



# ZENTAR HEALTHCARE

Patient Care is Paramount

## ITU Interview Questionnaire

<b>Candidate Name</b>	
<b>Area of speciality</b>	
<b>NMC PIN</b>	
<b>BAND/GRADE</b>	
<b>Date</b>	
<b>Interview completed</b>	<input type="checkbox"/> London Headoffice <input type="checkbox"/> Video Interviewing

### THIS ASSESSMENT CONSIST OF 4 PARTS:

1. ITU QUESTIONNAIRE	3. SKILL CHECKLIST
2. ENGLISH TEST	4. FACE-TO-FACE ASSESMENT WITH OUR CLINICAL MANAGER

## ITU QUESTIONNAIRE – PART 1

### CHOOSE THE CORRECT ANSWER:

1. Adrenaline 500mcg IM injection should be given in an acute anaphylaxis episode. (5 Marks)	<input type="checkbox"/> True <input type="checkbox"/> False
2. The nurse should elevate the patient's head in the event of hypovolemic shock. (5 Marks)	<input type="checkbox"/> True <input type="checkbox"/> False
3. Amiodarone is normally used for which heart condition? (5 Marks)	
<input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Angina <input type="checkbox"/> Atrial fibrillation <input type="checkbox"/> Bradycardia	

### GIVE THE BEST ANSWER TO THE SITUATIONAL QUESTIONAS BELOW:

4. During the medication round you see that several of the drugs on the drug chart from previous shift have not been signed for. What would you do? (15 Marks)
Answer:
5. Post exploratory laparotomy patients are often times nil by mouth for a few days. For what reason is Omeprazole would be prescribed for this type of patients? (15 Marks)
Answer:



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6. Following admission to the ward a patient developed persistent Pyrexia and cough. List at least 2 lab examination that would be appropriate. (15 Marks)

Answer:

**CALCULATE THE FOLLOWING AND CHOOSE THE APPROPRIATE ANSWER BELOW:**

7. Calculate the rate of 1 litre of 5% Dextrose to infuse for 12 hours? (10 Marks)

- A.  100ml/hr      B.  125ml/hr      C.  83ml/hr      D.  166ml/hr

8. Mr. Smith who weighs 75 kg was admitted to ITU and started on Noradrenaline infusion of 4mg in 50ml concentration running at 3ml/hr. What is the dose in mcg/kg/min? (10 Marks)

- A.  0.095 mcg/kg/min      B.  0.053 mcg/kg/min      C.  0.50 mcg/kg/min      D.  1.5 mcg/kg/min

9. Heparin infusion 5000iu/20ml was started on Mrs. Jones upon commencement of haemofiltration. Based on the coagulation report you need to run the heparin at 750iu/hr. How many ml would you set the syringe pump? (10 Marks)

- A.  1ml      B.  5 ml      C.  3 ml      D.  3.5 ml

10. You received a patient on an infusion of Adrenaline 8mg in 50ml concentrations running at 5ml/hr. Calculate the dose in mcg/kg/min if the patient's estimated weight is 60 kg. (10 Marks)

- A.  0.422 mcg/kg/min      B.  0.522 mcg/kg/min      C.  0.122 mcg/kg/min      D.  0.222 mcg/kg/min

**ENGLISH TEST - PART 2**

1. Please tick the most appropriate word to be used to complete the sentence.

The nurse \_\_\_\_\_ the medication on to the patient. {give / gave / given}

2. Please tick the most appropriate word to be used to complete the sentence.

The patient \_\_\_\_\_ be administered intravenous antibiotics . {Would / is / Will}

3. Please tick the most appropriate word to be used to complete the sentence.

\_\_\_\_\_ are 25 beds on ward 5 {There / Their / They're}

4. The word below is spelt phonetically please write the correct spelling of the word in the box provided.

Medicayshion :

5. The word below is spelt phonetically please write the correct spelling of the word in the box provided.

Prespkriptshion:

6. Please rewrite the sentence below adding in missing punctuation and capital letters.

dr wright requested the nurse to conduct a blood test for patient mrs smith in ward 11 and wanted to be updated once the results were received:

7. What are the usual patient observations recorded on a NEWS sheet?

8. Please could you kindly explain what ABC in the acronym ABCDE stands for?

## SKILL CHECKLIST – PART 3

Please complete this form by ticking the correct boxes and making any comments that you feel that may be necessary in the last box.

