

Skills Order Form

To be completed by Area Health Service and
supplied to Agency

To be completed by locum agency and returned to
Area Health Service with nomination

Skills required

Skills possessed

GENERAL

<input type="checkbox"/>	GENERAL RESIDENT	<input type="checkbox"/>
<input type="checkbox"/>	IN-CHARGE	<input type="checkbox"/>
<input type="checkbox"/>	PAEDIATRIC SKILLS - BASIC	<input type="checkbox"/>
<input type="checkbox"/>	EMERGENCY MEDICINE	<input type="checkbox"/>
<input type="checkbox"/>	ICU MEDICINE <i>NB: when choosing this, the AHS must choose other individually listed skills that are required.</i>	<input type="checkbox"/>
<input type="checkbox"/>	INTERNAL MEDICINE ADULT	<input type="checkbox"/>
<input type="checkbox"/>	PSYCH	<input type="checkbox"/>
<input type="checkbox"/>	SURGERY	<input type="checkbox"/>

AIRWAY & BREATHING

<input type="checkbox"/>	MANUAL VENTILATION - ADULT	<input type="checkbox"/>
<input type="checkbox"/>	ADULT INTUBATION - UNCOMPLICATED	<input type="checkbox"/>
<input type="checkbox"/>	ADULT INTUBATION – DIFFICULT	<input type="checkbox"/>
<input type="checkbox"/>	CPAP	<input type="checkbox"/>
<input type="checkbox"/>	BiPAP	<input type="checkbox"/>
<input type="checkbox"/>	INTERCOSTAL CATHETER INSERTION	<input type="checkbox"/>

CIRCULATION

<input type="checkbox"/>	ARTERIAL LINE INSERTION	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL LINE INSERTION	<input type="checkbox"/>
<input type="checkbox"/>	CARDIOVERSION & DEFRILLATION	<input type="checkbox"/>
<input type="checkbox"/>	VASOACTIVE DRUGS	<input type="checkbox"/>
<input type="checkbox"/>	PERICARDIOCENTESIS	<input type="checkbox"/>
<input type="checkbox"/>	EXTERNAL PACING	<input type="checkbox"/>

PAEDIATRIC

<input type="checkbox"/>	PAED MANUAL VENTILATION	<input type="checkbox"/>
<input type="checkbox"/>	ADV PAED LIFE SUPPORT	<input type="checkbox"/>
<input type="checkbox"/>	ADV PAED LIFE SUPPORT – THEORY	<input type="checkbox"/>
<input type="checkbox"/>	PAED INTEROSSEOUS LINES	<input type="checkbox"/>
<input type="checkbox"/>	PAED INTEROSSEOUS LINES – THEORY	<input type="checkbox"/>
<input type="checkbox"/>	PAED ABG	<input type="checkbox"/>
<input type="checkbox"/>	PAED ABG – THEORY	<input type="checkbox"/>

NEONATAL

<input type="checkbox"/>	NEONATAL ADVANCED SKILLS	<input type="checkbox"/>
<input type="checkbox"/>	NEONATAL BLOOD GASES	<input type="checkbox"/>
<input type="checkbox"/>	NEONATAL BLOOD GASES – THEORY	<input type="checkbox"/>
<input type="checkbox"/>	NEONATAL CANNULATION	<input type="checkbox"/>
<input type="checkbox"/>	NEONATAL CANNULATION – THEORY	<input type="checkbox"/>
<input type="checkbox"/>	NEONATAL MANUAL VENTILATION	<input type="checkbox"/>
<input type="checkbox"/>	NEONATAL RESUSCITATION	<input type="checkbox"/>
<input type="checkbox"/>	NEONATAL RESUSCITATION – THEORY	<input type="checkbox"/>
<input type="checkbox"/>	NEONATAL UMBILICAL LINES	<input type="checkbox"/>
<input type="checkbox"/>	NEONATAL UMBILICAL LINES - THEORY	<input type="checkbox"/>

Area Health Service _____ Position required _____

Locum Medical Officer Nomination

Locum Medical Officer _____

Date of nomination _____

Agency _____

Agency contact _____

Submit this completed form to the Area Health Service for the placement of locum Medical Officer