous Intradermal Rectal - medication - enemas Vaginal Resuscitative cart Narcotic/controlled Drugs Conscious Sedation Insulin II. PERFORMS: System Assessments: Neurological Respiratory Cardiovascular Gsastro Intestinal Genitourinary Psychosocial Pain assessment Oral/Nasopharyngeal suctioning Nasogastric Tube Insertion / Irrigation / Feeding Tracheostomy care Chest Physiotherapy_

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
THE LIP LIP COLOR TO SECOND TO SECON
RENAL AND UROLOGICAL DISORDERS:
Acute / Chronic Renal Failure
Renal Calculi
Urinary Tract Infection

EXPERIENCE

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IV. PERFORM NURSING CARE OF PATIENT WITH POST OPERATIVE			
Appendicectomy			T
Cholecystectomy			T
Tonsillectomy			T
Tympanoplasty			T
Cystoscopy			T
Urethroscopy			T
Cataract Extraction			T
Laparotomy			L
V. ASSIST WITH:			
Lumbar Puncture			
Thoracentesis	ļ- 	-	╁
Abdominal Tap		 	├
Physical Exam		 	├
Joint Aspiration	-	 	⊢
		 	├
VI. FAMILIARITY WITH EQUIPMENT:			43
Dinamap			
IVAC Thermometer		 	r
Tympanic Thermometer		 	_
Terumo Infusion Pump		 	-
Terumo syringe Pump			\vdash
Crash cart		 	
Terumo Glucometer			
Computers		†	
Lifting Equipments			
Oxygen Equipments:			
Mask			33637.6
Nasal Prongs			
Humidifiers			_
VII. GENEARL RESPONSIBILITIES:			16.21
Nursing document Type			40
Nursing / Family Teachings	<u> </u>		
Inservice Presentations			
Shift Incharge			
VIII. Experience:	<u> </u>		_
Years of nursing work experince: Total			
1. Tears of hursing work experince: Total			
Average daily census in your current unit:			
3. Your average staffing ratio is:			
Day shift: 1 nurse to patients			
Night shift: 1 nurse to patients			

EXPERIENCE

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



Kingdom of Saudi Arabia AFH-KANB Nursing Services

1	ame:	
Г	ate:	

PAEDIATRICS

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).

- 1. None
- 2. Needs practice
- 3. Well skilled, but no experience in the last year.
- 4. Well skilled, current experience within the past 12 months

I. MEDICATION ADMINISTRATION
Oral
Intramuscular
Intravenous - Infusion
- Syringe Driver
- Syringe Pump
Subcutaneous
Intradermal
Nebulization
Rectal - medication
- enemas
Resuscitative cart
Narcotic/controlled Drugs
II. PERFORMATION ABILITIES:
Assessment:
Developmental - physical
- social
Neurological
Respiratory
Cardiovascular
Gastrointestinal
Genitourinary

	EXPE	RIENC	E
1	2	3	4
L			
		 	
		 	
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		 -	
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	 	ļ	
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Modical Recruitment skills Checklist

- Page 2 -

Oral/Nasopharyngeal Suctioning
Nasogastric Tube insertion/Irrigation/Feeding
Chest Physiotherapy
Blood glucose monitoring
Oxygen Administration
Catheterization
Specimen Collection:
Blood Specimens
Ear/Nose/Throat swabs
Eye swabs
Wound swabs
Aspirates
Stool
Urine
III. Care of Pateints with:
Respiratory Problems:
Bronchial Asthma
Bronchiolitis
Croup
Pneumonia
Foreign Body Inhalation
Gastrointestinal Problems:
Gastroenteritis
Hepatitis
Neurological Problems:
Meningitis
Encephalitis
Cerebral Palsy
Seizures
Hydrocephalus
Neurodegenerative
Mentally Retarded
Physically Disabled
Others:
Diabetes Mellitus
DDH
Care of Colostomy
Communicable Diseases
V OUROLO II CONTRACTOR II CONT
V. SURGICAL CASES: PRE-POST OPERATIVE CARE OF:
Tonsillectomy & Adenoidectomy

EXPERIENCE

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 access your over all 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 over view 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:

English States

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

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

		Frequ	ienc	y	E	хре	ience	•
	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								

	F	requ	ienc	У	} , E	Expe	rienc
	1	2	3	4	1	2	3
5. Immediate Post-op LSCS Care							
6. Initiates Breast Lactation							
7. Breast care							
 engagement 		-					
cracked nipples			-	1			
inverted nipples					¥.	 	
8. Health education			<u> </u>		 		
Personal hygiene				-	·	İ	
Nutrition and rest			-	-			
Breast feeding			 	 			
Infant bonding			-	-			
- Formilly along the			-				
Post natal exercise				-			
	+						
	ê î		<u> </u>				
9. Nursing care of Patients with gynecological condition • ERPC							
	1						
Threatened miscarriage							
Missed abortion	-						
Inevitable abortion							
Ectopic pregnancy							
Molar pregnancy							
Cervical Cerclage							
• DUP							
 Perineorrhapy 							
10. Jursing care of patients with:							
Gestational diabetes/DDM in pregnancy							-
Pregnancy	1						
Induced hypertension	1						
Pre-eclampsia	+						
eclampsia	1						
Chronic hypertension in pregnancy	+						
		-+					
Bad obstetric history	 						
Ante partum hemorrhage	ļ						
Placenta praevia	1						
Abruptio placenta	1						
Pre-term labor/use of Ritodrine							
Premature ruptured membranes							
 Prolonged ruptured membranes 							
Induced labor							
Twins pregnancy							
• IUFD							
Sickle cell disease crisis				1	-		
Cardiac disease in pregnancy		_					
Peri natal management of chicken pox in pregnancy	1						
Anemia in pregnancy	 	\dashv	-+			-	-+
Blood Transfusion		\dashv					
Reduced fetal movement	 		-+				

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11. Performs other nursing procedures:		Freq	uenc	/		xper	ience	е
Performs other hursing procedures. Blood extraction	1	2	3	4	1	2	3	4
IV cannulation								
Insertion of foley catheter/care of IFC								
1 C and desire								
Removal of sutures Removal of clips/staples		1				Ϋ́		
Blood sugar profile							<u> </u>	_
12. Familiarization of Instruments used in Maternity/L&D	_					<u> </u>	<u> </u>	
Torumo infusion numps						<u> </u>		_
Teumo syringe pump	-							
Glucometer								_
Dinamap vital signs machines								
								<u> </u>
• Electrical breast parmps	1/		1	100				
 Infant warmer Infant incubator 		-	40.0	S 10.				
	- 1							
CTG machine		1			T			
Newborn resuscitaire		1		1				
Blood warmer								T
Pulse oximeter	_	1		T				
13. Medication administration	_		1		1			
Oral		+-	<u> </u>					
Intramuscular	+-	- -	_	-	\	1		
• Intravenous		_		 	\dagger	-		_
IV push	-+	+-	+	-		 		
• Infusion			+-		+-	-		
Piggy back				1-	+		\top	1
Subcutaneous					+		_	+
Intradermal				-	+	-	-	1
• Rectal					+-	+-	_	+
• medication				+	+-	+	_	\top
• enemas				-	+-			+
Vaginal					+-	+-	+-	+
Narcotic controlled drugs			. 12		-			+
Conscious sedation			1.13		+-	+		+
• Insulin		- 1		1				

