



**KING SALMAN ARMED FORCES HOSPITAL - NORTHWESTERN REGION  
NURSING DEPARTMENT**

**REGISTERED NURSE SKILLS CHECKLIST  
RECOVERY ROOM**

**PLEASE MARK LEVEL OF EXPERIENCE:**

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

<b>NURSING SKILLS CHECKLIST</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Airway management				
• Recognition of obstruction				
• Recognize and treat stridor				
• Recognize and treat laryngospasm				
• Insertion and removal of airway				
• Assist with intubation/extubation				
• Administration of nebulizer				
Observation of vital signs				
• Use of monitor (Marquette)				
• Use of glucometer				
Recording and interpretation of:				
• ECG				
Assessment of level of consciousness				
Anaesthesia				
• Assist with: Induction				
Reversal				
• Care after General				
Regional				
Local				
• Operation of anaesthetic machine – Nikon				
Ohmeda				
• Supply names of other				

<b>NURSING SKILLS CHECKLIST</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Post-operative pain control				
• Positioning				
• Analgesic administration				
Intravenous Therapy				
• Titration of narcotics				
• Administration of antibiotics				
• Administration of aminophylline				
• Administration of hydrocortisone				
• Use of Abbott microdrip				
• Use of Lifecare 5000				
• Use of other intravenous pump (specify)				
• Use of blood warmers (specify types)				
Assistance with electro cephalic therapy				
<b>CERTIFICATION</b>	<b>YES</b>	<b>NO</b>	<b>EXPIRY DATE</b>	
BLS				
ACLS				
NRP				
PALS				
ATLS				
IV THERAPY				

*The information I have given is true and accurate.*

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE