

- Cardiogenic/Hypovolemic Shock
- Aneurysms
- Hypertension

EXPERIENCE				
1	2	3	4	5

FREQUENCY				
1	2	3	4	5

6. Gastrointestinal Problems:

- Pancreatitis
- Gastrointestinal Bleeding
- Esophageal Bleeding
- Bowel Obstruction
- Liver Transplant
- Cirrhosis
- Hepatitis
- Abdominal Pain: Appendicitis
- Cholecystitis

7. Renal Problems

- Dialysis/CAPD
- Chronic Renal Failure
- Renal Colic

8. Infectious Diseases:

- Brucellosis
- Shigellosis
- Schistosomiasis
- Tuberculosis
- Bacterial
- Viral
- Pediculosis
- Scabies

IV. GENERAL

- Post Op Recovery: Adult
- Airway Management: Adult
- Pain scale assessment
- PCA

V. ASSIST WITH PROCEDURES:

- Suturing
- Chest Tubes
- Subclavian Lines
- Collecting CSF Samples
- Removal of Nasal Pack
- Halo Traction Application
- Lumbar Puncture

VI. FAMILIARITY WITH EQUIPMENT

- Defibrillator/Cardioversion
- Cardiac Monitor
- Pulse Oximetry
- 12 Lead ECG
- Infusion Pumps
- Electronic Thermometers
- Non Invasive Blood Pressure Monitoring
- Oxygen Equipment:
 - Nebulisation Systems
 - Masks
 - Nasal
 - Ventilation masks
 - Humidifiers
- Blood Glucose Measure Device
- Doppler
- Immobilization
- Casting
- Ophthalmoscope/Otoscope

VII. GENERAL RESPONSIBILITIES

- Charge Nurse
- Discharge Planning
- Patient/Family Education
- Inservices
- Preceptorship

1	2	3	4	5

1	2	3	4	5

VIII.

1. What is your daily census? _____
2. How many beds are there in your ward? _____
3. What is the Nurse:Patient ratio? Day Shift: _____ Night Shift: _____
4. What size hospital do you currently work in? _____
5. Identify the steps in the nursing process. _____

6. What format of charting does your Nursing Division currently utilize, i.e. SOAP, JCAHO standards?

7. Do you have experience with Continuous Quality Improve (CQI) programs?

() YES () NO

8. Are you certified in:

Basic Life Support (BLS)? () YES () NO EXPIRY DATE _____

Advanced Cardiac Life Support (ACLS)? () YES () NO EXPIRY DATE _____

9. Have you ever sat on a unit-based committee? Please describe.

10. Please list any other relevant information.

QUESTIONNAIRE:

1. What do you feel are areas that you excel in?
2. What do you feel are areas that you have limited experience in?
3. What are some of your professional and/or personal reasons for seeking work in Saudi Arabia?
4. How do you feel you cope with pressure and/or stressful situations?
 * () Freestanding () Hospital Based
 * Number of stations _____
 * Average number of patients dialyzed in 24 hours _____
 * Number of shifts per day _____
 * Average nurse to patient ratio: _____

GENERAL NURSING KNOWLEDGE

- Knowledge of evidence-based practice
- Knowledge of reflective practice
- Knowledge of nursing critical thinking

YES	NO

COMPUTER SKILLS

- Microsoft Word
- Internet (email and www searches)
- Email - name the application e.g. Outlook, Express
- Electronic Medical Records - name the system, e.g. Per Se, Oracle, Cerner, etc.

YES	NO