



PAEDIATRIC INTERVIEW QUESTIONNAIRE

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

THIS ASSESSMENT CONSIST OF 4 PARTS:

1. PAEDIATRIC KNOWLEDGE BASED ASSESSMENT PAPER	3. SKILL CHECKLIST
2. ENGLISH TEST	4. FACE-TO-FACE ASSEMENT WITH OUR CLINICAL MANAGER

PAEDIATRIC KNOWLEDGE BASED ASSESSMENT PAPER – PART 1

CHOOSE THE CORRECT ANSWER:

- | | |
|--|--|
| 1. A 3-year-old child is receiving dextrose 5% in water and half-normal saline solution at 100 ml/hour. Sign of worsening dyspnea suggests excessive I.V. fluid intake. (5 marks) | <input type="checkbox"/> True <input type="checkbox"/> False |
| 2. Acute episodes of asthma are common and can be potentially life threatening. (5 marks) | <input type="checkbox"/> True <input type="checkbox"/> False |
| 3. Nurse Roy is administering total parental nutrition (TPN) through a peripheral I.V. line to a school-age child. What's the smallest amount of glucose that's considered safe and not caustic to small veins, while also providing adequate TPN? (5 marks) | |
| <input type="checkbox"/> 5% glucose <input type="checkbox"/> 10% glucose <input type="checkbox"/> 15% glucose <input type="checkbox"/> 20% glucose | |

GIVE THE BEST ANSWERS TO THE SITUATIONAL QUESTIONALS BELOW:

4. How should the nurse prepare a suspension before administration? (15 Marks)

Answer:

5. Parents bring their infant to the clinic, seeking treatment for vomiting and diarrhea that has lasted for 2 days. On assessment, the nurse in charge detects dry mucous membranes and lethargy. What other findings suggests a fluid volume deficit? (15 Marks)

Answer:



CALCULATE THE FOLLOWING AND CHOOSE THE APPROPRIATE ANSWER BELOW:

6. Calculate the dose of Ceftriaxone in mls for meningitis for a 5-yr-old weighing 18 kg. The dose required is 100 mg/kg/day given IV once daily and the drug comes prediluted in a concentration of 40 mg/mL. (15 marks)
 180mls 45mls 25mls 50mls
7. How many milligrams of Adrenaline are there in 1ml of a 1:1000 concentration. (10 marks)
 10mg 2mg 1 mg 3 mg
8. Calculate the dose of Amoxicillin suspension in mls for otitis media for a 1-yr-old child weighing 10 kg. The dose required is 40 mg/kg/day divided BD and the suspension comes in a concentration of 400 mg/5 mL. (10 marks)
 2.5ml 2ml 10ml 1.5ml
9. A patient is prescribed 20mg of Pethidine. The stock is 50mg/2ml ampoule. What volume will you require? (10 marks)
 2ml 0.08ml 0.5ml 3ml
10. Heparin is available as 4000 units/5ml. What volume is needed to give 800 units? (10 marks)
 2ml 4ml 5ml 1ml

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.
Preskriptshion:
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?



PAEDIATRIC 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.