	F			Frequency Experi				
II. LABOR & DELIVERY (MIDWIVES)	1	2	3	4	1	2	3	4
Confirm onset of labor with history taking	·		1	1				
Assessment								
Fundal height		_		1				
• Lie			-	1				
Presenting part				1				Π
Position			1	-	78			
Vaginal examination			 	1	-			T
• Care of 1 st stage of labor			†	1	•	†		
Care of 1 Stage of labor Care of 2 nd stage of labor			+	1				1
Care of 2 stage of labor Care of 3 rd stage of labor			-	-	 			1
		\dashv		+	 			+-
Analgesia in labor			+	 	 			1
• narcotics			+	-		 		
• entonox inhalation				+	 			+-
	147		+		 	 		+
TENS				+	-	 		 -
Application of FSE				+	-	-		-
Perform AROM with amnihook				+	+		 	+
 Augmentation of labor with oxytoccin 					 	ļ		┼
Conduct normal vagina delivery						ļ	<u> </u>	
 Performing/suturing episiotomies/tears 				<u> </u>		 		+
 Assist with Ventouse/forceps delivery 			_			ļ	L	
Receiving babies following SVD/instrumental/CS			_	<u> </u>	ļ		ļ	1
Initiate resuscitation of newborns – apgar score								
Administration of injection:								
• Narcan							ļ 1	
• konakion								
Management of 1 st degree PPH in post partum								
Active 3 rd stage management								
Oxytoccic drugs >								
Management of retained placenta				1				
								1
Management of meconium stained liquor in labor CTG Monitoring			-	+-	1		<u> </u>	+
			-	+	-			T
Type 1 decelaration				+	 -	-		+
Type2 decelaration			+	-	 			+
Management of cord prolapsed					 	-	-	+
Management of malpresentation					+	-	 	+
Management of unbooked mothers			-	+	-	+		+-
Management of Hepatitis B positive mother						-	-	- -
Management of eclamptic fit patient in labor					 		┼	╁
Management of PIH patient in labor				-	-	-	 -	+
Management of HELLP syndrome				+	-	-	 	+
Management of shoulder dystocia						ļ <u>-</u>	 -	+
 Management of GDM/IDDM patient in labor 				-	-	 	 -	
Management of APH							 	+
Placenta previa							 	+
Abruptio placenta				_		 	ļ. <u></u>	+
Twins pregnancy				-				\bot
Management of IUFD				_			<u> </u>	_
Management of pre-term labor ritodrine							ļ	_ _
Premature rupture of membranes							1	
Prolonged rupture of membranes								
Induction of labor								

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		1 4:	T =	1 -	1 .	T.	T_	1
•	Sickle cell disease/ crisis	1	2	3	4	1	2	3
•	Hepatitis B positive	 	-			-		
•	Management of DIC	-	-	 		 	—	
	Cardiac disease	ļ	ļ		 	- 0	-	
•		- 	ļ		_	4	 —	
	Bad obstetric history	ļ	ļ	ļ		ļ		
	Use of Partogram	ļ	ļ	ļ	ļ	ļ	ļ	ļ
	Use of anti-hypertensive drugs	-	ļ		-	<u> </u>	<u> </u>	<u> </u>
<u> </u>	Apresoline	ļ	-	<u> </u>		ļ	<u> </u>	ļ <u>.</u>
	Magnesium sulfate	-				ļ	<u> </u>	
•	Management of abnormal lie of fetus	,			<u> </u>		ļ	
<u> </u>	• Unstable						1.,	
	• Transverse V							
	Oblique							
•	Care following ECV							
	Insertion of prostin pessary/gel							
III. NURSE								
•	Newborn Assessment/Nursing care							
•	Daily examination							
	Eye care							
	Cord care							
	Skin integrity							
···	Nappy area care							
•	Nutrition							
	Bottle feeding							
	Making formula feeds							
	Sterilizing bottles							
	Breast feeding							
•	Bonding							
	Rooming in							
•	Top & tail							
•	Baby bathing							
•	Immunization							
	BCG							
	Hepatitis B							
•	Care of Incubator/phototherapy babies			-+			\longrightarrow	
•	Blood sugar monitoring			-				
	Hypoglycemia		-					
	manta of bing com mothers							
•	2011 Dit ett Weight Mitarits					\longrightarrow		
	Care of low birth weight and big babies • < 2 kilograms							
	▼ SZKIIOPIAMS		1	- 1	1		ı	
	• > 4 kilograms							