<b>SKILL</b>
<b>Clinical Area:</b> <input type="checkbox"/> ITU – Level 3 <input type="checkbox"/> HDU – level 2 <input type="checkbox"/> Mixed – levels 2 & 3
<b>Specialist Critical Care:</b> <input type="checkbox"/> Neuro <input type="checkbox"/> Cardiac <input type="checkbox"/> C/Thoracic <input type="checkbox"/> Burns

PATIENT OBSERVATIONS AND RECORDINGS	No Experience	Competent	DOCUMENTATION	No Experience	Competent
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	Care Pathways – Paper	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Care Pathways – Electronic	<input type="checkbox"/>	<input type="checkbox"/>
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	Prioritize Patient Care	<input type="checkbox"/>	<input type="checkbox"/>
Glasgow Coma Scales	<input type="checkbox"/>	<input type="checkbox"/>	Meet Deadlines	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	Assess and Implement Care	<input type="checkbox"/>	<input type="checkbox"/>
Psychological	<input type="checkbox"/>	<input type="checkbox"/>	Incident Reporting	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Area Care	<input type="checkbox"/>	<input type="checkbox"/>			
Dietary Requirements	<input type="checkbox"/>	<input type="checkbox"/>			
Fluid Balance Charts	<input type="checkbox"/>	<input type="checkbox"/>			
RESPIRATORY	No Experience	Competent	RESPIRATORY	No Experience	Competent
Manage high flow humidified O <sub>2</sub>	<input type="checkbox"/>	<input type="checkbox"/>	Clean Tracheostomy inner tube	<input type="checkbox"/>	<input type="checkbox"/>
CPAP – set up + monitor	<input type="checkbox"/>	<input type="checkbox"/>	Suction ET	<input type="checkbox"/>	<input type="checkbox"/>
BiPAP – set up + monitor	<input type="checkbox"/>	<input type="checkbox"/>	Suction Tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>
Water Circuit	<input type="checkbox"/>	<input type="checkbox"/>	Suction Nasopharyngeal	<input type="checkbox"/>	<input type="checkbox"/>
ETCO <sub>2</sub> – set up + monitor	<input type="checkbox"/>	<input type="checkbox"/>	Arterial Blood Gases	<input type="checkbox"/>	<input type="checkbox"/>
Intubation – assist	<input type="checkbox"/>	<input type="checkbox"/>	Assist – Chest Drain Insertion	<input type="checkbox"/>	<input type="checkbox"/>
Make Ventilation changes	<input type="checkbox"/>	<input type="checkbox"/>	Remove Chest Drain	<input type="checkbox"/>	<input type="checkbox"/>
Modes of Ventilation:	<input type="checkbox"/>	<input type="checkbox"/>	Perform Auscultation	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Bilevel</li> <li>• CPAP ASB</li> <li>• BiPAP</li> <li>• Sport Pressure Support</li> <li>• SIMV</li> <li>• APRV</li> </ul>			Assist with formation of Tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>
			Interpret Chest X-Ray	<input type="checkbox"/>	<input type="checkbox"/>
			Perform bedside equipment checks	<input type="checkbox"/>	<input type="checkbox"/>
CARDIOVASCULAR	No Experience	Competent	CARDIOVASCULAR	No Experience	Competent
Cardiovascular Assessment	<input type="checkbox"/>	<input type="checkbox"/>	12 lead ECG	<input type="checkbox"/>	<input type="checkbox"/>
Set up + assist with arterial line insertion	<input type="checkbox"/>	<input type="checkbox"/>	Interpret 12 lead ECG	<input type="checkbox"/>	<input type="checkbox"/>
Haemodynamic monitoring:	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular drugs/infusions:	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• PICCO</li> <li>• LIDCO</li> <li>• Oesophageal Doppler</li> </ul>			<ul style="list-style-type: none"> <li>• Inotropes</li> <li>• Vasopressors</li> <li>• Antiarrhythmics</li> </ul>		
Set up + assist with CVP line insertion	<input type="checkbox"/>	<input type="checkbox"/>	Recognise + treat anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>
Interpret CVP results	<input type="checkbox"/>	<input type="checkbox"/>	Venepuncture	<input type="checkbox"/>	<input type="checkbox"/>
Invasive line dressings	<input type="checkbox"/>	<input type="checkbox"/>	Cannulation	<input type="checkbox"/>	<input type="checkbox"/>
Removal of CVP	<input type="checkbox"/>	<input type="checkbox"/>	Perform Blood Cultures	<input type="checkbox"/>	<input type="checkbox"/>
Monitor a pt with continuous ECG monitoring	<input type="checkbox"/>	<input type="checkbox"/>	IV drug administration:	<input type="checkbox"/>	<input type="checkbox"/>
			<ul style="list-style-type: none"> <li>• CVP</li> <li>• PICC</li> <li>• Peripheral</li> </ul>		



