

MINISTRY OF DEFENSE , AVIATION AND GENERAL INSPECTION GENERAL MEDICAL SERVICES DEPARTMENTS NAJRAN ARMED FORCES HOSPITALS PROGRAMME

REGISTERED NURSE SKILLS CHECKLIST INTENSIVE CARE UNIT

PLEASE MARK LEVEL OF EXPERIENCE:

- 1 = NO EXPERIENCE
- 2 = KNOWLEDGE
- 3 = PERFORM INFREQUENTLY {WOULD REQUIRE SOME SUPERVISION}
- 4 = ABLE TO PERFORM WITHOUT ANY SUPERVISION

| NURSING SKILLS CHECKLIST | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Perform total systems assessment of critically ill patients | | | | |
| Working knowledge of invasive hemodynamic monitoring, e.g. set up / management of CVP, arterial line, etc. | | | | |
| Knowledge and understanding of arrhythmias (identification and treatment) | | | | |
| Airway establishing by assisting with intubation to oral air way insertion and ambu bag | | | | |
| Working knowledge of monitors and defibrillators including: | | | | |
| Performing DC shock | | | | |
| Preparation for cardioversion | | | | |
| Knowledge of pacemakers, temporary and permanent | | | | |
| Management of multiple trauma patient | | | | |
| Knowledge of neurological patient care including: | | | | |
| Intra cranial pressure monitoring | | | | |
| Use and interpretation of Glasgow Coma Scale | | | | |
| Recognition of increased intra cranial pressure | | | | |
| Post road traffic accident head injury | | | | |
| Patient with seizures | | | | |
| Patient on stryker frame bed | | | | |
| Cared of adult intubated / tracheostomy, ventilated patients | | | | |
| List of ventilators used: | | | | |
| Interpret arterial blood gas values | | | | |
| Knowledge and understanding of advanced medications used in ICU: | | | | |
| Dopamine | | | | |
| Lidocaine | | | | |
| Epinephrine | | | | |

| NURSING SKILLS CHECKLIST | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Streptokinase | | | | |
| • TPA | | | | |
| Dobutaimine | | | | |
| Noradrenaline | | | | |
| Nitrates | | | | |
| Working knowledge of other specialized equipment common to ICU, e.g. | | | | |
| Pulse oximer, oxygen analyzer | | | | |
| Hypo / hyperthermia blanket | | | | |
| Alternating pressure devices | | | | |
| Infusion control devices, e.g. IMED, IVAC, Abbot syringe pump | | | | |
| Blood warming devices | | | | |
| Cervical tongs / traction | | | | |
| Working knowledge of nursing process | | | | |
| Knowledge of paediatic intensive care concepts | | | | |
| Care of paediatric patient on a ventilator / sedated paralyzed | | | | |
| Care of paediiatric patient post extubation | | | | |
| Establish IV | | | | |
| Perform venepucnture for routine blood sampling | | | | |
| Taking arterial blood sample | | | | |
| Intravenous calculations | | | | |
| Record 12 lead ECG | | | | |
| Function as member of hospital cardiac Arrest Team | | | | |
| Manage GI bleed with Sengstaken – Blakemore tube | | | | |
| Care for renal transplant patient pre / post operative | | | | |
| Assist with dialysis procedures, e.g. | | | | |
| Prisma | | | | |
| Plasmapheresis | | | | |
| Peritoneal dialysis | | | | |
| Function as Charge Nurse / Shift Leader | | | | |
| Knowledge of cross – cultural nursing and experience working with a multi-national staff group | | | | |
| Blood Glucose monitoring | | | | |
| Continuous insulin infusion | | | | |
| Assisted with and set up: | | | | |
| A line insertion | | | | |
| CVP insertion | | | | |

| NURSING SKILLS CHECKLIST | 1 | 2 | 3 | 4 |
|---|-----|----|-----------|---|
| Chest drain insertion / removal | | | | |
| Care of patient: | | | | |
| Post ERCP | | | | |
| GI Bleed | | | | |
| Bowel surgery | | | | |
| Renal surgery | | | | |
| Paediatric patient with electrolyte imbalances on peritoneal dialysis | | | | |
| Identification / intervention of respiratory complications: | | | | |
| Aspiration | | | | |
| Laryngospasm | | | | |
| Tension pneumothorax | | | | |
| Experience in Paediatric age group: | | | | |
| New born – 30 days | | | | |
| Infant – 1 year – 3 years | | | | |
| Child – 3 years – 5 years | | | | |
| 5 years – 12 years | | | | |
| Computer skills | | | | |
| CERTIFICATION | YES | NO | EXP DA | |
| BLS | | | | |
| ACLS | | | | |
| NRP | | | | |
| PALS | | | | |
| IV THERAPY | | | | |
| The information I have given is true and accurate. | | | | |
| NAME (PLEASE PRINT) SIGNATURE | | | DATE | |