ΕX	PERIENCE:	•		
1.	Years of work experience a	s a nurse in Maternity/L8	&D/Nursery Total:	
2.	Average daily census in you	ır unit	Total:	
3.	Average staffing in your un	it	Total:	· · · · · ·
4.	Number of Bed Capacity:			
~~~	Total	Employer 1	Employer 2	Employer 3
Вє	ds in the hospital			
Ве	ds in the area assigned			
ex	ank you for completing the pected during the 90-days pault in termination during pr	probationary period. In		
	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 access your over all 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 over view 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

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

			F	requ	ency	/	Experience				
			1	2	3	4	1	2	3		
 I.	PULMO	NARY CARE		ļ					<u> </u>	$\vdash$	
	•	Extreme prematurity								+	
	•	Extreme low birth weight premature baby (600 – 800 gms)				ļ				+	
	•	Respiratory Distress Syndrome					ļ			t	
	•	Meconium Aspiration Syndrome			-	ļ				+	
	•	Pneumothorax		-			<del> </del>	<del> </del>		+	
	6	Diaphragmatic Hernia				-		<del> </del>		+	
	6	Transient Tachypnea of the Newborn		-		-	<del> </del>			+	
	•	Neonatal Pneumonia			+	+			<del> </del> -	+	
		Bronchiolitis				<del> </del>	<del> </del>			+	
	•	Baby on Mechanical Ventilator						╁	<del> </del>	+	
	•	Baby on Oxygen therapy		_					<del> </del>	-	
	6:	Interpretation of blood gases		4	-	+	<del> </del>			+	
					<del></del>	+-	-	-	-	+	
11.	CARDI	OVASCULAR				-	-	-	+	+	
	•	Management of Apnea/bradycardia				<del> </del> -		<del> </del>		+	
	•	Congenital Heart disease					+-		<del> </del>	1	
	•	Patent Ductus Arteriosus			-	+	-		-	1	
	•	Congestive Heart Failure			+	+	+	+		-	
						+		+	+	1	
111.	NEUR	DLOGICAL			_	+	+		+	7	
	•	Neonatal seizure				+	+	+-	1-	7	
	•	Intraventicular Hemorrhage		+-			+	+-	<del> </del>	-	
	6	Hydrocephalus			+	$\dashv$	1-			-	
	•	Meningocele/Meningomylocele		L_							

				requ				хреі	
IV.	RENAL A	AND OTHER CONDITIONS	1	2	3	4	1	2	3
	•	Baby with anuria/oliguria				<del> </del> -	ļ		
	•	Hypospadias				<del> </del>	ļ		
		Hypo/hyperglycemia		<del> </del> -	<u> </u>				
	•	Hyperbilirubinemia		<del> </del>			<del> </del>	<u> </u>	
	•	Hypocalcaemia							
		Typocalcactina		<u> </u>					
/.	GASTRO	DINTESTINAL							
	•	Necrotizing enterocolitis							
	6	Abdominal distention							
	•	Gastric bleeding							
	6	Duodenal atresia							
	•	Imperforate anus							
Ί.	HEMATO	LOGY							
	•	Anemia							
		Polycythemia							
	0	Thrombocytopenia							
	Ð	Prolonged coagulation profile				+			
11	SKIN								
	•	Prevention of skin breakdown				-+			
	.6	Bathing a newborn						-	
								-	
11.	PROCEDL								
	•	Endotracheal Suctioning							
	•	Oral/Nasal Suctioning						-	
	6	Chest Physiotherapy							
	e	Electrode placement							
		ECG taking							
	e	Blood sampling							
		<ul><li>Capillary</li></ul>							
		<ul><li>Venous</li></ul>							
		<ul> <li>Arterial</li> </ul>							
	• B	lood gas sampling							
		<ul> <li>Capillary</li> </ul>							
		<ul> <li>Arterial (UAC)</li> </ul>							
		ntravenous Catheter Insertion							
		aso/orogastric tube insertion							-
		hanging of Intravenous fluids							
	• B	lood Transfusion							
	<u>-</u>	PRBC							
		FFP							
	•	Platelet							
		eeding							
		Bottle		$\perp$					
		Naso/orogastric tube							$\Box$
		pecimen Collection							
	•	ETT Secretion							
	•	Naso/oral secretion		1		1			

			Freq	uenc	У	} .	Exper	ience	5
		1	2	3	4	1	2	3	4
	• Urine								_
	• Stool								
	Gastric secretion		<b>T</b>						_
				1					
IX.	ASSISTS WITH PROCEDURES								
	Endotracheal intubation								
	Administration of Surfactant								
	• Extubation								
	Transillumination of pneumothorax								
	Insertion of chest tube								
	Removal of chest tube								
	Insertion of UVC								
	• UAC		1						
	<ul> <li>percutaneous long line</li> </ul>								
	lumbar puncture								
	bladder tap		1						
	<ul> <li>exchange transfusion</li> </ul>								
	neonatal resuscitation		1		1		ļ ———		
	·		1			ļ -			
X. r	MEDICATION ADMINISTRATION			1		ļ			
	• Oral								
	Intramuscular								
	• Intravenous								
	• IV push					1			
	• Infusion			1		1			
	Arterial line					ļ —			-
	Rectal				1				
	Drugs for resuscitation								
	Narcotic/controlled drugs		<u> </u>						
	Sedative drugs								
	• Insulin					<del>                                     </del>			
	Dopamine/Dobutamine			1	·				
	Prostaglandin								
	Anticonvulsive drugs					1	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·			ļ	L	<u> </u>			
XI. E	EQUIPMENT		1	<b> </b>			<b> </b>		
,,,, <u> </u>	Ventilator			1		1			
	• Type								_
	• Mode	-							
	Infusion Pump		1						
	• Type								
	• Incubator								
	• Type		1						
	Radiant warmer								
	• Type								
	Cardiac monitor								
	• Type					·			
	Phototherapy units					-			
	• Type		<u> </u>			1		1	
			<del> </del>	<del> </del>	<del> </del>	<del> </del>			
	<ul> <li>Apnea monitor</li> </ul>	1	1	1	1	1		!!!	

				Frequency			Experience				
			1	2	3	4	1	2	3		
	•	Electronic thermometer								T	
		• Type								1	
	•	Blood Sugar monitor								1	
		• Type								T	
	•	Computer literate								1	
XII.	DRUG C	ALCULATION		+		-		-		+	
	•	Morphine				<b> </b>		1		1	
	e	Dopamine/Dobutamine						T		1	
	•	Prostogladin								1	
	6	Other medications								1	
	•	Total fluid intake								1	
XIII.	OTHER	RESPONSIBILITIES					ļ			+	
	•	Nursing Documentation								1	
	• .	Verbal reporting to in coming shift/endorsement								1	
		Informing physician of change in the condition of the baby								T	
	e	Family teaching								7	
	6	Neonatal Transport								T	

rv	5	•	n		A I	^	r	ı
EX	М	С	π	IE	IV	L	E	

Beds in the area assigned

Red	ds in the hospital			
	Total	Employer 1	Employer 2	Employer 3
6.	Number of Bed Capacity:			
5.	Size of current hospital yo	u are working with		-
4.	Average ventilated cases p	per month		-
3.	Average staffing in your u	nit	Total:	_
2.	Average daily census in yo	ur unit	Total:	-
1.	Years of work experience	as a nurse in NICU/SCBU	Total:	- -

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 propationary period.	
Name / Signature	Date

Kingdom of Saudi Arabia
AFH-KANB
Nursing Services

Name:		
	v _{eg}	
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.

Flease 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)

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

I NEURO		REQ	UENC	Ϋ́		EXPE	RIEN	CE
I. NEUROLOGICAL	1	2	3	4	1	2	3	7
Coma								
Craniotomy								T
Head Injury								1
Meningitis								1
ICP Monitoring					<u> </u>	1	†	
