



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

TPN CLINICAL NURSE SKILLS CHECKLIST

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 patient				
Knowledge and understanding of fluid balance and electrolyte stability.				
Knowledge and understanding of increased nutritional demands of critically ill/stressed patient				
Working knowledge of blood and sample collection for Laboratory				
Interpretation of blood results; electrolytes, CBC, M, C & S, INR, PTT, LFT's, CRP				
Knowledge and understanding of central and femoral venous catheter placement and use				
Performs aseptic dressing technique to CVC's and FVC's				
Knowledge and understanding of tunnelled catheter				
Knowledge and understanding of TPN Therapy in Adults				
Knowledge and understanding of TPN Therapy in Paediatrics				
Knowledge and understanding of TPN Therapy in Neonates				
Function as a member of TPN Team in coordinating role				
Function as a Head/Charge Nurse				
Liaise with members of the multidisciplinary team and knowledge of cross-cultural nursing.				
Understanding and knowledge of computer system use				
Understanding and knowledge of statistical collection and interpretation				
Interpret critical care information and observations of patient				
Understanding and knowledge of Infection Control Principles				
Knowledge and understanding of IV Administration equipment				
Knowledge and understanding of Nutritional assessment and needs				
Working knowledge of Nursing process				
Knowledge and understanding of Gastric/Bowel Surgery				
Knowledge and understanding of sepsis and septic crisis				

Knowledge and understanding of necrotising enterocolitis				
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NURSING SKILLS CHECKLIST	1	2	3	4
Experience of teaching to a multicultural, multidisciplinary group				
Working knowledge of Risk management				
Knowledge and understanding of advanced medications such as Inatropes Therapy.				
CERTIFICATION	YES	NO	EXPIRY DATE	
BLS				
ACLS				
NRP				
PALS				
IV THERAPY				

The information I have given is true and accurate.

NAME (PLEASE PRINT)

SIGNATURE

DATE