PATIENT OBSERVATIONS & RECORDINGS	NO EXPERIENCE	COMPETENT	HUMIDIFIED AIR NEBULISER	NO EXPERIENCE	COMPETENT
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	Set Up	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Management	<input type="checkbox"/>	<input type="checkbox"/>
Neurological/Psychological	<input type="checkbox"/>	<input type="checkbox"/>	Nasal Cannulae	<input type="checkbox"/>	<input type="checkbox"/>
Wound Care	<input type="checkbox"/>	<input type="checkbox"/>	Face Mask	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Requirements	<input type="checkbox"/>	<input type="checkbox"/>	CHEST DRAINS	NO EXPERIENCE	COMPETENT
Fluid Balance	<input type="checkbox"/>	<input type="checkbox"/>	Care of	<input type="checkbox"/>	<input type="checkbox"/>
DRUGS ADMINISTRATION PRACTICE AND PROCEDURES	NO EXPERIENCE	COMPETENT	Removal of	<input type="checkbox"/>	<input type="checkbox"/>
Calculations	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL	NO EXPERIENCE	COMPETENT
Oral Administrations	<input type="checkbox"/>	<input type="checkbox"/>	Admission	<input type="checkbox"/>	<input type="checkbox"/>
NG?NJ Tube	<input type="checkbox"/>	<input type="checkbox"/>	Discharge	<input type="checkbox"/>	<input type="checkbox"/>
PEG	<input type="checkbox"/>	<input type="checkbox"/>	Teaching Junior Staff	<input type="checkbox"/>	<input type="checkbox"/>
IM Injection	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Manage a Ward	<input type="checkbox"/>	<input type="checkbox"/>
SC Injection	<input type="checkbox"/>	<input type="checkbox"/>	Risk Assessments	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral Line	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>
O2 Therapy	<input type="checkbox"/>	<input type="checkbox"/>	COSHH	<input type="checkbox"/>	<input type="checkbox"/>
Topical	<input type="checkbox"/>	<input type="checkbox"/>	Fire Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Rectal	<input type="checkbox"/>	<input type="checkbox"/>	DOCUMENTATION	NO EXPERIENCE	COMPETENT
Nebulisers	<input type="checkbox"/>	<input type="checkbox"/>	Observations	<input type="checkbox"/>	<input type="checkbox"/>
Central Line/Portacath	<input type="checkbox"/>	<input type="checkbox"/>	Care Pathways	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	NO EXPERIENCE	COMPETENT	Evaluation of Care Plans	<input type="checkbox"/>	<input type="checkbox"/>
Syringe Drivers	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Prioritize Care	<input type="checkbox"/>	<input type="checkbox"/>
IV Pumps	<input type="checkbox"/>	<input type="checkbox"/>	KNOWLEDGE & UNDERSTANDING	NO EXPERIENCE	COMPETENT
PCA's	<input type="checkbox"/>	<input type="checkbox"/>	Safeguarding	<input type="checkbox"/>	<input type="checkbox"/>
Epidurals	<input type="checkbox"/>	<input type="checkbox"/>	Referral Process	<input type="checkbox"/>	<input type="checkbox"/>
Tracheostomy Tubes	<input type="checkbox"/>	<input type="checkbox"/>	Parental Consent	<input type="checkbox"/>	<input type="checkbox"/>
Enteral Feeding Pumps	<input type="checkbox"/>	<input type="checkbox"/>	Health Promotion	<input type="checkbox"/>	<input type="checkbox"/>
CPAP	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Governance	<input type="checkbox"/>	<input type="checkbox"/>
BiPAP	<input type="checkbox"/>	<input type="checkbox"/>	Equal Opportunities	<input type="checkbox"/>	<input type="checkbox"/>
Head Box	<input type="checkbox"/>	<input type="checkbox"/>	NMC Code of Conduct	<input type="checkbox"/>	<input type="checkbox"/>
Dinamap	<input type="checkbox"/>	<input type="checkbox"/>	Health and Safety at Work	<input type="checkbox"/>	<input type="checkbox"/>
Chest Drains	<input type="checkbox"/>	<input type="checkbox"/>	Child Protection Level 2	<input type="checkbox"/>	<input type="checkbox"/>
Obtain BM	<input type="checkbox"/>	<input type="checkbox"/>	Child Protection Level 2	<input type="checkbox"/>	<input type="checkbox"/>
Venepuncture	<input type="checkbox"/>	<input type="checkbox"/>	PEDIATRIC HOME CARE	NO EXPERIENCE	COMPETENT
Cannulation	<input type="checkbox"/>	<input type="checkbox"/>	Care of ventilated Pt without support	<input type="checkbox"/>	<input type="checkbox"/>
12 Lead ECG	<input type="checkbox"/>	<input type="checkbox"/>	Tracheostomy care/suctioning without support	<input type="checkbox"/>	<input type="checkbox"/>
PLS/Life Support	<input type="checkbox"/>	<input type="checkbox"/>	CPAP without support	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy/Seizure Management	<input type="checkbox"/>	<input type="checkbox"/>	BiPAP without support	<input type="checkbox"/>	<input type="checkbox"/>
Care of Surgical Drains	<input type="checkbox"/>	<input type="checkbox"/>	Hand ventilation without supervision	<input type="checkbox"/>	<input type="checkbox"/>
Colostomy Care	<input type="checkbox"/>	<input type="checkbox"/>	Respond in the event of a medical emergency	<input type="checkbox"/>	<input type="checkbox"/>

ANNT	<input type="checkbox"/>	<input type="checkbox"/>	TRACHEOSTOMY	NO EXPERIENCE	COMPETENT
Aseptic Technique	<input type="checkbox"/>	<input type="checkbox"/>	Change of Tubes	<input type="checkbox"/>	<input type="checkbox"/>
NG Tube Insertion	<input type="checkbox"/>	<input type="checkbox"/>	Suctioning Infant	<input type="checkbox"/>	<input type="checkbox"/>
Catheterisation - Female	<input type="checkbox"/>	<input type="checkbox"/>	Suctioning Child	<input type="checkbox"/>	<input type="checkbox"/>
Catheterisation - Male	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Oral Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	EPIDURAL MANAGEMENT	NO EXPERIENCE	COMPETENT
Nasopharyngeal Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	Care of Epidural	<input type="checkbox"/>	<input type="checkbox"/>
			Assessment of Site	<input type="checkbox"/>	<input type="checkbox"/>
			Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>
			Removal	<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	
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?	



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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. Paediatric 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

Candidate Signature:	
Interviewers Name:	
Interviewers Signature:	
Date:	