Intracranial Drainage						1	<del> </del>	t
Medical/Neuro Disorder					<u> </u>	†		+-
Spinal Cord Injury					· · · · ·	<del> </del>	<del> </del>	T
Status Epilepticus						1	†	T
Brain Stem Death		<b></b>	<u> </u>			†	†	$\dagger$
Epidural Catheter						<del> </del>		
II. RESPIRATORY:		i singili			\ \ \ \		1177	
Chronic Obstructive Pulmonary Disease		- KV	C S S S S S S S S S S S S S S S S S S S	3 2 2 3	Cardinas par			1855
Severe Acute Asthma					-	+	<del>                                     </del>	1
Pneumonia					ļ	1	<del>                                     </del>	<del>                                     </del>
Pulmonary Embolism					<b> </b>	†		<del>                                     </del>
Pneumonectomy						<del> </del>	<del> </del>	<del>                                     </del>
Adult Respiratory Distress Syndrome (ARDS)					-	<del> </del>	<del> </del>	<del>                                     </del>
Long Term Ventilation				<b></b>		<del> </del>		<del> </del>
Weaning Difficulties					-	<del> </del>	<del> </del>	_
Insertion of Percutaneous Tracheostomy					-	+	<del> </del>	<del> </del>

- Page 2 -

		KEG	<del></del>	<del></del>		AFER		
	_ 1	2	3	4	1	2	3	4
Short Term Ventilation		<u> </u>	ļ			<u> </u>		<u> </u>
Pleural Chest Drainage					ļ	ļ	ļ	
Bi-pap		ļ				ļ		
Flail Chest	_							
III. CARDIOVASCULAR:								
Acute Myocardial Infarction		1000	22,22,6,03		* 26.38 X L.3		576° v 3796	(A##%) (1948)
Unstable Angina	<del>-</del> -	ļ	<u> </u>		-			
Cardiac Arrhythmias						ļ	ļ	
Congestive Heart Failure				<b>  </b>				
Pulmonary Oedema	_				<u> </u>	<del> </del>		
Cardiogenic Shock	<del>-</del> .					<del> </del>	<del></del> -	
Post Cardiac Surgery	_		:		<del> </del>	<u> </u>		
Abdominal Aortic Aneurysm	-				<del></del>			
Central Venous Pressure Monitoring	-				<del> </del>	<b></b>		
Arterial Pressure Monitoring	_				<del></del>	<del>                                     </del>		
Pulmonary Artery Pressure Monitoring	-						<del></del>	
Pacemaker - permanent	-					<del> </del>		
- trans venous								
- trans cutaneous	_		<u> </u>		<u> </u>	-		
Intra-aortic ballon pump								
Two or more inotrope infusions								
			or in wax		950W21EW4		-V8 <b>V</b> (1)\$ (2)7	1.25 W.C.S
IV. RENAL	_		24.000				524.5	
Acute Renal Failure	_							
Chronic Renal failure	_							
Continuous Renal Replacement Therapy (CRRT)								
- "prisma"	_							
- "BSM 22"	_							
Intermittent Haemodialysis								
Urethral Catheterization - female	_							
- male	-	~						
V. GASTROINTESTINAL:				يد ون				
Liver transplantation (immediate)	_						-	
Liver Cirrhosis								
Oesophageal varices								
Sengstaken - Blakemore tube								
Acute Pacreatitis								
Hepatic Failure								
VI. HAEMATOLOGICAL;				W/45A	15.048.749 25.040		NEX	
Disseminated intravascular coagulopathy		C. Sandagar	1888	participant.	3 (Se Se Se Se Se Se Se Se Se Se Se Se Se S	-60 (B) (F) (B)	ક્લ્ડિકુંફો <b>લ્લ્ફ</b>	#4.4274.0°
Sissoninated introvassorial coagulopatity			L	L	L	L		i

FREQUENCY

EXPERIENCE

	r	KEW	DEINO	¥			APER	CIEIAC	· C.
VII. METABOLIC:	1	2	3	4	]	1	2	3	A
Enteral Nutrition					]				
Parenteral Nutrition					]				
Acid-base Imbalance							الناد		
Diabetic Emergencies					1				
VIII. TRAUMA RELATED:		30.00	3834			White	31534		
Multiple Trauma	[								
Faciomaxillary Injury									
Multiple Tractures					]				
Burns			~						
Pelvic Injury					]				
Poisoning					]				
Drug Overdose									
					1				
Basic Cardiac Life Support									
Advance Cardiac Life Support									
3. Intravenous Line Insertion									
4. Phlebotomy									
5. ECG Interpretation				-	1				
6. Care of the intubated/ventilated patient									
7. Care of Pleural chest drains		<u> </u>			1				
8. Interpretation of arterial blood gases.									
9. Interpretation of haemodynamic pressure & related therapy.					1			ļ	
10. Cardiac output measurement					1				
11. Pulmonary capillary wedge pressure measurement									
12. Care of a patient with multiple inotropic infusions					1				
of high acuity.									
13. Management and interpretation of intracranial	:								
pressure monitoring.	<u> </u>	ļ			-				
14. Physical Assessment	-	ļ		<del> </del>	$\frac{1}{2}$	ļ	<u> </u>		
<ul><li>15. Knowledge of normal laboratory results.</li><li>16. Management of continuous dialysis.</li></ul>	}	<del> </del>	<b></b>		-	ļ		ļ	
17. Care of the spinal injured patient.	<del> </del>	<del>                                     </del>	<del> </del>		1	<u></u>			
18. Use of the Glasgow coma scale.			<del> </del>		1				
19. The role of the preceptor.	<del> </del>		<u> </u>			ļ <u></u> .	<del> </del>	<del> </del>	
20. Charge Nurse duties	-	<del> </del>	<del> </del>		-	<del> </del>	<b></b> -		
20. Onlarge Nurse duties	L	<u> </u>	<u> </u>	İ	J	L	<u> </u>	L	<u>.                                    </u>
IX. EXPERIENCE:									
( ) High Acuity Unit ( ) Low Acuity Unit	(	) Mix	ed Ac	uities					
Years of nursing experience as a Registered Nurse: Total		ICU:							
2. BCLS / ACLS certificate:									

ICU - Adult Recruitment Sk - Page 4 -	ills Checklist		**
3. Number of utilized beds i	in your present ICU:	<del></del>	
4. Average number of patie	nts in the unit per day: _		
5. Average number of venti	lated 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
<b>Total</b> Beds in the hospital	Employer 1	Employer 2	Employer 3
	Employer 1	Employer 2	Employer 3
Beds in the hospital	he above checklist correc	tly and faithfully. Demons	tration of skills stated will

Kingdom of Saudi Arabia
AFH-KANB
Nursing Services

Name:	 	 	
Date:			

#### OPERATING ROOM / RECOVERY ROOM

## 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).

- 1. None
- 2. Needs Practice
- 3. Well Skilled, but not practice within the last year.
- 4. Well Skilled and practiced within the past 2 years.

I. GENERAL SURGERY:
Tongue Tie Release
Circumcision
Anal Dilatation
Haemorrhoidectomy
Fistulectomy
Excision PNS
Inguinal Herniorrhaphy with Mesh
Laparotomy for Intestinal Obstruction/Anastomosis of Alimentary Tract
Laparotomy for Spleenectomy
Laparoscopic Cholecystectomy
Laparoscopic Appendicectomy
Thyroidectomy
Parotidectomy
Lymph Node Biopsy
Incision & Drainage Abscess
Excision Ganglion
Mastectomy
Stripping of Varicose Veins
Amputation - Toes
- Below and above knee
Skin Graft

;	SCRU	BBED	)	CIRCULATED				
1	2	3	4	1	2	3	4	
<b> </b>								
ļ		ļ						
	<u></u>							
1								
		<b></b>				<del> </del>		
		<del> </del>				<del>                                     </del>		
	<del> </del> -			ļ		<del> </del>		
		ļ		<b></b>	ļ			