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Recognise life threatening arrhythmias	<input type="checkbox"/>	<input type="checkbox"/>	Able to administer: <ul style="list-style-type: none"> <li>• Crystalloids</li> <li>• Colloids</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Administer Blood products: <ul style="list-style-type: none"> <li>• Blood</li> <li>• FFP</li> <li>• Cryro</li> <li>• Albumin</li> <li>• Platelets</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	Manage + set up syringe pump	<input type="checkbox"/>	<input type="checkbox"/>
			Manage + set up infusion pump	<input type="checkbox"/>	<input type="checkbox"/>
			Specify the manufacturer/models you are familiar with	<input type="checkbox"/>	<input type="checkbox"/>
			Administer NG/NJ medications	<input type="checkbox"/>	<input type="checkbox"/>
Assess gut function + record findings	<input type="checkbox"/>	<input type="checkbox"/>	Administer TPN via Central line /PICC line	<input type="checkbox"/>	<input type="checkbox"/>
Insert NG tube – free draining	<input type="checkbox"/>	<input type="checkbox"/>	Monitor Blood Sugars	<input type="checkbox"/>	<input type="checkbox"/>
Insert feeding NG tube	<input type="checkbox"/>	<input type="checkbox"/>	Managing sliding scale insulin	<input type="checkbox"/>	<input type="checkbox"/>
Enteral feed	<input type="checkbox"/>	<input type="checkbox"/>	Stoma Care	<input type="checkbox"/>	<input type="checkbox"/>
Feed pumps	<input type="checkbox"/>	<input type="checkbox"/>	Administer: <ul style="list-style-type: none"> <li>• Enemas</li> <li>• Suppositories</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Administer injections <ul style="list-style-type: none"> <li>• SC</li> <li>• IM</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	Perform Intra Abdominal Pressure monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Bowel Management	<input type="checkbox"/>	<input type="checkbox"/>	PR Examination	<input type="checkbox"/>	<input type="checkbox"/>
<b>RENAL</b>	<b>No Experience</b>	<b>Competent</b>	<b>NEUROSENSORY</b>	<b>No Experience</b>	<b>Competent</b>
Assess Renal function	<input type="checkbox"/>	<input type="checkbox"/>	Perform Neurological assessments	<input type="checkbox"/>	<input type="checkbox"/>
Record findings	<input type="checkbox"/>	<input type="checkbox"/>	Record Neurological observations	<input type="checkbox"/>	<input type="checkbox"/>
Monitor + record Fluid Balance	<input type="checkbox"/>	<input type="checkbox"/>	Assess GCS/AVPU	<input type="checkbox"/>	<input type="checkbox"/>
Record + monitor Blood Results	<input type="checkbox"/>	<input type="checkbox"/>	Manage + titrate sedation	<input type="checkbox"/>	<input type="checkbox"/>
Female Catheterisation	<input type="checkbox"/>	<input type="checkbox"/>	Manage Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Male Catheterisation	<input type="checkbox"/>	<input type="checkbox"/>	Pain Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Urinary Catheter Care	<input type="checkbox"/>	<input type="checkbox"/>	Care for potential Organ Donation	<input type="checkbox"/>	<input type="checkbox"/>
Supra-Pubic Catheter Care	<input type="checkbox"/>	<input type="checkbox"/>	Manage + score for Delirium	<input type="checkbox"/>	<input type="checkbox"/>
Prime + attach Renal Replacement Therapy machine	<input type="checkbox"/>	<input type="checkbox"/>	Care for pt's with: <ul style="list-style-type: none"> <li>• Epidural</li> <li>• PCA</li> <li>• Entonox</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Familiar with: <ul style="list-style-type: none"> <li>• Prisma Flex</li> <li>• Fresenius</li> <li>• Aquarius</li> <li>• Other</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	Administer Analgesia: <ul style="list-style-type: none"> <li>• Oral</li> <li>• IV</li> <li>• NG</li> <li>• PEG</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Care for pt's requiring: <ul style="list-style-type: none"> <li>• CVVH</li> <li>• CVVHDF</li> <li>• CVVHD</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>			
Manage a patient on Haemodialysis	<input type="checkbox"/>	<input type="checkbox"/>			
Bladder washout	<input type="checkbox"/>	<input type="checkbox"/>			
Bladder irrigation	<input type="checkbox"/>	<input type="checkbox"/>			
<b>NEUROVASCULAR</b>	<b>No Experience</b>	<b>Competent</b>	<b>NEUROVASCULAR</b>	<b>No Experience</b>	<b>Competent</b>
Perform Neurovascular assessment	<input type="checkbox"/>	<input type="checkbox"/>	Assess Pulses: <ul style="list-style-type: none"> <li>• Popliteal</li> <li>• Pedal</li> <li>• Radial</li> <li>• Posterior Tibial</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Record observations	<input type="checkbox"/>	<input type="checkbox"/>			



