

Interplast Volunteer Team Trip PACU Nurse Application

Date _____



Interplast PACU Nurse Minimum Requirements

1. Three years of hospital nursing experience.
2. Current RN license and current CPR certification. ACLS and PALS certification is required as well.
3. Two years of PACU experience, including both pediatric and adult patients.
4. Currently employed in a PACU a minimum of 400 hours per year. The candidate must be:
 - Competent in airway management of intubated and non-intubated pediatric and adult patients.
 - Familiar with common anesthetic agents and their effects.
 - Knowledgeable of PACU drugs, dosages and their effects.
 - Able to perform a multi-system assessment and intervene appropriately.
5. Pediatric ICU nurses will be considered if their current employment includes the immediate post-operative care of patients similar to those on Interplast trips nonintubated post anesthetic patients).
6. Letter of recommendation from current immediate supervisor.
7. Ability and willingness to teach staff and families in the pre-operative and post-operative settings.
8. Personal characteristics include comfort with pediatric patients, flexibility, cooperativeness, inventiveness, a positive attitude and demonstrated tolerance of stress under conditions of hard work and long hours.
9. Sensitivity to cultural differences and the appropriate public relations skills.
10. Preference will be given to nurses with fluency in the native language of the trip site.

Please complete all pages of this form and send to the Interplast office with the following items:

- Letter explaining your interest in volunteering with Interplast, describing any experience you may have working or traveling in developing countries, and identifying any foreign language skills you have
- A copy of your current nursing license
- A copy of CPR certification (must have been obtained within the last year)
- A letter of reference from your current immediate supervisor

Please send to your completed application packet to:

Interplast
ATTN: Dora Rusin Gomez, Volunteer Services Coordinator
857 Maude Ave.
Mountain View, CA 94043

Your Specialty (please check one)

____ Operating Room R.N. ____ Anesthesia Recovery Room ____ Nurse Educator

Your Contact Information

Name _____ E-mail _____

Home Address _____

City _____ State _____ Country _____

Zip/Postal Code _____ Home Telephone _____

Office Address _____

City _____ State _____ Country _____

Zip/Postal Code _____ Office Telephone _____

Employment Information:

Please attach a copy of your current resume. List below your work experience within the last five years, specifying employer and dates (unless this information is completely outlined on your resume). Please attach additional pages if necessary. _____

PACU Nurses Only: Please provide the following information

Years of hospital nursing experience: _____

Years of PACU experience: _____

Hours currently work in PACU: _____ per week or _____ per year

Pediatric patients: _____ per week or _____ per year or _____%

Reference letter from your current immediate supervisor should also address YOUR:

- Competence in airway management of intubated & non-intubated pediatric & adult patients.
- Familiarity with common anesthetic agents and their effects.
- Knowledge of PACU drugs, dosages and their effects.
- Ability to perform a multi-system assessment & intervene appropriately.

Provide copies of required certifications:

_____ PALS (required)

_____ ACLS (required)

Have you ever presented in-services or other educational programs?

_____ No

_____ Yes: Please list topics:

Pediatric ICU nurses:

Percentage of non-intubated patients that you recovery (patients who do not go to the PACU) immediately after surgery & anesthesia:

_____% Infants; ____% toddlers; ____% teens; ____% greater than 45 kg

Have you done volunteer work for any other organizations? _____

Which language(s) are you fluent in? _____

How did you hear about Interplast? _____

Were you referred by anyone? Please provide his/her name: _____

Are you available on a last-minute basis? ___ No ___ Yes

Do you have any physical or mental disability that impairs or could impair your ability to carry out your professional obligations (please consider all types of physical or mental disability, including past or present substance abuse)? ___ No ___ Yes

1. Are you suffering from any communicable health condition that could pose any significant health and safety risk to patients? ___ No ___ Yes