	<u> </u>	ļ		<u> </u>		ļ		
	<u> </u>							
	<del>                                     </del>		<u> </u>		<b> </b>		1	
L	1	J	J	£	J	Щ	L	

# parin recentment 5kills Checklist

ក្រសួស <u>?</u>		SCRL	IBBEI	)	C	IRCU	LATE	D
	1	2	3	4	1	2	3	4
Excision Lipoma								
II. UROLOGY:								
Circumcision		3.001.10.00.10						
Bilateral Testicular Biopsy		1						
Repair Testicular Torsion								
Cystoscopy								
Urethroscopy								
Ureteroscopy & Catheterization								
Internal Urethrotomy								
Meatal Advancement Granuloplasty Incorp.								
Meatoplasty								
Orchiopexy								
Nephrostomy								
Supra Pubic Catheterization								
Transurethral Resection of Prostate (TURP)								
Varicocele Ligation (Varicocele Dilated Veins of the spermatic cord)								
Percutaneous Needle Biopsy of the Kidney								
Ureteral Stone Extraction								
Hydrocelectomy	·							
D & C ERPC				**************************************				2,1,1
LSCS (Lower Segment CS)								
Laparotomy for Myomectomy  Laparotomy for Total Abdominal Hysterectomy and  Salpingo ophorectomy								
Colpoperineorrhaphy		<del>                                     </del>	<u> </u>					
Cervical Circlage	-							
Hysterosalpingogram		<u> </u>						
Hysteroscopy			<u> </u>					
				V-1	Nation L	12 18 B	\$ *******	
IV. GASTRO ENTEROLOGY:								
Oesophagoscopy + Biopsy		-			-			
Duodenoscopy + Biopsy		-			<b> </b>			
Colonoscopy + Biopsy		-	<del> </del> -				ļ	
Gastroscopy + Biopsy						<del> </del>	<u> </u>	
ERCP			<u> </u>					
V. ENT								
Tonsillectomy								
Adenoidectomy								
Adenotonsillectomy					<u> </u>		<u> </u>	

# OR/RR Recruitment Skills Checklist

- Page 3 -**CIRCULATED SCRUBBED** 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. OPTHALMOLOGY: 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

	E	XPEF	RIENC	E
IX. FAMILIARITY WITH EQUIPMENT:	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)	<b></b>			
Storz Camera				
Storz Light Source				
Sony Monitor	<del></del>			
Spica Box				
Compact Air Drive (Drill)				
ENT:		( See J.	( 4) y (	
ZEISS Microscope			<del></del>	
Head Lamp and light source (Downs and Stryker)		ļ		
Camera Head and Image Processor				
Telescope 0°, 30°, 70°				
Storz Drill - UNIDRIVE II				
General Surgery:				
Laparoscopic Unit : Olympus				
Monitor				
Camera System				
Image Processor	<u> </u>		<del></del>	

		EXP	ERIEN	ICE
Image Source	1	2	3	4
Light source				
Fibre Optic Cables				
CO2 Insufflator				
Suction Unit				
Smoke Evacuator				
Smoke Evacuator				
Opthalmology:	SJ277 TV	ক জিলা ক		
Opthalmic Microscope (ZEISS)		45.3		
Indirect Opthalmoscope				
Electrolysis Machine		<del> </del>	<u> </u>	
ALCON - Infiniti Vision System (Lens Remover -Cataract)			<u> </u>	
Cryo Therapy Machine		<del> </del>		ļ
опустионару мастите		-		
For General Use:	ANSIDER OF	ļ	<u> </u>	
Eshmann Operating Table	<u>Services.</u> Saldania			5200
MEDELA dominant Suction Machine		<del> </del>	<u> </u>	
Electro surgical Unit (DIATHERMY)		<u> </u>		
Valley lab		<u> </u>	ļ	
Conmed	<del></del>	ļ	<u> </u>	
Odimed				
Recovery Room: Familiarity with Equipments:		<u> </u>		
Addressograph Machine		100		
Patient Transfer Trolleys				
Electronic Thermometer (Genius)				
Electronic Dinamap				
Glucometer				
Suction Apparatus			<u> </u>	
Criticare Monitor				
Torch				
Pressure Infusion Pump				
Oxygen Humidifier				
Manual Blood Pressure Apparatus				
Stethoscope				
Animec Blood Transfusion Warmer				
Defibrillator Medtronic Life-Pak 12	$\rightarrow$			
Recovery Poor Francis				
Receiving patient from ward into RR.				
Consent of operation validity.				
. Identification of patient.				
. Completeness of records.				
Received patient from OR				
Immdiate initial post-operative assessment.				
assessment.				

# OR/RR Recruitment Skills Checklist

- Page 6 -

	Ε	XPER	RIENC	Ε
	1	2	3	
7. Taking of post-operative vital signs				
8. Recording				
9. Oxygen Administration Techniques.				L
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:				
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				
3. Total hospital surgical bed occupancy				
9. Total number of RR beds				
10. Average staffing ratio per OR				
11. Average staffing ratio in RR/shift				
2. Average number of patient/month				
<ul><li>3. On a separate sheet of paper write short notes on: a. Valid consent to operation</li><li>b. Care of Specimens in OR.</li><li>c. Swab /instruments / needle counts</li></ul>	7			

# 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 access your over all competency and suitability to Emergency Room.

Please feel free to elaborate on any area you feel necessary to give a more comprehensive over view 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.

_						
F	re	nı:	Р	n	٠٧٠	

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

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

					Frequency					2
			1	2	3	4	1	2	3	4
1.	NEURO	DLOGICAL								
	•	Coma								
	•	Craniotomy								
·	•	Head Injury								
	•	Meningitis								
	•	Medical/Neuro Disorder								
	•	Spinal cord injury								
	•	Status Epilepticus								
	•	Brain Stem Death								
	•	CVA/stroke								
11.	RESPIR	ATORY				-				
	•	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								
111.	MEDIC									
	•	Intravenous Infusion								
	•	Subcutaneous injection								
	•	Oral medications								
	•	Narcotics								
	•	Use of streptokinase								

			requ		<del></del>	Experien				
		1	2	3	4	1	2	3	1	
13.7	CARRIOVACCINAR					ļ			+	
IV.	CARDIOVASCULAR		<u> </u>	ļ			ļ	ļ	$\downarrow$	
	Acute myocardial Infarction			ļ	ļ		ļ		+	
	Unstable Angina		ļ	ļ			<u> </u>		4	
	Cardiac Arrhythmias			↓	ļ				4	
	Congestive Heart Failure		<u> </u>				<u> </u>		1	
	Pulmonary Edema		<u> </u>	ļ		,			1	
	Cardiogenic Shock		<u> </u>		<u> </u>	p.		ļ	1	
	• Post Cardiac Surgery					ļ			1	
	Central Venous Pressure Monitoring			<u> </u>	<u> </u>	L			$\downarrow$	
	Arterial Pressure Monitoring				ļ					
•	· • Pacemaker - permanent					<u> </u>			1	
	• transvenous*				1. 1.					
	• trans cutaneous			1,5					T	
	Two or more inotrope infusions								T	
			_				-		T	
V.	RENAL								T	
	Acute Renal Failure								Ť	
	Chronic Renal failure		<u> </u>						Ť	
	Urethral Catheterization								t	
	• Female		<b></b>	<b> </b>					†	
	• Male		ļ	-	-				t	
	THOILE				<u> </u>	<del> </del>			+	
VI.	GASTROINTESTINAL								$\dagger$	
	Liver Cirrhosis								†	
	Esophageal Varices								$\dagger$	
	Sengstaken – Blakemore tube			<del> </del> -					$\dagger$	
