



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

**REGISTERED NURSE SKILLS CHECKLIST
HOME CARE SERVICES**

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
<i>RESPIRATORY DISEASE</i>				
Suctioning (oral, nasal)				
Tracheostomy care				
Initiate and maintain oxygen therapy using face mask, nasal cannula				
Nebulization with bronchodilators				
<i>CARDIAC DISEASE</i>				
ECG recording				
Knowledge and use of cardiac drugs e.g. diuretics, ACE inhibitors				
Care of patients post CAB, CABG				
<i>NEUROLOGICAL DISEASES</i>				
Mentally and physically handicapped				
Cerebral palsy				
Dementia				
CVA				
<i>LONG TERM PATIENT</i>				
Post trauma due to RTA (Road Traffic Accident) head and spinal injuries				
Passive and active exercises				
<i>RENAL DISEASE</i>				
Positioning and pressure area prevention / care				

Moving and handling techniques				
Insertion of indwelling catheter				
Care of patient with CAPD				
Care of the incontinent patient				

NURSING SKILLS CHECKLIST	1	2	3	4
<i>COMMUNICABLE DISEASE</i>				
Apply standard precautions				
Knowledge of disinfection				
Waste and sharps disposal				
Knowledge of tropical disease				
<i>KNOWLEDGE AND CARE OF EQUIPMENT</i>				
Glucometer				
Volume control devices				
Pulse oximeter				
Electronic thermometers				
Suction apparatus				
<i>KNOWLEDGE OF NURSING PROCESS</i>				
Perform physical and in depth holistic assessment				
Perform systematic interview, gathering and collation of information				
Ability to provide patient and relative teaching				
Ability to evaluate care and make necessary recommendations for continuous improvement				
Identification and management of personal and patients safety risk				
Working in teams				
<i>ADDITIONAL KNOWLEDGE</i>				
Good command of written and verbal English				
Basic computer skills				
Function as a team Leader				
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