



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

**REGISTERED NURSE SKILLS CHECKLIST
SURGICAL SPECIALTY CLINIC**

PLEASE MARK LEVEL OF EXPERIENCE:

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

NURSING SKILLS CHECKLIST	1	2	3	4
Admission Procedures:				
• Elective Admission				
• Day Case Admission				
• Same Day Admission				
• Stat Admission				
Application of anti-embolism hose (TEDS)				
Charting:				
• Flow sheets				
• Wound care				
• Minor surgery				
Computer				
• Entering patients data				
• Ordering supplies				
Discharge documentatation				
Fleet enemas				
Foley catheter insertion > male and female				
Infection Precautions:				
• Universal				
• Blood				
• Protective				
• Respiratory				
• Wound and Skin				

NURSING SKILLS CHECKLIST	1	2	3	4
Specimen Collection:				
• Swab for culture and sensitivity				
• Glucometer (Autolet)				
• Urine collection				
Ostomy Care:				
• Patient education				
• Application instructions				
Transfer of patient to another Unit:				
• With assistance device (walker)				
• By stretcher				
• By wheelchair				
Taking and recording of vital signs				
Preparation of minor set for operations:				
• Aseptic technique				
• Documentation before and after operation				
• Follow up appointment				
• Patient education				
Surgery Clinic procedures:				
• Rubber banding				
• Assisting in minor surgery				
• Assisting in depo-medrol injection				
• Assisting in aspiration of synovial fluid for orthopaedic patients				
• Assisting in fine needle aspiration for cytology				
• Preparation for keloid scar injection				
• Trochanteric measurement for liposuction				
Wound Care and Management:				
• Burns patient				
• Traumatic wounds				
• Diabetic ulcers				
• Pressure sores				
• All surgical wounds (Post-op patients)				
• Plaster cast window wounds				

NURSING SKILLS CHECKLIST	1	2	3	4
Preparations and Assisting for Lithotripsy:				
• IV insertion				
• Pre-medication				
• Observations of vital signs during the procedures				
• Documentations of pre and post procedures				
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