	Acute Pancreatitis	<del></del>			<del> </del>		<u> </u>		+	
	Hepatic Failure						-		+	
	Gastroenteritis					<u> </u>	-	<del></del>	+	
				ļ					+	
					ļ.——				+	
	Acute abdominal pain				ļ	ļ			+	
1/11	HATMATOLOGICAL				ļ				+	
VII.	HAEMATOLOGICAL					<u> </u>			+	
	Disseminated Intravascular Coagulopathy			N					╁	
	Hemophilia								+	
	Sickle cell crisis					·			+	
	AFFAROUS			_					ļ	
VIII.	METABOLIC								Ŧ	
	Enteral Nutrition								-	
	Parenteral Nutrition	<del>.</del>		ļ					+	
	Acid Base Imbalance			<del> </del>					╄	
	Diabetic Emergencies								1	
	Ketoacidosis			ļ		_			ļ	
	Hyper/hypoglycemia								+	
	Shock			ļ					1	
	Hypovolemic			ļ					1-	
	Neurogenic								1	
	• Septic									
	<ul> <li>Anaphylactic</li> </ul>			1						

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IX. TRAUMA RELATED	1	2	3	4	1	2	3	4
Multiple Trauma		<u> </u>	ļ	ļ	<u> </u>	ļ		$\perp$
Fasciomaxillary Injury				<u> </u>	ļ			
Multiple fractures			<u> </u>		L	ļ		
• Burns								
<ul> <li>Pelvic Injury</li> </ul>				<u> </u>				T
Cervical Trauma								T
Spinal fracture								T
Sports injuries				1	1 -		<b>†</b>	十
Stab wound					1	<b>†</b>	<u> </u>	$^{+}$
		†	1		† -	†	1	+-
1. Basic Cardiac Life Support		1	<del> </del>	<u> </u>	1			十
2. Advance cardiac Life Support		<b>-</b>	<del> </del>	<del> </del>		<del> </del> -	<del> </del>	+
3. Intravenous Line Insertion			1		1	<del> </del>	<del> </del> -	+
4. Phlebotomy		+		<del> </del>	+	<del> </del>	<del> </del>	十
5. ECG Interpretation		_	<u> </u>	<del> </del>	<del> </del>		<del> </del>	+
6. Care of pleural chest drains		$\dagger$	<u> </u>		<del> </del>	-		十
7. Interpretation of arterial blood gases		<del> </del>	<del> </del>	<del> </del>		<del> </del>	<del> </del> -	╁
8. Interpretation of hemodynamic pressure & related therapy		+	+				<del>                                     </del>	+
Care of patient with multiple inotropic infusions of high acuity		+	+		<del> </del>	ļ	<del> </del>	+
10. Management and interpretation of intracranial pressure monitoring			+	+	┤──	<del> </del>	<del> </del>	╁
11. Physical assessment		-	+	<del> </del>	┼	<b></b>	<del> </del>	╁
12. Knowledge of normal laboratory results		+		╁	+	ļ	<del> </del>	+-
13. Care of the spinal injured patient		<del> </del>	<del> </del>			ļ		+
14. Use of Glasgow coma scale		+	+	<del> </del>				+
15. The role of the preceptor		+		<del> </del>	<del> </del>	<del> </del>		╀
16. Charge Nurse duties		+	┼		-			╀
17. Burn dressing		+	-			<del> </del>	-	╁
18. POP Application			<del> </del> -	+	-		ļ	+-
19. Assist in suturing			<del> </del>		<del> </del>		<del> </del>	╀
20. Suture removal		<del></del>		<del> </del>	<del>├</del> -	<del> </del>	<del> </del>	╀
		+				<del> </del>	<del> </del>	╀
21. Dressings			<del> </del>	<del> </del>	<del> </del>	ļ		╀
22. Application of splint (K-wire & Thomas splint)	<del></del>		<del> </del>	<del> </del>		-	-	+
23. Knowledge in the application of ECG leads	<del></del>	+		╆-	<del> </del> -		· · · ·	+
24. Gynecology		<del> </del>	ļ	┼	<del> </del>			-
A. Vaginal Bleeding		<del> </del>	<del> </del>	<del> </del>	<b> </b>			╄
B. Delivery		<del> </del>	<del> </del>	<del> </del>	ļ		-	1
C. Born before arrival		ļ	ļ	ļ	ļ		ļ	+
25. Emergent conditions		-	ļ	ļ			ļ .	Ļ
A. Environmental conditions like:			-	ļ			ļ	╁
a. Heat stroke			ļ					-
b. Frost bite		ļ	ļ				<u> </u>	$\perp$
c. Hypothermia		<del> </del>	<del> </del>	<b>-</b>	<del> </del>			Ļ
B. Toxicologic emergencies				ļ	ļ	<del> </del>	<b>├</b>	Ļ
a. Drug overdose		-	-		ļ		ļ	╀
b. Ingested poisons		ļ	ļ				<u> </u>	-
c. Food Poisoning		-	ļ	<u> </u>	ļ		ļ	Ļ
d. Insect stings		<u>  · </u>		ļ <u>.</u>	ļ	-		1
e. Scorpion/Snake bites		<del> </del>	<u> </u>	<b> </b>	ļ	<b></b>		1
26. Psychiatric		-		ļ	<u> </u>			L
a. Aggressive patients				ļ	<u> </u>	<u> </u>		_
b. Restless patients	1	i	1	1	1	1	l	

			Frequency			Experience				
			1	2	3	4	1	. 2	3	4
28. Pediatric	28. Pediatric Cases									
a.	Bronchiolitis									
b.	Foreign Body									
C.	Febrile convulsions		1							
	<ul> <li>a. Cooling measures</li> </ul>									
d.	Secondary Hemorrhage									
e.	Dehydration									
f.	Post tonsillectomy						ij			
g.	Oxygen therapy								1	
. gran	a. Nebulization					7.				

	EXPERIENCE		1.14	
igh	Acuity	( ) Low Acuity	117.	) Mixed Acuities
1.	Years of nursing experien	ce as a Registered Nurse	Total:	
2.	BLS/ACLS Certificate	to.		in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
3.	Number of utilized beds in	n your present ER	Total:	<del>-</del>
4.	Average number of patier	nts in your ER unit per day	Total:	_
5.	Average number of traum per day	a patients in your ER	Total:	_
6.	Average nurse to patient	ratio : to	-	
7.	Number of Bed Capacity:			
	Total	Employer 1	Employer 2	Employer 3
	ds in the hospital			
	ds in the hospital ds in the area assigned			

Kingdom of Saudi Ara	bia
AFH - KANB	
Nursing Services	

Name:	
Date:	

# Medical and Surgical

## 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 my 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 two years).

## Experience:

- 1 None
- 2 Needs practice
- 3 Well skilled, but no experience in the last year
- 4 Well skilled, current experience (within the last 12 months)

# I. MEDICATION ADMINISTRATION Oral Intramuscular Intravenous - Piggy back - IV Push - Infusions - Central Lines Subcutabeous Intradermal Rectal - medication - enemas Vaginal Resuscitative cart Narcotic/controlled Drugs Conscious Sedation Insulin II. PERFORMS: System Assessments: Neurological Respiratory Cardiovascular Gsastro Intestinal Genitourinary Psychosocial Pain assessment Oral/Nasopharyngeal suctioning Nasogastric Tube Insertion / Irrigation / Feeding Tracheostomy care Chest Physiotherapy

# **EXPERIENCE**

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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
DONOLYTOON
SPECIMEN COLLECTION:
Ear / Nose / Swabs
Wound Cultures
Sputum
Stool
Vaginal
Urine
Offile
III. PERFORMS NURSING CARE OF PATIENTS WITH:
Neurological Problems:
Cerebrovascular Accident
Hemiplegia
Paraplegia
Quadraplegia
Quadrapiegia
RESPIRTORY PROBLEMS:
Asthma
Hemothorax / Pneumothorax
Oxygen Dependent
Pleural Effusion
Chronic Obstruction Pulmonary Disease
CACTROWITECTIVAL PROPIEMS.
GASTROINTESTINAL PROBLEMS:
Cirrhosis / Encephalopathy
Hepatitis
Gastroenteritis
Ulcerative Colletis
ENDOCRINE CYCTEM DISCORDED.
ENDOCRINE SYSTEM DISORDER:
Diabetes Mellitus
Hyper/hypo Thyroidism
Diabetic Foot Ulceration
Diabetic Ketoacidosis
DENAL AND UDOLOGICAL DISCODDEDS.
RENAL AND UROLOGICAL DISORDERS:
Acute / Chronic Renal Failure
Renal Calculi