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WOUND MANAGEMENT	No Experience	Competent	GENERAL	No Experience	Competent
Assess + record wounds	<input type="checkbox"/>	<input type="checkbox"/>	Plan, implement + evaluate care	<input type="checkbox"/>	<input type="checkbox"/>
Undertake ANTT	<input type="checkbox"/>	<input type="checkbox"/>	Prioritize + meet deadlines	<input type="checkbox"/>	<input type="checkbox"/>
Remove an Abdominal drain	<input type="checkbox"/>	<input type="checkbox"/>	Work as effective team player	<input type="checkbox"/>	<input type="checkbox"/>
Remove sutures/clips	<input type="checkbox"/>	<input type="checkbox"/>	Communicate effectively	<input type="checkbox"/>	<input type="checkbox"/>
Undertake VAC/Vista dressings	<input type="checkbox"/>	<input type="checkbox"/>	Maintain Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
ESSENTIAL PHYSICAL CARE	No Experience	Competent	Principles of Negligence	<input type="checkbox"/>	<input type="checkbox"/>
Perform Oral care	<input type="checkbox"/>	<input type="checkbox"/>	Documentation	<input type="checkbox"/>	<input type="checkbox"/>
Perform Eye care	<input type="checkbox"/>	<input type="checkbox"/>	Hospital Policies + Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Assess Skin integrity	<input type="checkbox"/>	<input type="checkbox"/>	Universal Precautions	<input type="checkbox"/>	<input type="checkbox"/>
Tissue Viability	<input type="checkbox"/>	<input type="checkbox"/>	Health + Safety	<input type="checkbox"/>	<input type="checkbox"/>
Pressure relieving aids	<input type="checkbox"/>	<input type="checkbox"/>	Infection Control	<input type="checkbox"/>	<input type="checkbox"/>
Safe Moving + Handling	<input type="checkbox"/>	<input type="checkbox"/>	Safeguarding + referral process	<input type="checkbox"/>	<input type="checkbox"/>
Use of hoist	<input type="checkbox"/>	<input type="checkbox"/>	Maintain pt's Psychological well being	<input type="checkbox"/>	<input type="checkbox"/>
Pt Privacy + Dignity	<input type="checkbox"/>	<input type="checkbox"/>	Self Awareness	<input type="checkbox"/>	<input type="checkbox"/>
End of Life care	<input type="checkbox"/>	<input type="checkbox"/>	Integrity	<input type="checkbox"/>	<input type="checkbox"/>
Undertake a VTE assessment	<input type="checkbox"/>	<input type="checkbox"/>	Continuing Professional Development	<input type="checkbox"/>	<input type="checkbox"/>
			Admit + discharge pt	<input type="checkbox"/>	<input type="checkbox"/>
			Demonstrate knowledge of Code of Conduct	<input type="checkbox"/>	<input type="checkbox"/>

## FACE-TO-FACE INTERVIEW (TO BE FILLED BY CLINICAL MANAGER) PART 4

1. Please take me through your work history for the last 5 years.	
2. What other agencies have you registered with in the past and are you still registered with them?	
3. Have you ever been refused registration by an agency/Hospital?	
4. Have you ever been suspended or dismissed by an employer? If yes please provide details below.	
5. Have you ever received a caution, undergone an investigation, or been convicted of any offence on your DBS or in any overseas country? If yes please provide details in the box below	



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6. Have you ever received a caution, undergone an investigation or been subject to restricted practice, or been removed from the register of your relevant governing body (NMC, GMC or HCPC)? If yes please provide details below
7. What is your present employment status?
8. What additional trainings have you done to enhance your skills at work?
9. How many shifts per week can you work? Would you prefer Days/Nights?
10. What are your preferred work areas/Specialities?
11. Are there any areas/speciality you are not willing to work in?
12. If you are employed by NHS, when was your last appraisal done?
13. Which ares would you be intrested in working for Zentar?
<input type="checkbox"/> NHS / Private Hospitals <input type="checkbox"/> Nursing Homes <input type="checkbox"/> VIP Care Packages
14. Which geographical area you would prefer to do agency work in?

INTERVIEW OBSERVATIONS	
1. ITU Questionnaire	/100
2. How did the candidate score in Englis Test (Written/Verbal)	<input type="checkbox"/> POOR <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT
3. Overall Impression of the candidate taking imnto account appearance & punctuality.	<input type="checkbox"/> POOR <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT

INTERVIEW SCORE
Has the candidate Passed/Failed
<input type="checkbox"/> Passed <input type="checkbox"/> Failed

<b>Candidate Signature:</b>	
<b>Interviewers Name:</b>	
<b>Interviewers Signature:</b>	
<b>Date:</b>	