Urinary Tract Infection

# **EXPERIENCE** 2 4

Total

Name / Signature

Beds in the hospital
Beds in the area assigned

		1	2	1 3
IV. PERFORM NURSING CARE OF PATIENT WITH POST OPERATIVE		J. 18 (1)		
Appendicectomy				
Cholecystectomy				
Tonsillectomy				
Tympanoplasty				
Cystoscopy				
Urethroscopy				
Cataract Extraction				
Laparotomy				
V. ASSIST WITH:				58026
Lumbar Puncture				1000000
Thoracentesis		<u> </u>		
Abdominal Tap		-		<b>-</b>
Physical Exam		<b></b>	-	
Joint Aspiration				
VI. FAMILIARITY WITH EQUIPMENT:				k es e
Dinamap		- £ 803-9-1		2000
IVAC Thermometer	2			
Tympanic Thermometer				
Terumo Infusion Pump				
Terumo syringe Pump				ļ
Crash cart				
Terumo Glucometer				
Computers				
Lifting Equipments				
				·
Oxygen Equipments:				71.50
Mask	l		*	160 2 P. S.
Nasal Prongs				
Humidifiers				
VII. GENEARL RESPONSIBILITIES:				
Nursing document Type				****** <u>*</u>
Nursing / Family Teachings		-		
Inservice Presentations	}			
Shift Incharge	ŀ			
No	Ĺ	1		
VIII. Experience:				
Years of nursing work experince: Total				
Average daily census in your current unit:				
2 Vous puorogo etaff				
3. Your average staffing ratio is:				
Day shift: 1 nurse to patients				
Night shift: 1 nurse to patients				
4. Number of Bed Capacity:				

**EXPERIENCE** 

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.

Employer 2

**Employer 3** 

Date

Employer 1

Kingdom of Saudi Arabia
AFH-KANB
Nursing Services

Name:	
Date:	

## **PAEDIATRICS**

# 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).

- 1. None
- 2. Needs practice
- 3. Well skilled, but no experience in the last year.
- 4. Well skilled, current experience within the past 12 months

I. MEDICATION ADMINISTRATION
Oral
Intramuscular
Intravenous - Infusion
- Syringe Driver
- Syringe Pump
Subcutaneous
Intradermal
Nebulization
Rectal - medication
- enemas
Resuscitative cart
Narcotic/controlled Drugs
II. PERFORMATION ABILITIES:
Assessment:
Developmental - physical
- social
Neurological
Respiratory
Cardiovascular
Gastrointestinal
Genitourinary

	EXPE	RIENC	E
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# Modical Recruitment skills Checklist

- Page 2 -

Oral/Nasopharyngeal Suctioning
Nasogastric Tube insertion/Irrigation/Feeding
Chest Physiotherapy
Blood glucose monitoring
Oxygen Administration
Catheterization
Specimen Collection:
Blood Specimens
Ear/Nose/Throat swabs
Eye swabs
Wound swabs
Aspirates
Stool
Urine
III. Care of Pateints with:
Respiratory Problems:
Bronchial Asthma
Bronchiolitis
Croup
Pneumonia
Foreign Body Inhalation
Gastrointestinal Problems:
Gastroenteritis
Hepatitis
Neurological Problems:
Meningitis
Encephalitis
Cerebral Palsy
Seizures
Hydrocephalus
Neurodegenerative
Mentally Retarded
Physically Disabled Others:
Diabetes Mellitus  DDH
Care of Colostomy
Communicable Diseases
IV SURGICAL CASES: PRE POST OPERATIVE CARE OF
IV. SURGICAL CASES: PRE-POST OPERATIVE CARE OF:

# **EXPERIENCE**

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Myringotomy		_	
Opthalmological Operati	ons		
Abdominal Surgeries	0110		
Urological Surgeries		·	
Dental Surgery			
Orthopedic Operations Care of tractions - Skin	traction		
Care of tractions - Okin	's traction		
V. PROCEDURES - ASSISTA	NCE AND PREPARA	TION:	
Lumbar Puncture	<u></u>		
C.T.			
Ultrasonography			
Olivedon 19. sp.			
VI. FAMILIARITY OF EQUIP	MENTS:		
Infusion Pumps			<u> </u>
Electronic Thermometer	S		
Cardiac Monitoring Macl	nine		<del>                                     </del>
Electronic Blood Pressu	re Machine		
Apnoea Monitor			
Head Box			
Croupette			
Nebulization mask			
W OFNEDAL DECRONCIP	II ITIES:		
VII. GENERAL RESPONSIB			
Nursing Documentation Nursing/Parental Teach	inge		
Inservice Presentations	mgs		
Inservice Fresentations			
<ol> <li>Years of nursing work explanations.</li> <li>Your knowledge base is formal.</li> <li>Average daily census in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o</li></ol>	rom: a.) on-the-jo b.) post-grayour current unit:	ob training adute courses	
	Employer 1	Employer 2	Employer 3
Total  Beds in the hospital	Betti pro y w t		
Beds in the area assigned			
	's probationary period.	tly and faithfully. Demo Inability to demonstrate	onstration of skills stated will skills stated (ticked ones) m
Name / Signature			Date

EXPERIENCE 2 3

1

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 access your over all 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 over view 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

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

	ŧ	requ	ency	/	E	Expe	rience	•
	1	2	.3	4	1	2	3	Γ.
I. MATERNITY						Ī		
1. Arite Natal Assessment						1		
Ante Natal Assessment								T
Fundal Height						T		Ī
• Lie								Ī
Presentation								Γ
• Position		1						
Checks fetal heart rate								
Pinnard Stethoscope								1
• Doppler								Г
CTG Monitoring							<del>-</del>	Γ
CTG tracing Interpretation		1					ļ	Г
Glucose Tolerance Test								Г
24 hour urine collection		1						Γ
2. Identification of lochias						<del> </del>		T
• rubra								Г
• serosa								
• alba								
3. Perineal Suture								
<ul> <li>Episiotomies</li> </ul>								
• 3 rd degree tear								
4. LSCS Wound								
Phannestial								
Vertical								
Hemovac drain								

		requ	ienc	<u>y</u>	E	xpe	rience	3
	1	2	3	4	1	2	3	I
5. Immediate Post-op LSCS Care								
6. Initiates Breast Lactation				<u></u>				
7. Breast care		<u> </u>			<u> </u>	<u> </u>		
<ul> <li>engagement</li> </ul>								
cracked nipples								ſ
inverted nipples					锋			
8. Health education								
Personal hygiene								
Nutrition and rest			ļ					
Breast feeding								Ī
Infant bonding								Ī
・ Family planning 、								Ī
Post natal exercise								1
Perineal care	, , ,			T		, , , , , , , , , , , , , , , , , , ,		1
		1	1					t
	ž.  ,				-			t
Threatened miscarriage			1					t
Missed abortion								1
Inevitable abortion								1
Ectopic pregnancy			<b></b>					t
Molar pregnancy		-			<b></b>			1
Cervical Cerclage								t
• DUP	-	<b> </b>	<b></b>					t
Perineorrhapy								t
10. √ursing care of patients with:		1						t
Gestational diabetes/DDM in pregnancy		-	<b>-</b>					t
Pregnancy	+	<del> </del>	<del> </del> -					t
Induced hypertension		<del> </del>						+
Pre-eclampsia		<u> </u>						ł
eclampsia     eclampsia	_	<del> </del>	-					ł
Chronic hypertension in pregnancy								ŀ
Bad obstetric history			<del> </del>					1
Ante partum hemorrhage		<del> </del>						1
Ante partum nemorriage     Placenta praevia	+	+						1
Abruptio placenta		<del>                                     </del>	<u> </u>					1
		<del> </del>						+
Pre-term labor/use of Ritodrine  Respective suptimed manufactures.		ļ						1
Premature ruptured membranes     Prolonged ruptured membranes		<u> </u>	-				·	1
<ul> <li>Prolonged ruptured membranes</li> <li>Induced labor</li> </ul>		-						H
		<del> </del>						F
Twins pregnancy								H
• IUFD								H
Sickle cell disease crisis     Cardiag disease in programme.	-	-						H
Cardiac disease in pregnancy		<del> </del> -						-
Peri natal management of chicken pox in pregnancy		<del> </del>						L
Anemia in pregnancy								-
Blood Transfusion		ļ						F
Reduced fetal movement		ļ						L

.

11. Performs other nursing procedures:	Frequency			/	Experience				
Blood extraction	. 1	2	3	4	1	2	3	4	
IV cannulation									
Insertion of foley catheter/care of IFC								<u> </u>	
Removal of wound drain							ļ	<u> </u>	
Removal of sutures								_	
Removal of clips/staples						14		$\perp$	
Blood sugar profile							ļ	1_	
12. Familiarization of Instruments used in Maternity/L&D						ļ <u>.</u>		<u> </u>	
Torumo infusion pumps			<u> </u>				-	1	
Teumo syringe pump		ᆚ		-		ļ	ļ	_	
Glucometer						ļ	_	1	
Dinamap vital signs machines						ļ		$\perp$	
Floatrical breast humps						ļ	<del>ا</del>	1	
Infant warmer	17			-		ļ		↓_	
Infant warmer     Infant incubator	4	T	41.5					$\perp$	
CTG machine						1			
Newborn resuscitaire						ļ		_	
Blood warmer					ļ	ļ		<u> </u>	
Pulse oximeter					<u> </u>			_	
13. Medication administration					<u> </u>			4-	
Oral							-		
Intramuscular					<u> </u>			_	
Intravenous						<u> </u>		_	
IV push						<u> </u>			
• Infusion						<u> </u>		_ _	
Piggy back								$\perp$	
Subcutaneous									
Intradermal								$\perp$	
Rectal						<u> </u>	_		
medication					1_			_	
• enemas							_ _	_	
Vaginal									
Vaginal     Narcotic controlled drugs									
Conscious sedation									
								_	
• Insulin				T			-		

	Frequency		Experience					
II. LABOR & DELIVERY (MIDWIVES)	1	2	3	4	1	2	3	4
LABOR & DELIVERY (MIDWIVES)  Confirm onset of labor with history taking								
Assessment	_							
Fundal height							-	
• Lie								
Presenting part								
- <del></del>		<del>                                     </del>			14			$\vdash$
Position  Variable evenination				1				1
Vaginal examination  1.		+	-	1				1
Care of 1 st stage of labor			-	<del> </del>				+
Care of 2 nd stage of labor			╁.	-	<del> </del>			+
• Care of 3 rd stage of labor		+	+-	<del> </del>	<del> </del>	<del> </del>		+
Analgesia in labor			+	<del> </del>	<del> </del>			+
• narcotics			<del> </del>	<del> </del>	<del> </del>			-
entonox inhalation ,				+	-	+	}	+-
Epidural	<u> </u>	_	-	-	<del> </del>	<del> </del>		<del></del> -
TENS	•—		┿	-	<del> </del>	<del>                                     </del>		<del> </del>
<ul> <li>Application of FSE</li> </ul>					<del> </del> -	-		
Perform AROM with amnihook				<del> </del>	ļ —	<del> </del>	ļ	+-
Augmentation of labor with oxytoccin			-		<u> </u>	ļ	ļ —	<del> </del>
Conduct normal vagina delivery				<u> </u>	ļ		<u> </u>	
Performing/suturing episiotomies/tears					<u> </u>		ļ	
Assist with Ventouse/forceps delivery								
Receiving babies following SVD/instrumental/CS						<u> </u>		
Initiate resuscitation of newborns – apgar score								
Administration of injection:								
Narcan			1				1	
• konakion								
Management of 1 st degree PPH in post partum			<b> </b>					
Active 3 rd stage management			_		1			
						1		
		+			<del>                                     </del>	1		
Management of retained placenta			-			<del> </del>	<del> </del>	
Management of meconium stained liquor in labor	- +-			+	┪	-	1	+
CTG Monitoring		+	+-	+-	+	<del> </del>	-	+-
Type 1 decelaration					+	+	+	+
Type2 decelaration			-	-				
<ul> <li>Management of cord prolapsed</li> </ul>				-	<del></del>	-		-}
<ul> <li>Management of malpresentation</li> </ul>					<del> </del>			+-
Management of unbooked mothers							-	-
<ul> <li>Management of Hepatitis B positive mother</li> </ul>						-	<del> </del> -	- -
<ul> <li>Management of eclamptic fit patient in labor</li> </ul>			+		<del> </del>	-	<del> </del>	
<ul> <li>Management of PIH patient in labor</li> </ul>					-			-
<ul> <li>Management of HELLP syndrome</li> </ul>			_		-		<del> </del>	-
<ul> <li>Management of shoulder dystocia</li> </ul>							<b>-</b>	
<ul> <li>Management of GDM/IDDM patient in labor</li> </ul>				4_		<del> </del>	<del> </del> -	
Management of APH					<u> </u>			_
Placenta previa							<u> </u>	
Abruptio placenta		_						_ _
Twins pregnancy								
Management of IUFD								
Management of pre-term labor ritodrine								
					<u> </u>	_		
where the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of					+		1	$\top$
Prolonged rupture of membranes					+	1		
Induction of labor				!		1	!	L

						•			
		1	2	3	4	1	2	3	4
•	Sickle cell disease/ crisis					1			1
	Hepatitis B positive								
	Management of DIC								
•	Cardiac disease					瞳			
•	Bad obstetric history								
.0	- OSC OF FORTOGRAM								
	Use of anti-hypertensive drugs								
1.	• Apresoline			-					
	Magnesium sulfate								
9	Management of abnormal lie of fetus								
	• Unstable								
	• Transverse V.						7		
	Oblique	7							
•	Care following ECV							,	
	Insertion of prostin pessary/gel								-
III. NURSE									
•	Newborn Assessment/Nursing care								
•	Daily examination								
	Eye care								
	Cord care								
<del></del>	Skin integrity								
	Nappy area care								
•	Nutrition								
	Bottle feeding								
	Making formula feeds								
· · · · · · · · · · · · · · · · · · ·	Sterilizing bottles								
	Breast feeding								
•	Bonding								
	<ul> <li>Rooming in</li> </ul>								
6	Top & tail								
0	Baby bathing								
6	Immunization								
	• BCG								
	Hepatitis B								
•	Care of Incubator/phototherapy babies								
•	Blood sugar monitoring								
	Hypoglycemia								
<del></del>	Infants of DM/GDM mothers								
··	Low birth weight infants				_				
•	Care of low birth weight and big babies								
	• < 2 kilograms								
	• > 4 kilograms						1		
•	Jaundice								

EXP	ERIENCE:			
1.	Years of work experience	•		
2.	Average daily census in y	our unit	Total:	
3.	Average staffing in your (	unit	Total:	·
4.	Number of Bed Capacity:			
	Total	Employer 1	Employer 2	Employer 3
Bed	is in the hospital			
Bec	is in the area assigned			
exp		s probationary period. In		stration of skills stated will be kills stated (ticked ones) may
	Name / Signature			Date